

File No. 101270

Committee Item No. 2

Board Item No. 04

# COMMITTEE/BOARD OF SUPERVISORS

## AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee

Date: October 27, 2010

Board of Supervisors Meeting

Date 11/09/10

### Cmte Board

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>            | Motion   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Resolution                                     |
| <input checked="" type="checkbox"/> | <input checked="" 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"/>            | Ethics Form 126                                |
| <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 type="checkbox"/>            | <input 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 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

Date: October 22, 2010

Completed by: Victor Young

Date: 10/28/10

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

62

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1 [Accept and Expend Grant - Adult Probation Department - San Francisco Reentry Courts and  
 2 Amendment to the Annual Salary Ordinance for FY2010-2011 - \$500,000]

3  
 4 **Ordinance authorizing the Adult Probation Department to retroactively accept and**  
 5 **expend a grant in the amount of \$500,000 from the Office of Justice Programs for**  
 6 **funding under the Second Chance Act State, Local and Tribal Reentry Courts, and**  
 7 **amend Ordinance No. 191-10 (Annual Salary Ordinance, FY2010-2011) to reflect the**  
 8 **addition of (4) four grant funded positions; (.20 FTE) in Class 8138 Court Reporter at**  
 9 **the Adult Probation Department, (.20 FTE) in Class 8113 Court Clerk at the Adult**  
 10 **Probation Department, (.40 FTE) in Class 8177 Attorney at the Office of the Public**  
 11 **Defender (PDR) and (.75 FTE) in Class 2912 Sr. Social Worker at the Department of**  
 12 **Public Health.**

13  
 14 Note: Additions are single-underline italics Times New Roman;  
 15 Deletions are ~~strikethrough-italics Times New Roman~~.  
 16 Board amendment additions are double underlined.  
 17 Board amendment deletions are ~~strikethrough-normal~~.

18 Be it ordained by the People of the City and County of San Francisco:

19 Section 1. Findings.

20 (a) The Second Chance Act State, Local and Tribal Reentry Courts Grant Program  
 21 provides funding to state and local governments and federally recognized Indian tribes for  
 22 demonstration projects to promote the safe and successful reintegration into the community of  
 23 individuals who have been incarcerated. The Department will utilize the grant funds to  
 24 develop and implement the Reentry Court. The San Francisco Reentry Court will include  
 25 coordination with the Collaborative Courts Division of the San Francisco Superior Court, the  
 Public Defender, District Attorney and the Department of Public Health. The goal of this

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 BOARD OF SUPERVISORS

1 initiative will be to reduce recidivism through the use of early validated risk/needs  
2 assessments, evidence-based sentencing, evidence-based treatment and close judicial and  
3 community monitoring using the collaborative approach. All program participants will be  
4 linked to wrap-around services to help them avoid returning to jail and will include services to  
5 help with employment, education, family services, health and mental health as well as  
6 housing.

7 (b) The award period is from October 1, 2010 to September 30, 2011.

8  
9 Section 2. Authorization to Accept and Expend Grant Funds.

10 (a) The Board of Supervisors hereby authorizes the Department of Adult Probation  
11 (ADP) to retroactively accept and expend grant funds in the amount of \$500,000 from Office  
12 of Justice Programs.

13 (b) The grant funds include \$172,790 for salaries, \$48,849 for fringe benefits, \$15,000  
14 for staff training, \$9,811 for travel expense for training, \$209,000 in services for outpatient  
15 substance abuse treatment and residential substance abuse treatment, \$19,200 for client  
16 public transportation passes and \$25,350 for client textbooks.

17 (c) The grant includes a general fund cash match of \$384,859. Salaries and fringe  
18 benefits for one Deputy Probation Officer \$110,759, Transitional Housing \$65,700, Vocational  
19 and Educational Training \$127,800, Drug Testing \$16,000, Electronic Monitoring \$59,950 and  
20 Client Textbooks \$4,650.

