

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: **CalAIM Justice Involved Path Funding Round 3**
2. Department: **San Francisco Adult Probation Department (APD)**
3. Contact Person: **Seth Kilbourn** Telephone: **628-652-2326**
4. Grant Approval Status (check one):
☒ [X] Approved by funding agency ☐ [] Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$1,500,000**
6. a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable): **NA**
7. a. Grant Source Agency: **California Department of Health Care Services (DHCS)**
b. Grant Pass-Through Agency (if applicable): **NA**
8. Proposed Grant Project Summary: **APD will use this CalAIM (California Advancing and Innovating Medi-Cal) JI (Justice-Involved) planning grant to support Medi-Cal enrollment and re-entry service coordination for justice involved adults. In coordination with impacted stakeholders grant funds will be used to identify the operational and administrative needs, capacity gaps, processes, procedures, and infrastructure to best support reentry planning, coordination, and service priorities to further the goals of CalAIM for pre-release enrollment and re-entry service coordination.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: 01/31/2025 End-Date: 06/30/2026
10. a. Amount budgeted for contractual services: **\$50,000**
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 Local Business Enterprise (LBE) requirements? **NO**
d. Is this likely to be a one-time or ongoing request for contracting out? **ONE-TIME**
11. a. Does the budget include indirect costs?
☐ [] Yes ☒ [X] No
b. 1. If yes, how much? **NA**
b. 2. How was the amount calculated? **N/A**
c. 1. If no, why are indirect costs not included?
☐ [] Not allowed by granting agency ☒ [X] 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? **\$423,600**

12. Any other significant grant requirements or comments:

10% of the grant award is disbursed 45 days after accepting the award.

60% of the grant is disbursed upon DHCS approval of the required implementation plan. The plan must be submitted within 180 days of the first grant disbursement.

The remaining disbursements are contingent on submission of an interim and final grant progress report.

****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 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 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:

Michele Nieve
(Name)

Manager, Human Resources & Payroll Division
(Title)

Date Reviewed: 02/21/2025

Michele Nieve
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Cristel Tullock
(Name)

Chief Probation Officer
(Title)

Date Reviewed: 2/21/25

Cristel M. Tullock, CPO
(Signature Required)