

File No. 110919

Committee Item No. 6

Board Item No. 14

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Committee PUBLIC SAFETY

Date 9/15/11

Board of Supervisors Meeting

Date 9/27/11

Cmte Board

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input 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: Gail Johnson

Date 9/9/11

Completed by: [Signature]

Date 9/27/11

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

1 [Accept-and Expend Grant - Compensation for Crime Victims - Up to \$714,138]

2
3 **Resolution authorizing the Office of the District Attorney to retroactively accept and**
4 **expend up to \$714,138 allocated from the California Victim Compensation and**
5 **Government Claims Board for a project entitled the Joint Powers Agreement for the**
6 **period of July 1, 2011, through June 30, 2012.**

7
8 WHEREAS, The City and County of San Francisco desires to enter into an agreement
9 with the California Victim Compensation and Government Claims Board in accordance with
10 Government Section 13835 for the purpose of assisting victims and witnesses with
11 compensation claims; and

12 WHEREAS, Funds received hereunder shall not be used to supplant local funds that
13 would, in the absence of California Victim Compensation and Government Claims Board
14 Programs, be made available to support the assistance of victims and witnesses of crime;
15 and,

16 WHEREAS, All positions supported by these funds shall be coded "G" in the District
17 Attorney's budget; and

18 WHEREAS, The District Attorney proposes to maximize use of available grant funds on
19 program expenditures by not including indirect costs in the grant budget; and

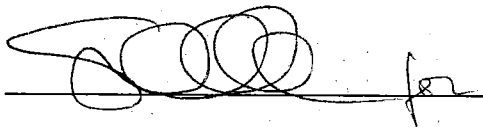
20 WHEREAS, The grant does not require an ASO amendment; now, therefore, be it

21 **RESOLVED, That the District Attorney of the City and County of San Francisco is**
22 **authorized on behalf of the City and County of San Francisco to contract for, accept and**
23 **expend funds from the California Victim Compensation and Government Claims Board to**
24
25

1 continue the Joint Powers Agreement, including any extensions, augmentations or
2 amendments thereof; and be it

3 FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of
4 indirect costs in the grant budget.

5
6
7 RECOMMENDED:
8 Office of the District Attorney

9 

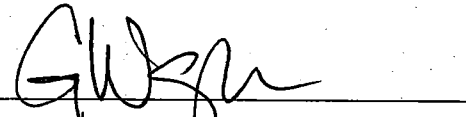
10 George Gascón

11
12
13 APPROVED:
14 Office of the Controller

15
16
17 By: 

18 Ben Rosenfield

19 APPROVED:
20 Office of the Mayor

21
22
23 By: 

24 For Edwin M. Lee

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Sheila Arcelona, District Attorney's Office
DATE: July 25, 2011
SUBJECT: Accept and Expend Resolution for Subject Grant

GRANT TITLE: State Grant – Compensation for Crime Victims

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 agreement

Special Timeline Requirements:

*Please place on consent calendar for earliest possible committee

Departmental representative to receive a copy of the adopted resolution:

Name: Sheila Arcelona Phone: 415-734-3018

Interoffice Mail Address: DAT, 850 Bryant Street, Ste. 322

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: Joint Powers Agreement

2. Department: District Attorney

3. Contact Person: Sheila Arcelona Telephone: 415-734-3018

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$714,138

6a. Matching Funds Required: \$0

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

7a. Grant Source Agency: California Victim Compensation and Government Claims Board

b. Grant Pass-Through Agency (if applicable): n/a

8. Proposed Grant Project Summary:

To assist victims and witnesses of crime in applying for and receiving compensation claims.

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

Start-Date: July 1, 2011

End-Date: June 30, 2012

10a. Amount budgeted for contractual services: 0

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 MBE/WBE requirements? n/a

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

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

To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? 10% of direct salary costs would be \$47,313.

12. Any other significant grant requirements or comments:

****Disability Access Checklist****

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Existing Site(s) | <input checked="" type="checkbox"/> Existing Structure(s) | <input 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 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: Martha Knutzen
(Name)

Date Reviewed: 7/19/11

Department Approval: Sheila Arcelona, Finance Division Manager
(Name) (Title)

(Signature) 

STATE OF CALIFORNIA
STANDARD AGREEMENT
 STD 213 (Rev 06/03)

