

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: Byrne Criminal Justice Innovation Program
2. Department: Office of the District Attorney
3. Contact Person: Maria McKee Telephone: 415 553 1189
4. Grant Approval Status (check one):
[X] Approved by funding agency [] Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$997,217
- 6a. Matching Funds Required: \$0
b. Source(s) of matching funds (if applicable):
- 7a. Grant Source Agency: Department of Justice
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: To reduce future crime and increase public safety in San Francisco's Eastern Bayview neighborhood, by improving direct services/access to services for victims of crime; increasing neighborhood empowerment, engagement and capacity to prevent and respond to victimization; and, increasing community trust and collaboration with the criminal justice system.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: 10/1/2013 End-Date: 9/30/2016
- 10a. Amount budgeted for contractual services: \$715,366
b. Will contractual services be put out to bid? Contractual services awarded in the following manner: one sole source contract for research partner identified in proposal; competitively bid out grant agreements for all other services.
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? No
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 [X] No
b1. If yes, how much? \$0

b2. How was the amount calculated? N/A

c1. If no, why are indirect costs not included?

- Not allowed by granting agency
- Other (please explain):

To maximize use of grant funds on direct services

c2. If no indirect costs are included, what would have been the indirect costs? \$99,722

12. Any other significant grant requirements or comments: No

****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):

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input checked="" type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input checked="" 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 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:

(Name)

(Title)

Date Reviewed: _____

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

(Name)

(Title)

Date Reviewed: _____

(Signature Required)