

**File Number:** \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Resolution Information Form**  
(Effective July 2011)

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: **Office of the District Attorney**

3. Contact Person: **Sheila Arcelona**

Telephone: **(628) 652-4031**

4. Grant Approval Status (check one):  
☒ Approved by funding agency                      ☐ Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$\$2,530,992.00**

6. a. Matching Funds Required: **N/A**  
b. Source(s) of matching funds (if applicable): **N/A**

7. a. Grant Source Agency: **California Victim Compensation Board**  
b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary:  
**To provide the following services for victims of crime: verification and review of applications for victim compensation; overpayment processing to correct any error made and to collect monies owed; administer emergency expenses under Government Code (GC) section 13952.5, subdivision (c); and outreach and training to stakeholders and members of the public within the designated service area.**

9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: **July 1, 2024**                      End-Date: **June 30, 2027**

10. Number of new positions created and funded: **N/A**

11. Explain the disposition of employees once the grant ends? **N/A**

12. a. Amount budgeted for contractual services: **N/A**  
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 Local Business Enterprise (LBE) requirements? **N/A**  
d. Is this likely to be a one-time or ongoing request for contracting out? **N/A**

13. a. Does the budget include indirect costs?    ☐ Yes                      ☒ No  
b. 1. If yes, how much? **N/A**  
b. 2. How was the amount calculated? **N/A**  
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? **10% of total salaries and wages, for FY2024/2025 total salaries and wages of \$843,664 x 10% = \$84,366.40**

14. Any other significant grant requirements or comments: **We respectfully request an expedited Resolution. The City and County of San Francisco Budget and Appropriation Ordinance includes this recurring grant. However, the California Victim Compensation Board regulations still require a separate resolution. Grant agreement cannot be fully executed until the California Victim Compensation Board receives a copy of the Resolution. The Resolution must be received as soon as possible.**

**\*\*Disability Access Checklist\*\***

15. 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 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: Apr 23, 2024

*Jessica Geiger*

(Signature Required)

Overall Department Head or Designee Approval:

Eugene Clendinen  
(Name)

Chief, Administration & Finance  
(Title)

Date Reviewed: Apr 23, 2024

*Eugene Clendinen*

(Signature Required)









# 2024-2027 DAT Joint Powers Grant Resolution Information

Final Audit Report

2024-04-23

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