

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

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

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 resolution:

1. Grant Title: **California Board of State and Community Corrections – Youth Programs and Facilities Grant**
2. Department: **Juvenile Probation Department**
3. Contact Person: **Verónica Martínez** Telephone: **415-680-8451**
4. Grant Approval Status (check one):  
 Approved by funding agency                       Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$152,571**
6. a. Matching Funds Required: **N/A**  
b. Source(s) of matching funds (if applicable): **N/A**
7. a. Grant Source Agency: **California Board of State and Community Corrections**  
b. Grant Pass-Through Agency (if applicable): **N/A**
8. Proposed Grant Project Summary:  
**The Board of State and Community Corrections (BSCC) released the Youth Programs and Facilities Grant (YPFG) opportunity to support California counties infrastructure and improvements to programs, services, and facilities serving youth who are realigned to counties as a result of the closure of the Division of Juvenile Justice.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: **June 10, 2021**                      End-Date: **June 1, 2024**
10. Number of new positions created and funded: **Zero**
11. Explain the disposition of employees once the grant ends? **N/A**
12. a. Amount budgeted for contractual services: **\$0.00**  
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% or \$15,257

14. Any other significant grant requirements or comments: **Prohibits supplantation.**

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

15. 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 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 checked="" 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:

Preston Treichel  
\_\_\_\_\_  
(Name)

HR Director  
\_\_\_\_\_  
(Title)

Date Reviewed: 05/05/2022


  
\_\_\_\_\_  
(Signature Required)

Overall Department Head or Designee Approval:

Katherine Weinstein Miller  
\_\_\_\_\_  
(Name)

Chief Juvenile Probation Officer  
\_\_\_\_\_  
(Title)

Date Reviewed: 05/05/22

  
\_\_\_\_\_  
(Signature Required)