21 (d) The grant includes an In-kind support of \$58,321. Salaries and fringe benefits for  
22 leadership, oversight and coordination of Reentry Court \$28,597, Office furniture, supplies,  
23 computers \$6,810 and office space \$22,914.

24 (e) The grant includes indirect costs of \$73,636 for salaries and fringe benefits to be  
25 funded through in-kind support.

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(f) The Adult Probation Department (ADP) will establish work orders with the Office of the District Attorney to fund .40 FTE Class 8177 Attorney, the Department of Public Health to fund .75 FTE Class 2912 Sr. Social Worker, and Office of the Public Defender to fund .40 FTE Class 8177 Attorney.

Section 3. Grant funded positions: Amendment to FY 2010-2011 Annual Salary Ordinance. The hereinafter designated sections of Ordinance No: 191-10 (Annual Salary Ordinance, FY 2010-2011) are hereby amended to add two (2) positions at the Adult Probation Department (ADP), add one (1) position at the Department of the Public Defender (PDR) and add one (1) position at the Department of Public Health (DPH) as follows :

Department: ADP #13                      Adult Probation Department  
 Program: AKB  
 Subfund: 2S PPF GNC  
 Index Code: 131102

<u>Amendment</u>	<u># of Pos.</u>	<u>Class and Title</u>	<u>Compensation</u>
Add	.20 FTE	8138 Court Reporter	\$1,927 B \$2,342
Add	.20 FTE	8113 Court Clerk	\$2,354 B \$2,862


Department: PDR #05                      Public Defender  
 Program: AKI  
 Subfund: 2S PPF GNC  
 Index Code: 055155

Add	.40 FTE	8177 Attorney	\$3,789 B \$6,638
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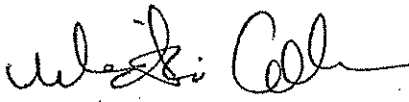
Supervisor Ross Mirkarimi  
 BOARD OF SUPERVISORS

1 Department: DPH #82 Department of Public Health  
2 Program: DMS  
3 Subfund: 1G AGF AAA  
4 Index Code: HMHSCCADM377  
5 Add .75 FTE 2912 Sr. Social Worker \$2,094 B \$2,545


8 APPROVED AS TO FORM:  
9 Dennis J. Herrera, City Attorney

10 By:   
11 Sallie Gibson  
12 Deputy City Attorney

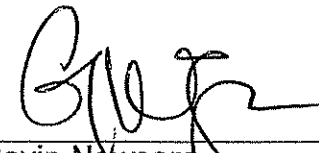
APPROVED AS TO CLASSIFICATION  
DEPARTMENT OF HUMAN RESOURCES

By:   
Micki Callahan, Director  
Department of Human Resources

13 Recommended:

14   
15 Wendy S. Still  
16 Chief Adult Probation Officer  
17 Department of Adult Probation

18  
19  
20 APPROVED:   
21 for Ben Rosenfield  
22 Controller

23  
24 APPROVED:   
25 for Gavin Newsom  
Mayor

Supervisor Ross Mirkarimi  
BOARD OF SUPERVISORS

**TO:** Angela Calvillo, Clerk of the Board of Supervisors  
**FROM:** Wendy S. Still, Chief Adult Probation Officer  
**DATE:** September 23, 2010  
**SUBJECT:** Accept and Expend Ordinance for Office of Justice Grant

**GRANT TITLE:** Office of Justice Program – Second Chance Reentry Courts

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

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

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted ordinance:**

Name: Wendy S. Still, Chief Adult Probation Officer Phone: (415) 553-1687

Interoffice Mail Address: Adult Probation Department,  
850 Bryant Street, Room 200, San Francisco, CA 94103

Certified copy required Yes

No

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

**Grant Information Form**  
(Effective July 2006)

Purpose: Accompanies proposed Board of Supervisors ordinances authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying ordinance:

