

File No. 091414

Committee Item No. _____
Board Item No. 50

COMMITTEE/BOARD OF SUPERVISORS AGENDA PACKET CONTENTS LIST

Committee:

Date: _____

Board of Supervisors Meeting

Date December 15, 2009

Cmte Board

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report * |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application * |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Victor Young
Completed by: Victor Young

Date _____
Date December 10, 2009

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

1 FURTHER RESOLVED, That the Chief Juvenile Probation Officer or his or her
2 designee is authorized to accept and expend this grant award in the amount of \$100,000; and
3 be it

4 FURTHER RESOLVED, That the Chief Juvenile Probation Officer is authorized to
5 execute on behalf of the City and County of San Francisco the necessary grant agreement
6 with CSA, including any amendments thereto; and, be it

7 FURTHER RESOLVED, That federal grant funds received hereunder shall not be used
8 to supplant expenditures controlled by the Board of Supervisors; and, be it

9 FURTHER RESOLVED, That the City and County of San Francisco agrees to abide by
10 the statutes and regulations governing the federal Formula Grants Program as well as the
11 terms and conditions of the Grant Agreement as set forth by the CSA.

12
13 RECOMMENDED:

APPROVED:

14
15 Juvenile Probation Department

16
17 
18 William P. Sifferman
Chief Probation Officer

19
20 
21 For Gavin Newsom
22 Mayor

APPROVED:

23
24 
25 For Ben Rosenfield
Controller

ALAN PANKOWICZ

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Chief William P. Siffermann
DATE: December 2, 2009
SUBJECT: Accept and Expend Resolution for Subject Grant

GRANT TITLE: Disproportionate Minority Contact (DMC) Support Project

Attached please find the original and 4 copies of each of the following:

- Proposed grant resolution; original signed by Department, Mayor, Controller
- Grant information form, including disability checklist
- Grant budget
- Grant application
- Grant award letter from funding agency
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Sue Wong Phone: 753-7560

Interoffice Mail Address: Juvenile Probation- Dept. 12

Certified copy required Yes No

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).

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

Grant Information Form
(Effective March 2005)

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: Disproportionate Minority Contact (DMC) Support Project
2. Department: Juvenile Probation Department
3. Contact Person: Tanya Red Telephone: (415) 753-4402
4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$ 100,000

6a. Matching Funds Required: \$ 0

b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: Dept of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP)

b. Grant Pass-Through Agency (if applicable): CDCR, Corrections Standard Authority

8. Proposed Grant Project Summary: The San Francisco Juvenile Probation Department (JPD) is requesting funds to design and implement a Probation Response Unit (PRU) pilot project. The PRU represents a collaboration with the Police Department and will focus services on the juveniles and the neighborhood that contributes highest to our disproportionality. This project will assist JPD in conducting more in-depth data analysis on two key issues that affect our disproportionality: felony arrests and warrants. Also the project will examine nation-wide best practices and provide DMC training to key stakeholders.

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

Start-Date: January 1, 2010

End-Date: December 31, 2010

10a. Amount budgeted for contractual services: \$30,000

b. Will contractual services be put out to bid? Yes

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? Yes

d. Is this likely to be a one-time or ongoing request for contracting out? One-time

11a. Does the budget include indirect costs?

Yes

No

b1. If yes, how much? \$

b2. How was the amount calculated?

c. If no, why are indirect costs not included?

- Not allowed by granting agency
- Other (please explain):

To maximize use of grant funds on direct services

c2. If no indirect costs are included, what would have been the indirect costs?

12. Any other significant grant requirements or comments:

N/A

****Disability Access Checklist****

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

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Existing Site(s) | <input checked="" 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 checked="" 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 and/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 or Mayor's Office of Disability Reviewer: _____ (Name)

Date Reviewed: _____

Department Approval: Louise Brooks Houston 11-30-09
(Name) (Title)

Louise Brooks Houston
(Signature)



**California Department of Corrections and Rehabilitation
Corrections Standards Authority**

**Federal Formula Grants Program
DMC Support Project**

SECTION I: APPLICANT INFORMATION

A. JUVENILE LOCAL GOVERNMENT				
COUNTY	ADMINISTRATIVE OFFICER		FEDERAL EMPLOYER ID NUMBER)	
San Francisco	William Siffermann		946000417	
MAILING ADDRESS	CITY	STATE	ZIP CODE	
375 Woodside Ave.	San Francisco	CA	94127	

B. SUMMARY OF PROPOSAL	C. FUNDS REQUESTED \$100,000
<p>The San Francisco Juvenile Probation Department (JPD) is requesting \$100,000 to design and implement a Probation Response Unit (PRU) pilot project. The PRU represents a collaboration with the Police Department and will focus services on the juveniles and the neighborhood that contributes highest to our disproportionality. This project will assist JPD in conducting more in-depth data analysis on two key issues that affect our disproportionality: felony arrests and warrants. Also the project will examine nation-wide best practices and provide DMC training to key stakeholders.</p>	

D. IMPLEMENTING AGENCY				
PROBATION DEPARTMENT		CHIEF PROBATION OFFICER		
San Francisco Juvenile Probation Department		William Siffermann		
NAME AND TITLE OF PROJECT DIRECTOR		TELEPHONE NUMBER		
Garry Bieringer, JDAI Coordinator		415-753-4411		
STREET ADDRESS		FAX NUMBER		
375 Woodside Ave.		415-753-4477		
CITY	STATE	ZIP CODE	E-MAIL ADDRESS	
San Francisco	CA	94127	Garry.Bieringer@sfgov.org	

E. DAY-TO-DAY CONTACT PERSON				
NAME AND TITLE		TELEPHONE NUMBER		
Tanya Red, DMC Coordinator		415-753-4402		
STREET ADDRESS		FAX NUMBER		
375 Woodside Ave.		415-753-4477		
CITY	STATE	ZIP CODE	E-MAIL ADDRESS	
San Francisco	CA	94127	Tanya.Red@sfgov.org	

F. DESIGNATED FINANCIAL OFFICER				
NAME AND TITLE		TELEPHONE NUMBER		
Sue Wong, Director of Finance		415-753-7560		
STREET ADDRESS		FAX NUMBER		
375 Woodside Ave.		415-753-7566		
CITY	STATE	ZIP CODE	E-MAIL ADDRESS	
San Francisco	CA	94127	Sue.Wong@sfgov.org	

G. APPLICANT'S AGREEMENT	
By signing this application, the applicant assures that it will abide by the laws, policies and procedures governing this funding.	
NAME AND TITLE OF AUTHORIZED OFFICER (PERSON WITH LEGAL AUTHORITY TO SIGN)	
William Siffermann	
APPLICANT'S SIGNATURE	DATE
<i>William P. Siffermann</i>	10/05/2009