

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **In-kind support for strategic planning sessions**
2. Department: **Office of the District Attorney**
3. Contact Person: **Lorna Garrido** Telephone: **(628) 652-4035**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$40,000 (in-kind support)**
6. a. Matching Funds Required: **n/a**
b. Source(s) of matching funds (if applicable): **n/a**
7. a. Grant Source Agency: **Deloitte Consulting LLP**
b. Grant Pass-Through Agency (if applicable): **n/a**
8. Proposed Grant Project Summary: **To partner with Deloitte Consulting to understand how trends in criminal justice and the District Attorney's strategic priorities impact the capabilities and operating model of the office.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **July 2020** End-Date: **September 2020**
10. a. Amount budgeted for contractual services: **n/a**
b. Will contractual services be put out to bid? **n/a**
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **n/a**
d. Is this likely to be a one-time or ongoing request for contracting out? **n/a**
11. a. Does the budget include indirect costs?
 Yes No
b. 1. If yes, how much? **n/a**
b. 2. How was the amount calculated? **n/a**
c. 1. If no, why are indirect costs not included? **n/a**
 Not allowed by granting agency To maximize use of grant funds on direct services
 Other (please explain): **This is an in-kind support.**
c. 2. If no indirect costs are included, what would have been the indirect costs? **If calculated at 10% of the estimated in-kind gift amount, the indirect cost for this program would have been \$4,000.**

12. Any other significant grant requirements or comments: **None**

****Disability Access Checklist***(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input checked="" type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Jessica Geiger
(Name)

Facilities Manager
(Title)

Date Reviewed: _____ (Signature Required)

Department Head or Designee Approval of Grant Information Form:

Eugene Clendinen
(Name)

Chief Administrative & Financial Officer
(Title)

Date Reviewed: _____ (Signature Required)