

Section III – Project Budget

Note: Project Budget Period is 24 Months

Budget Line Item	Total
1. Salaries and Benefits	\$ 693,326
2. Services and Supplies	\$ 0.00
3. Professional Services or Public Agency Subcontracts	\$ 151,674
4. Equipment/Fixed Assets	\$ 5,000
5. Other (Travel, Training, etc.)	\$ 0.00
6. Indirect Costs	
Total	\$ 850,000

1a. Salaries and Benefits		
Staff Title/Role <i>(Please specify staff role in the project)</i>	Salary (%FTE or hourly rate) + Benefits	Total
Criminal Justice Specialist II- 8452	1 FTE - \$260,143+ \$78,043	\$338,186
Criminal Justice Specialist II- 8452	1 FTE - \$273,185+ \$81,955	\$355,140
Total Salaries and Benefits		\$ 693,326

1b. Salaries and Benefit Narrative

Salary and benefit rates are set by the City for this class of public employee.

2a. Services and Supplies		
Description of Services or Supplies	Calculation for Expenditure	Total

	Total Services and Supplies	\$ 0.00

2b. Services and Supplies Narrative

3a. Professional Services

Description of Professional Service(s)	Calculation for Expenditure	Total
Expert fees- litigation expense	estimate \$5,000-\$10,000/case for 12/24 cases	\$ 90,000
Client incentive	emergency housing rental, gift cards, groceries, household items for necessities	\$ 50,000
Community and client outreach	site rental, food, stipend	\$ 11,674
	Total Professional Services	\$ 151,674

3b. Professional Services Narrative

Expert fees allow us to commission reports and testimony documenting private risk assessments, psychological and development disability evaluations, and other specialized opinions, as necessary. Client incentives cover housing in emergency situations, like where a medically compromised individual will not be accepted at parole-funded facilities, gift cards for newly released individuals, and direct purchase of necessary household items when a client gets their own home. Community and client outreach covers items like food and beverage for Peer Group participants and biannual luncheons.

4a. Equipment/Fixed Assets

Description of Equipment/Fixed Assets	Calculation for Expense	Total

By submitting this application, the applicant agrees that if it is awarded a grant by the Office of the State Public Defender, the applicant will abide by the following:

- a. It will use any funds it receives only for the purposes stated in its application. Should the OSPD determine in its sole discretion that the applicant is unlikely to use all funds received for these purposes within the grant period, the applicant will return funds to the OSPD, as directed by OSPD.
- b. It will not discriminate based on race, color, national origin, religion, gender, disability, age, marital or domestic partnership status, medical condition, or sexual orientation.
- c. It will permit reasonable site visits and will present additional information deemed reasonably necessary to determine compliance with the terms of the grant.
- d. It will comply with fiscal management and control procedures adopted by OSPD.
- e. It understands that any proposal submitted for grant, and all documents submitted pursuant to issuance of grant, are public documents, and may be disclosed to any person.
- f. It agrees it will file regular program and financial reports, as may be required by the OSPD, and cooperate with other data collection requests by the OSPD for this grant.
- g. The OSPD is permitted, in its sole discretion, to adjust Applicant's award at any time to reflect the actual amount of funding available for the grant. Consequently, grantees shall not be guaranteed any specific dollar amount in grant funds, or any grant funds at all, if funds received are insufficient or unavailable to OSPD for this purpose.

Authorized Signature

By signing this application, I hereby certify that:

- I understand and agree with the terms and conditions above.*
- All information provided is true and accurate.*
- I am vested by the Applicant Organization with the authority to enter into contract with the OSPD, and that the grantee and any subcontractors will abide by the laws, policies and procedures governing this funding.*

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Street Address	City	State	Zip Code

APPLICANT'S SIGNATURE <i>(Signed by the authorized signatory with a digital signature OR a wet signature in blue ink.)</i>	DATE
<i>Danielle Harris</i>	10/27/25