AGREEMENT NUMBER VCGC1056
REGISTRATION NUMBER

- This Agreement is entered into between the State Agency and the Contractor named below:
 STATE AGENCY'S NAME
VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD
 CONTRACTOR'S NAME
COUNTY OF SAN FRANCISCO
- The term of this Agreement is: **JULY 1, 2011** through **JUNE 30, 2012**
- The maximum amount of this Agreement is: **\$ 714,138.00**
 Seven hundred fourteen thousand, one hundred thirty eight dollars, and zero cents.
- The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A – Scope of Work	2 Pages
Exhibit B – Budget Detail and Payment Provisions	2 Pages
Exhibit B1 – Budget Page	1 Page
Exhibit C* – General Terms and Conditions	1 Page
Exhibit D – Special Terms and Conditions	8 Pages
Attachment I – VCGCB Information Security Policy 06-00-003	5 Pages
Attachment II – General Confidentiality Statement	1 Page
Attachment IIb – CalVCP Confidentiality Statement	3 Pages
Attachment III – Invoice Instructions	2 Pages
Attachment IIIb – Invoice Worksheet	1 Page
Attachment IV – Approved Travel Reimbursement Rates	3 Pages
Attachment V – Training Request Form	1 Page
Attachment VI – Equipment Purchase Authorization Form	2 Pages
Attachment VII – Imaged Document Confidential Destruct Policy-Scan Facility Memo 09-001	2 Pages
Attachment VIII – Overpayment Checklist	1 Page
Attachment IX – County Inventory Form	1 Page

Items shown with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at www.ois.dgs.ca.gov/Standard+Language

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		<i>California Department of General Services Use Only</i>
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.) COUNTY OF SAN FRANCISCO		
BY (Authorized Signature) 	DATE SIGNED(Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING George Gascón, District Attorney		
ADDRESS 850 Bryant Street, Rm. 322, San Francisco, CA 94103		
STATE OF CALIFORNIA		
AGENCY NAME VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD		
BY (Authorized Signature) 	DATE SIGNED(Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING JULIE NAUMAN, EXECUTIVE OFFICER		
ADDRESS 400 "R" STREET, SUITE 500, SACRAMENTO, CA 95811		
		<input type="checkbox"/> Exempt per:

JOINT POWERS AGREEMENT BUDGET WORKSHEET

(Rev. 4/09)

EXHIBIT B-1

Page 1

Name of County San Francisco
Contract Number VCGC 9056

FY 2011-2012

PERSONNEL SERVICES

Salaries and Wages

Employee Name	Position/Class	#FTE	X	Pay Rate	X	Time	Contract Amount
	Asst Chief VW Invest./8135	1		\$ 3,340.00		26.5	\$ 88,510.00
	VW Investigator II / 8131	1		\$ 2,718.00		26.5	\$ 72,027.00
	VW Investigator I / 8129	1		\$ 2,426.00		26.5	\$ 64,289.00
	VW Investigator I / 8129	1		\$ 2,388.00		26.5	\$ 63,282.00
	VW Investigator I / 8129	1		\$ 2,390.00		26.5	\$ 63,335.00
	VW Investigator I / 8129	1		\$ 2,449.00		26.5	\$ 64,898.50
	VW Investigator I / 8129	1		\$ 2,143.00		26.5	\$ 56,789.50

Total Salaries and Wages \$ 473,131.00

Fringe Benefits

Employee Name	Position/Class	#FTE	X	Pay Rate	X	Percentage	Contract Amount
	Asst Chief VW Invest./8135	1		\$ 88,510.00		41%	\$ 36,289.10
	VW Investigator II / 8131	1		\$ 72,027.00		44%	\$ 31,691.88
	VW Investigator I / 8129	1		\$ 64,289.00		46%	\$ 29,572.94
	VW Investigator I / 8129	1		\$ 63,282.00		46%	\$ 29,109.72
	VW Investigator I / 8129	1		\$ 63,335.00		46%	\$ 29,134.10
	VW Investigator I / 8129	1		\$ 64,898.50		46%	\$ 29,853.31
	VW Investigator I / 8129	1		\$ 56,789.50		48%	\$ 27,258.96

Total Fringe Benefits \$ 212,910.01

TOTAL PERSONNEL SERVICES \$ 686,041.01

CONTINUE ON NEXT PAGE

JOINT POWERS AGREEMENT BUDGET WORKSHEET (Rev. 4/09)

EXHIBIT B-1

Page 2

Name of County San Francisco
Contract Number _____

FY 2011-2012

OPERATING EXPENSES

Rent (Square feet= _____) Actual rent cost for 7 FTE is \$60,494
 Utilities _____
 Insurance _____
 Equipment rental _____
 Equipment repair _____
 Office supplies _____
 Telephone _____
 Postage _____
 Expendable equipment (non-capitalized assets) _____
 Overhead _____
 Training _____
 Data Processing _____
 Other _____
 Travel - Meetings, conferences _____
 Travel - Training _____

Contract Amount
 \$ 28,097

TOTAL OPERATING EXPENSES **\$ 28,097**

TOTAL AMOUNT OF CONTRACT FOR THIS YEAR **\$ 714,138**

Does your JP Verification Unit receive any non-VCGCB funding? Yes No

If yes, please list any additional funds provided for operation of this verification unit.
 Please describe the source of funding.

	Source of funding	Amount
Personnel Services	County General Fund: V/W Investigator I/8129 Claims Unit	\$ 93,321
Operating Expenses	County General Fund: Rent and indirect cost at 10% of direct salary	\$ 77,692
	Total	\$ 171,013

