File Number:(Provided by Clerk of Board of Supervisors))		
Gran	t Resolution Informa (Effective July 201		
Purpose: Accompanies proposed Board of Supefunds.	ervisors resolutions au	uthorizing a Department to accept and expend gran	t
The following describes the grant referred to in t	the accompanying res	solution:	
Grant Title: San Francisco Youth Back on Collaboration, and Knowledge)	TRACK (Treatment t	to Recovery through Accountability,	
2. Department: San Francisco Department of	f Public Health		
3. Contact Person: Emily B. Gerber, Ph.D	. Telephone: ((415) 255-3448	
4. Grant Approval Status (check one):			
[X] Approved by funding agency	[] N	Not yet approved	
5. Amount of Grant Funding Approved or Applie	ed for: \$250,000		
6a. Matching Funds Required: \$ 62,500 b. Source(s) of matching funds (if applicable):	San Francisco Depa	artment of Public Health General Funds	
7a. Grant Source Agency: U.S. Department of b. Grant Pass-Through Agency (if applicable):	Justice, Office of Jus	ustice Programs, Bureau of Justice Assistance	
Accountability, Collaboration and Knowled substance use, cross-training and coaching	dge) will use plann I to build core know I of 130 juveniles wi	Back on TRACK (Treatment to Recovery throughing to develop a shared response to juvening to develop a shared response to juvening to juvening and skills, and the implementation of beginth serious risks and co-occurring mental health.	ile st
9. Grant Project Schedule, as allowed in approv	val documents, or as p	proposed:	
Start-Date: 10/1/2013	End-Date: 09/30/)/2015	
10a. Amount budgeted for contractual services:	\$174,825		
		ing will be used to expand current services withi is a successful collaboration among SFJPD, CYI	
c. If so, will contract services help to further the requirements?	ne goals of the Depart	tment's Local Business Enterprise (LBE)	
d. Is this likely to be a one-time or ongoing re-	quest for contracting c	out? One-time for the grant period.	
11a. Does the budget include indirect costs?	[]Yes	[X] No	
b1. If yes, how much?			
b2. How was the amount calculated?			

c1. If no, why are indirect costs not included? [] Not allowed by granting agency [] Other (please explain):	[X] To maximize use of grant funds on direct services				
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. This application was delayed by the need for some minor budget revisions and unforeseeable challenges in communicating with the funder, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance due to the shutdown of the Federal Government.					
GRANT CODE (Please include Grant Code and Detail in FAMIS): HMCH04-1400					
Disability Access Checklist*(Department mus Mayor's Office of Disability)	t forward a copy of all completed Grant Information Forms to the				
13. This Grant is intended for activities at (check all t	hat apply):				
[X] Existing Site(s)[] Existing Structure[] Rehabilitated Site(s)[] Rehabilitated Structure[] New Site(s)[] New Structure(s)	ucture(s) [] New Program(s) or Service(s)				
the project as proposed will be in compliance with th	r's Office on Disability have reviewed the proposal and concluded that e Americans with Disabilities Act and all other Federal, State and low the full inclusion of persons with disabilities. These requirements				
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;					
	cilities open to the public are architecturally accessible and have been pliance Officer or the Mayor's Office on Disability Compliance				
If such access would be technically infeasible, this is	described in the comments section below:				
Comments:					
Departmental ADA Coordinator or Mayor's Office	e of Disability Reviewer:				
Ron Weigelt (Name)					
<u>Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs</u> (Title)					
Date Reviewed:	(Cimpotives Described)				
	(Signature Required)				

Department Head or Designee Approval of Grant Information Form:			
Barbara A. Garcia, MPA (Name)			
Director of Health (Title)			
Date Reviewed:	(Signature Required)		