

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: **DUI Vertical Prosecution Program**
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: **\$420,000**
6. a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable): **n/a**
7. a. Grant Source Agency: **US Department of Transportation, National Highway Traffic Safety Administration**
b. Grant Pass-Through Agency (if applicable): **California Office of Traffic Safety**
8. Proposed Grant Project Summary: **To assign a specialized team to address needs related to processing efficiency and complexity of alcohol and drug impaired cases. The DUI prosecution team will handle cases throughout each step of the criminal process. Prosecution team members will work to increase the capabilities of the team and the office by obtaining and delivering specialized training. Team members will share information with peers and law enforcement personnel throughout the county and across the state. The office will accomplish these objectives to prevent impaired driving and reduce alcohol and drug-involved traffic fatalities and injuries.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **October 1, 2025** End-Date: **September 30, 2026**
10. a. 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 Local Business Enterprise (LBE) requirements? **n/a**
d. Is this likely to be a one-time or ongoing request for contracting out? **n/a**
11. a. Does the budget include indirect costs?
☒ Yes ☐ No
b. 1. If yes, how much? **\$35,410**
b. 2. How was the amount calculated? **10% of \$354,107 total personnel costs = \$35,410**
c. 1. If no, why are indirect costs not included? **n/a**
☐ 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? **n/a**

12. Any other significant grant requirements or comments: **none**

****Disability Access Checklist** (Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. 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)	

14. 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 disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

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

Jessica Geiger
(Name)

Facilities Manager
(Title)

Date Reviewed: Nov 24, 2025

Jessica Geiger

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Eugene Clendinen
(Name)

Chief, Administration and Finance
(Title)

Date Reviewed: Nov 24, 2025

Eugene Clendinen

(Signature Required)









DAT - DUI Vertical Prosecution Program Grant Information Form

Final Audit Report

2025-11-24

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