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File Number: (Provided by Clerk of Board of Supervisors)	
	<u>Diution Information Form</u> Effective July 2011)
Purpose: Accompanies proposed Board of Superexpend grant funds.	rvisors resolutions authorizing a Department to accept and
The following describes the grant referred to in th	ne accompanying resolution:
1. Grant Title: 15/16 Juvenile Accountability Bloc	k Grant
2. Department: San Francisco Public Defender's	Office
3. Contact Person: Jeff Adachi	Telephone: 415-553-1671
4. Grant Approval Status (check one):	
[X] Approved by funding agency	[] Not yet approved
5. Amount of Grant Funding Approved or Applied	for: \$ 78,235
6. a. Matching Funds Required: \$ 8,693 b. Source(s) of matching funds (if applicable):	1GAGFAAA (general fund)
7. a. Grant Source Agency: Federal Department	of Justice
b. Grant Pass-Through Agency (if applicable): Community Corrections	Federal Grant – State Pass-Through: Board of State and
working to identify community-based alternation otherwise remain in custody unnecessarily. JA Assistance Program. Public Defender will repressessments of clients including educational an	et address the backlog of public defender cases while ives and out-of-home placements for youth who would ABG will be used to fund the Public Defender Placement resent clients in juvenile court matters, obtain appropriate d mental health assessments, and identify and build es to detention and other supportive community-based
Grant Project Schedule, as allowed in approva	Il documents, or as proposed:
Start-Date: July 1, 2015	End-Date: June 30, 2016
10. a. Amount budgeted for contractual services:	NONE
b. Will contractual services be put out to bid?	N/A
 c. If so, will contract services help to further the requirements? N/A 	ne goals of the Department's Local Business Enterprise (LBE)
d. Is this likely to be a one-time or ongoing re	quest for contracting out? N/A

[]Yes

[X] No

11. a. Does the budget include indirect costs?

b2. How was the amount	calculated?			
c. If no, why are indirect c [] Not allowed by gra [] Other (please expl	nting agency	[X] To maximi	ze use of grant funds	on direct services
c2. If indirect costs are in	ncluded, what would ha	ave been the in	direct costs? \$34,500	
12. Any other significant gra	ınt requirements or coı	mments:		
Disability Access Checkl	ist*			
13. This Grant is intended fo	r activities at (check al	l that apply):		
[X] Existing Site(s) [] Rehabilitated Site(s) [] New Site(s)	[] Existing Structure([] Rehabilitated Structure(s)		[X] Existing Program [] New Program(s) o	
14. The Departmental ADA of and concluded that the project all other Federal, State and I disabilities, or will require un	ct as proposed will be ocal access laws and	in compliance regulations and	with the Americans with will allow the full inclu	th Disabilities Act and usion of persons with
Comments:				
Departmental or Mayor's Off	ice of Disability Reviev	ver:	Arlene Laxamana (Name)	
Date Reviewed: August 6, 2	015			
Department Approval:	Jeff Adachi (Name)	Pub	ic Dejender (Title)	
	(Oignature)	· •		