1. Grant Title: San Francisco Reentry Courts
2. Department: San Francisco Adult Probation Department
3. Contact Person: Wendy S. Still Telephone: (415) 553-1687
4. Grant Approval Status (check one):  
 Approved by funding agency  Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$500,000
- 6a. Matching Funds Required: \$384,859 Cash Match and \$131,957 In kind Support  
b. Source(s) of matching funds (if applicable): Matching funds will be from the Public Protection Special Revenue, Asset Forfeiture Fund , the Sheriff Department Five Keys Charter School funded by the California Department of Education General Program Block Grant, , and the General Fund.
- 7a. Grant Source Agency: Office of Justice Programs (OJP)  
b. Grant Pass-Through Agency (if applicable): Department of Justice (DOJ)
8. Proposed Grant Project Summary: The Second Chance Act State, Local and Tribal Reentry Courts Grant Program provides funding to state and local governments and federally recognized Indian tribes for demonstration projects to promote the safe and successful reintegration into the community of individuals who have been incarcerated. The Department will use the grant funds to develop and implement the Reentry Court. The San Francisco Reentry Court will include coordination with the Collaborative Courts Division of the San Francisco Superior Court, the Public Defender, District Attorney and the Department of Public Health. The goal of this initiative will be to reduce recidivism through the use of early validated risk/needs assessments, evidence-based sentencing, evidence-based treatment and close judicial and community monitoring using the collaborative approach. All program participants will be linked to wrap-around services to help them avoid returning to jail and will include services to help with employment, education, family services, health and mental health as well as housing.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: 10/01/10 End-Date: 09/30/11
10. Number of new positions created and funded: 4
11. Explain the disposition of employees once the grant ends? Will be absorbed into a vacant general fund position once grant funding ends.



12a. Amount budgeted for contractual services: \$ 209,000

b. Will contractual services be put out to bid? Contracted services for Outpatient Substance Abuse Treatment, Residential Substance Abuse Treatment, Transitional Housing, Vocational and Educational Training, Drug Testing and Electronic Monitoring will be a collaborative effort with the Adult Probation Department partnering with the Department of Children Youth and Families (DCYF), Department of Public Health (DPH), the Sheriff's Department and the Office of Economic Workforce Development (OEWD). MOU's and/or Operational Agreements will be established to allow for services to be provided through existing contracts. In an event where the necessary services are not available through another City Agency, The Adult Probation Department will contract out through the bidding process in compliance with the Office of Contract Administration requirements.

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

13a. Does the budget include indirect costs?  Yes  No

b1. If yes, how much? \$ 73,636

b2. How was the amount calculated? Percentage of Indirect costs applied to total cost of labor

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?

14. Any other significant grant requirements or comments: No

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

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

Existing Site(s)

Existing Structure(s)

Existing Program(s) or Service(s)

Rehabilitated Site(s)

Rehabilitated Structure(s)

New Program(s) or Service(s)

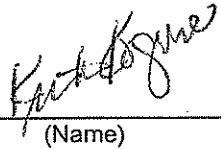
New Site(s)

New Structure(s)

16. 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: None

Departmental or Mayor's Office of Disability Reviewer: Kristin Kogure



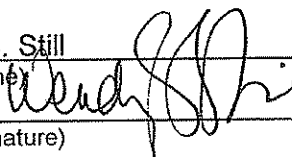
(Name)

Date Reviewed: 10/4/10

Department Approval: Wendy S. Still

(Name)

(Signature)



Chief Adult Probation Officer \_\_\_\_\_

(Title)



[Home](#) > [Apply for Grants](#) > Confirmation

## Confirmation

Thank you for submitting your grant application package via Grants.gov. Your application is currently being processed by the Grants.gov system. Once your submission has been processed, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system, and the second will indicate that the application has either been successfully validated by the system prior to transmission to the grantor agency or has been rejected due to errors.

Please do not hit the back button on your browser.

