

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: **Safe Havens: Supervised Visitation and Safe Exchange Grant Program**

2. Department: **Department of Public Health, Community Behavioral Health Services**

3. Contact Person: **Alice Gleghorn, Ph.D.** Telephone: **415-255-3722**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$133,333 Year 1***

\$133,333 Year 2

\$133,333 Year 3

\$400,000 TOTAL for project

****DPH, CBHS is seeking accept and expend approval for Year 1 only. The funder will approve subsequent years upon successful completion of the prior year. DPH, CBHS will include these years in the DPH budget.***

6a. Matching Funds Required: **No**

b. Source(s) of matching funds (if applicable): **N/A**

7a. Grant Source Agency: **Department of Justice, Office of Violence Against Women**

b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary:

The Safe Havens Supervised Visitation and Safe Exchange Program will continue to provide supervised visitation and exchange service to families in which domestic violence, child abuse, sexual assault or stalking is present with a focus on serving low income, ethnically diverse and underserved communities. The goals of this project are as follows: 1) Increase supervised visitation and monitored exchange services in cases of domestic violence, sexual assault, child abuse, dating violence or stalking in two counties through three facilities; 2) Fully implement services and safety measures at all centers; 3) Continue on-going review of safety policies and protocols at all facilities to ensure the safety of children and at risk parents; 4) Provide supervised visitation and monitored exchange services to 100 unduplicated families or 2600 hours of services per year to families with a history of domestic violence, sexual assault, dating violence, child abuse, or stalking; 5) Ensure the long term viability of the services and their integration into the City's domestic violence continuum of services.

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

Start-Date: October 1, 2013	End-Date: September 30, 2014	Year 1
Start-Date: October 1, 2014	End-Date: September 30, 2015	Year 2
Start-Date: October 1, 2015	End-Date: September 30, 2016	Year 3

10a. Amount budgeted for contractual services: **\$115,252 Year 1***

\$115,252 Year 2; \$115,252 Year 3

\$345,756 TOTAL for project

****DPH, CBHS is seeking accept and expend approval for Year 1 only. The funder will approve subsequent years upon successful completion of the prior year. DPH, CBHS will include these years in the DPH budget.***

b. Will contractual services be put out to bid? **No**

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? One-time

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

b1. If yes, how much? **N/A**

b2. How was the amount calculated? **N/A**

c1. 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? **25.20% of salaries**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to October 1, 2013. The Department received the original notice of award on 9/17/2013, but did not receive notification of an approved budget until 10/28/2013.

GRANT CODE (Please include Grant Code and Detail in FAMIS): HCSA04, 1400

****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):

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)

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:

Ron Weigelt

(Name)

Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs

(Title)

Date Reviewed: _____

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA

(Name)

Director of Health

(Title)

Date Reviewed: _____

(Signature Required)