

File No. 110918

Committee Item No. 5
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Committee PUBLIC SAFETY

Date 9/15/11

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input 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"/> | Introduction Form (for hearings) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input checked="" 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: Gail Johnson

Date 9/9/11

Completed by: _____

Date _____

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

1 [Revolving Fund Agreement - Burial or Emergency Relocation of Crime Victims - \$75,000]

2
3 **Resolution authorizing the Office of the District Attorney to renew its current**
4 **agreement with the California Victim Compensation and Government Claims Board, an**
5 **agent of the State of California, for a revolving fund in the amount of \$75,000 to be used**
6 **to pay for verified funeral/burial expenses for eligible homicide victims and emergency**
7 **relocation for victims of domestic violence and sexual assault for the period of July 1,**
8 **2011, through June 30, 2014.**

9
10 WHEREAS, The City and County of San Francisco desires to enter into an agreement
11 with the California Victim Compensation and Government Claims Board in accordance with
12 Government Section 13835 to provide a means to pay for verified funeral/burial expenses for
13 eligible homicide victims and emergency relocation for victims of domestic violence and
14 sexual assault, and to be reimbursed by the State thereafter; and

15 WHEREAS, This agreement would authorize the District Attorney's Victim Witness
16 Assistance Program to pay verified funeral/burial expenses for eligible homicide victims and
17 emergency relocation for victims of domestic violence and sexual assault out of the revolving
18 fund; and

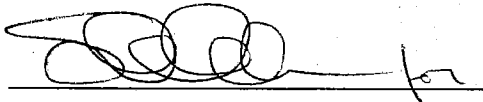
19 WHEREAS, The fund maintains a process by which the District Attorney may make
20 speedy payments to service providers and increase service to victims; and

21 WHEREAS, Funds received hereunder shall not be used to supplant local funds that
22 would, in the absence of California Victim Compensation and Government Claims Board
23 Programs, be made available to support the assistance of victims of crime; and,

24 WHEREAS, The grant does not require an ASO amendment; now, therefore, be it
25


1 RESOLVED, That the District Attorney of the City and County of San Francisco is
2 authorized on behalf of the City and County of San Francisco to contract for, accept and
3 expend funds from the California Victim Compensation and Government Claims Board to
4 continue the Revolving Fund Agreement, including any extensions, augmentations or
5 amendments thereof.

6
7
8 RECOMMENDED:
9 Office of the District Attorney

10 

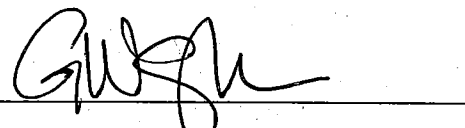

11 George Gascón

12
13
14 APPROVED:
15 Office of the Controller

16
17
18 By: 

19 Ben Rosenfield

20 APPROVED:
21 Office of the Mayor

22
23
24 By: 
25  Edwin M. Lee

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Sheila Arcelona, District Attorney's Office
DATE: July 25, 2011
SUBJECT: Accept and Expend Resolution for Subject Grant

GRANT TITLE: State Grant – Revolving Fund for Crime Victims

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

- Proposed grant resolution; original signed by Department, Mayor, Controller
- Grant information form, including disability checklist
- Grant agreement

Special Timeline Requirements:

*Please place on consent calendar for earliest possible committee

Departmental representative to receive a copy of the adopted resolution:

Name: Sheila Arcelona Phone: 415-734-3018

Interoffice Mail Address: DAT, 850 Bryant Street, Ste. 322

Certified copy required Yes No

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Information Form
(Effective March 2005)

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: Revolving Fund Agreement

2. Department: District Attorney

3. Contact Person: Sheila Arcelona Telephone: 415-734-3018

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$75,000

6a. Matching Funds Required: \$0

b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: California Victim Compensation and Government Claims Board

b. Grant Pass-Through Agency (if applicable): n/a

8. Proposed Grant Project Summary:

To provide a means to pay for verified funeral/burial expenses for eligible homicide victims and emergency relocation for victims of domestic violence and sexual assault, and be reimbursed by the State thereafter.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: July 1, 2011

End-Date: June 30, 2014

10a. 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 MBE/WBE requirements? n/a

d. Is this likely to be a one-time or ongoing request for contracting out? n/a

11a. Does the budget include indirect costs? Yes No

b1. If yes, how much? \$

b2. How was the amount calculated?

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): The revolving fund does not have a budget. The costs of administering the revolving fund will be covered by the General Fund.

c2. If no indirect costs are included, what would have been the indirect costs?

12. Any other significant grant requirements or comments:

****Disability Access Checklist****

13. 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 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 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:

Departmental or Mayor's Office of Disability Reviewer: Martha Knutzen
(Name)

Date Reviewed: 7/19/11

Department Approval: Sheila Arcelona, Finance Division Manager
(Name) (Title)

(Signature) 

STATE OF CALIFORNIA
STANDARD AGREEMENT
 STD 213 (Rev 06/03)

AGREEMENT NUMBER VCGC1105
REGISTRATION NUMBER

1. This Agreement is entered into between the State Agency and the Contractor named below:
- STATE AGENCY'S NAME
VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD
- CONTRACTOR'S NAME
COUNTY OF SAN FRANCISCO
2. The term of this Agreement is: **JULY 1, 2011** through **JUNE 30, 2014**
3. The maximum amount of this Agreement is: **\$0.00**
ZERO DOLLARS
4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A – Scope of Work	3 Pages
Exhibit B – Budget Detail and Payment Provisions	1 Page
Exhibit C* – General Terms and Conditions (GTC307)	1 Page
Exhibit D – Special Terms and Conditions	4 Pages
Attachment I – VCGCB Information Security Policy 06-00-003	5 Pages
Attachment II – Confidentiality Statement	1 Page
Attachment III – Revolving Fund Procedures	3 Pages
Attachment IV – Revolving Fund Disbursement Log	1 Page
Attachment V – Overpayment Checklist	1 Page
Attachment VI – Imaged Document Confidential Destruct Policy-Scan Facility Memo 09-001	2 Pages
Attachment VII – Contractor's Description of Revolving Fund Procedures	1 Page

Items shown with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at www.ols.dgs.ca.gov/Standard+Language

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		<i>California Department of General Services Use Only</i>
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.) COUNTY OF SAN FRANCISCO		
BY (Authorized Signature) 	DATE SIGNED(Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING George Gascón, District Attorney		
ADDRESS 850 Bryant Street, Room 322, San Francisco, CA 94103		
STATE OF CALIFORNIA		
AGENCY NAME VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD		
BY (Authorized Signature) 	DATE SIGNED(Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING JULIE NAUMAN, EXECUTIVE OFFICER		
ADDRESS 400 "R" STREET, SUITE 500, SACRAMENTO, CA 95811		
		<input type="checkbox"/> Exempt per:

