

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 ordinance:

1. Grant Title: **Justice Reinvestment Initiative (JRI)**
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: \$1,000,000
6. a. Matching Funds Required: **n/a**
b. Source(s) of matching funds (if applicable): **n/a**
7. a. Grant Source Agency: **U.S. Department of Justice**
b. Grant Pass-Through Agency (if applicable): **n/a**

8. Proposed Grant Project Summary:

To develop and implement innovative and research-based responses that address a range of criminal justice system problems. The City and County of San Francisco (CCSF) Fiscal Year 2020 JRI Young Adult Justice Initiative proposal targets the reduction of serious and violent crime committed by 18-25 year olds. Activities include the development of a Young Adult Action Plan and expansion of innovative programs to further change the life trajectories of justice-involved young adults, address harm to victims and prevent future acts of violence. CCSF proposes to complete the following activities: (1) the development of a Young Adult Action Plan examining the justice continuum, including pre-adjudication and post-release and (2) subsequently expanding services and alternative approaches to address young people in contact with San Francisco's justice system.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: **October 1, 2020** End-Date: **September 30, 2023**

10. Number of new positions created and funded: **Two (2) 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: **≤ \$180,000**
b. Will contractual services be put out to bid? **not known at this time**
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **not known at this time**
d. Is this likely to be a one-time or ongoing request for contracting out? **one-time**

13. a. Does the budget include indirect costs?

- Yes No
- b. 1. If yes, how much? \$
- b. 2. How was the amount calculated?
- c. 1. If no, why are indirect costs not included?
- 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? **If calculated at 10% of the total salary & fringe benefit costs, the indirect cost for this program would have been \$68,779.**

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, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

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

Jessica Geiger

(Name)

Facilities Manager

(Title)

Date Reviewed: 5/18/21

Jessica Geiger Digitally signed by Jessica Geier
Date: 2021.05.18 09:36:53
-07'00'

(Signature Required)

Overall Department Head or Designee Approval:

Eugene Clendinen

(Name)

Chief Administrative & Financial Officer

(Title)

Date Reviewed: 5/18/21

Eugene Clendinen Digitally signed by Eugene
Clendinen
Date: 2021.05.18 09:25:34 -07'00'

(Signature Required)