If your application is successfully validated and subsequently retrieved by the grantor agency from the Grants.gov system, you will receive an additional email. This email may be delivered several days or weeks from the date of submission, depending on when the grantor agency retrieves it.

You may also monitor the processing status of your submission within the Grants.gov system by clicking on the "Track My Application" link listed at the end of this form.

Note: Once the grantor agency has retrieved your application from Grants.gov, you will need to contact them directly for any subsequent status updates. Grants.gov does not participate in making any award decisions.

**IMPORTANT NOTICE:** If you do not receive a receipt confirmation and either a validation confirmation or a rejection email message within 48 hours, please contact us. The Grants.gov Contact Center can be reached by email at [support@grants.gov](mailto:support@grants.gov), or by telephone at 1-800-518-4726. Always include your Grants.gov tracking number in all correspondence. The tracking numbers issued by Grants.gov look like GRANTXXXXXXXXXX.

Contact Center hours of operation are Monday-Friday from 7:00 A.M. to 9:00 P.M. Eastern Time.

The following application tracking information was generated by the system:

<b>Grants.gov Tracking Number :</b>	GRANT10616862
<b>Applicant DUNS:</b>	02-424-1502
<b>Submitter's Name:</b>	Diane Lim
<b>CFDA Number:</b>	16.812
<b>CFDA Description:</b>	Second Chance Act Prisoner Reentry Initiative
<b>Funding Opportunity Number :</b>	BJA-2010-2687
<b>Funding Opportunity Description :</b>	BJA FY 10 Second Chance Act State, Local, and Tribal R
<b>Agency Name :</b>	Bureau of Justice Assistance
<b>Application Name of this Submission :</b>	City and County of San Francisco
<b>Date/Time of Receipt :</b>	2010.06.03 4:53 PM, EDT

TRACK MY APPLICATION – To check the status of this application, please click the link below:  
[https://apply07.grants.gov/apply/checkSingleApplStatus.faces?tracking\\_num=GRANT10616862](https://apply07.grants.gov/apply/checkSingleApplStatus.faces?tracking_num=GRANT10616862)

It is suggested you Save and/or Print this response for your records.

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

Other (Specify)

\* 3. Date Received:

06/03/2010

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name:

City and County of San Francisco

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

946000417

\* c. Organizational DUNS:

024241502

d. Address:

\* Street1:

850 Bryant Steet, Room 200

Street2:

\* City:

San Francisco

County:

San Francisco

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

94103-4673

e. Organizational Unit:

Department Name:

Adult Probation Department

Division Name:

Administration

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

\* First Name:

Diane

Middle Name:

\* Last Name:

Lim

Suffix:

Title: Chief Financial Officer/Business Manager

Organizational Affiliation:

\* Telephone Number:

415-553-1058

Fax Number:

415-575-8875

\* Email:

diane.lim@sfgov.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Bureau of Justice Assistance

11. Catalog of Federal Domestic Assistance Number:

16.812

CFDA Title:

Second Chance Act Prisoner Reentry Initiative

\* 12. Funding Opportunity Number:

BJA-2010-2687

\* Title:

BJA FY 10 Second Chance Act State, Local, and Tribal Reentry Courts

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

\* 15. Descriptive Title of Applicant's Project:

San Francisco Reentry Court

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="500,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="500,000.00"/>

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes  No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

Second Chance Act  
San Francisco Reentry Court  
CFDA No. 16.812

*Table of Contents*

<b>Program Narrative (Attachment 1)</b> .....	1-20
<b>Budget and Budget Narrative (Attachment 2)</b>	
Budget Detail Worksheet.....	21-23
Budget Narrative.....	24-28
<b>Project Timeline and Letters of Support (Attachment 3)</b>	
Project Timeline.....	29
Letters of Support .....	30-41
<b>Substance Abuse Treatment Requirements (Attachment 4)</b>	
Memoranda of Understanding .....	42-43
Certifications.....	44-50

Complete copy of document in File No. 101270

