

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

Grant Ordinance Information Form
(Effective July 2011)

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

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

1. Grant Title: **Healing Justice Initiative**
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: **\$6,000,000.00**
6. a. Matching Funds Required: **n/a**
b. Source(s) of matching funds (if applicable): **n/a**
7. a. Grant Source Agency: **Crankstart Foundation**
b. Grant Pass-Through Agency (if applicable): **n/a**
8. Proposed Grant Project Summary:
To support the Healing Justice Initiative which aims to fully integrate restorative practices as the primary intervention to address crime and harm at every decision point – charging, sentencing, and resentencing. The initiative will be designed and implemented over a 3-year period in collaboration with partner organizations.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **January 1, 2021** End-Date: **December 31, 2023**
10. Number of new positions created and funded: **Four (4) new positions**
11. Explain the disposition of employees once the grant ends? **Positions shall be coded “G” for grant funded and only exist during the duration of this grant program.**
12. a. Amount budgeted for contractual services: **Restorative Justice (RJ) StoryCorps \$75,000, RJ Training \$275,000, Capacity Building/Evaluation \$150,000**
b. Will contractual services be put out to bid? **Yes and some existing prequalified lists in the City may also be used.**
c. If so, will contract services help to further the goals of the Department’s Local Business Enterprise (LBE) requirements? **Yes**
d. Is this likely to be a one-time or ongoing request for contracting out? **We will likely set for one year with the opportunity to extend for future years.**
13. a. Does the budget include indirect costs?
 Yes No
b. 1. If yes, how much? **\$75,000.00**
b. 2. How was the amount calculated? **1.25% of total grant award**

- 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):
c. 2. If no indirect costs are included, what would have been the indirect costs? **n/a**

14. Any other significant grant requirements or comments:

****Disability Access Checklist****

15. 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) | |

16. 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 access 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: 01/17/2021

Jessica Geiger
Digitally signed by Jessica Geier
Date: 2021.01.17 11:46:31 -08'00'
(Signature Required)

Overall Department Head or Designee Approval:

Eugene Clendinen
(Name)

Chief Administrative & Financial Officer
(Title)

Date Reviewed: 01/15/2021

Eugene Clendinen
Digitally signed by Eugene Clendinen
Date: 2021.01.15 16:51:37 -08'00'
(Signature Required)