



## Grant Application Package

|                         |   |
|-------------------------|---|
| Opportunity Title:      | OVW FY 2015 Grants to Encourage Arrest Policies and Enf                   |
| Offering Agency:        | Office on Violence Against Women  |
| CFDA Number:            | 16.590  |
| CFDA Description:       | Grants to Encourage Arrest Policies and Enforcement of                    |
| Opportunity Number:     | OVW-2015-4031   |
| Competition ID:         | OVW-2015-4031   |
| Opportunity Open Date:  | 02/11/2015  |
| Opportunity Close Date: | 03/24/2015  |
| Agency Contact:         | Sue Pugliese<br>E-mail: Suzanne.Pugliese@usdoj.gov<br>Phone: 202-305-1660 |

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: CCSF Multidisciplinary Domestic Violence High Lethality Risk Team Pilot Project

### Select Forms to Complete

#### Mandatory

[Application for Federal Assistance \(SF-424\)](#)

[Attachments](#)

[Project Narrative Attachment Form](#)

[Budget Narrative Attachment Form](#)

[Assurances for Non-Construction Programs \(SF-424B\)](#)

[Disclosure of Lobbying Activities \(SF-LLL\)](#)

#### Optional

### Instructions

[Show Instructions >>](#)

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here. If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

| Application for Federal Assistance SF-424  |  |  |
|--|--|--|
| * 1. Type of Submission:   | * 2. Type of Application:                        | * If Revision, select appropriate letter(s): |
| <input type="checkbox"/> Preapplication  | <input type="checkbox"/> New                     |  |
| <input checked="" type="checkbox"/> Application  | <input checked="" type="checkbox"/> Continuation | * Other (Specify):                           |
| <input type="checkbox"/> Changed/Corrected Application   | <input type="checkbox"/> Revision                |  |
| * 3. Date Received:  | 4. Applicant Identifier:                         |  |
| Completed by Grants.gov upon submission.   |  |  |
| 5a. Federal Entity Identifier:   | 5b. Federal Award Identifier:                    |  |
|  | 16.590   |  |
| <b>State Use Only:</b>   |  |  |
| 6. Date Received by State:   | 7. State Application Identifier:                 |  |
|  |  |  |
| <b>8. APPLICANT INFORMATION:</b>   |  |  |
| * a. Legal Name: City and County of San Francisco  |  |  |
| * b. Employer/Taxpayer Identification Number (EIN/TIN):  | * c. Organizational DUNS:                        |  |
| 94-6000479   | 0703842550000                                    |  |
| d. Address:  |  |  |
| * Street1:   | City and County of San Francisco                 |  |
| Street2:   | 1 Dr. Carlton B. Goodlett Pl.                    |  |
| * City:  | San Francisco                                    |  |
| County/Parish:   | San Francisco                                    |  |
| * State:   | CA: California                                   |  |
| Province:  |  |  |
| * Country:   | USA: UNITED STATES                               |  |
| * Zip / Postal Code:   | 94102-4603                                       |  |
| e. Organizational Unit:  |  |  |
| Department Name:   | Division Name:                                   |  |
| SF Dept on the Status of Women   |  |  |
| f. Name and contact information of person to be contacted on matters involving this application: |  |  |
| Prefix:  | Ms.  | * First Name:                                |
|  |  | Stephanie                                    |
| Middle Name:   | Hong   |  |
| * Last Name:   | Nguyen   |  |
| Suffix:  |  |  |
| Title:   | Fiscal & Policy Analyst & CFO                    |  |
| Organizational Affiliation:  |  |  |
| SF Department on the Status of Women   |  |  |
| * Telephone Number:  | 1 (415) 252-2573                                 | Fax Number:                                  |
|  |  | 1 (415) 252-2575                             |
| * Email:   | Stephanie.Nguyen@sfgov.org                       |  |

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

E: County Government

Type of Applicant 2: Select Applicant Type:

C: City or Township Government

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Office on Violence Against Women

**11. Catalog of Federal Domestic Assistance Number:**

16.590

CFDA Title:

Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program

**\* 12. Funding Opportunity Number:**

OVW-2015-4031

\* Title:

OVW FY 2015 Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program

**13. Competition Identification Number:**

OVW-2015-4031

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

City and County of San Francisco's Multidisciplinary Domestic Violence High Lethality Risk Team Pilot Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

| Application for Federal Assistance SF-424   |  |
|---|--|
| <b>16. Congressional Districts Of:</b>  |  |
| * a. Applicant  | 8-12                                     |
| * b. Program/Project  | 8-12                                     |
| Attach an additional list of Program/Project Congressional Districts if needed.   |  |
| <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>  |  |
| <b>17. Proposed Project:</b>  |  |
| * a. Start Date:  | 01/01/2016                               |
| * b. End Date:  | 12/31/2018                               |
| <b>18. Estimated Funding (\$):</b>  |  |
| * a. Federal  | 750,000.00                               |
| * b. Applicant  | 0.00                                     |
| * c. State  | 0.00                                     |
| * d. Local  | 0.00                                     |
| * e. Other  | 0.00                                     |
| * f. Program Income   | 0.00                                     |
| * g. TOTAL  | 750,000.00                               |
| <b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>   |  |
| <input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> .   |  |
| <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.   |  |
| <input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.  |  |
| <b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>  |  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| If "Yes", provide explanation and attach  |  |
| <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>  |  |
| <b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b> |  |
| <input checked="" type="checkbox"/> ** I AGREE  |  |
| ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.   |  |
| <b>Authorized Representative:</b>   |  |
| Prefix:   | Dr.                                      |
| * First Name:   | Emily                                    |
| Middle Name:  | Moto                                     |
| * Last Name:  | Murase                                   |
| Suffix:   | Ph.D                                     |
| * Title:  | Executive Director, DOSW                 |
| * Telephone Number:   | 1 (415) 252-2571                         |
| Fax Number:   | 1 (415) 252-2575                         |
| * Email:  | Emily.Murase@sfgov.org                   |
| * Signature of Authorized Representative:   | Completed by Grants.gov upon submission. |
| * Date Signed:  | Completed by Grants.gov upon submission. |

## ATTACHMENTS FORM

**Instructions:** On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

**Important:** Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

|                                 |                               |                |                   |                 |
|---------------------------------|-------------------------------|----------------|-------------------|-----------------|
| 1) Please attach Attachment 1   | Summary Data Sheet 2015.pdf   | Add Attachment | Delete Attachment | View Attachment |
| 2) Please attach Attachment 2   | 1_CCSF-DOSW Final MOU.pdf     | Add Attachment | Delete Attachment | View Attachment |
| 3) Please attach Attachment 3   | 2_CCSF-DOSW Confidentiality I | Add Attachment | Delete Attachment | View Attachment |
| 4) Please attach Attachment 4   | 3_CCSF-DOSW Letter of Non-Sup | Add Attachment | Delete Attachment | View Attachment |
| 5) Please attach Attachment 5   | 4_CCSF-DOSW Financial Account | Add Attachment | Delete Attachment | View Attachment |
| 6) Please attach Attachment 6   | 5_CCSF-DOSW Certification of  | Add Attachment | Delete Attachment | View Attachment |
| 7) Please attach Attachment 7   | 6_CCSF-DOSW_FY2015ResumesPos: | Add Attachment | Delete Attachment | View Attachment |
| 8) Please attach Attachment 8   | 7_CCSF-DOSW Bayview District  | Add Attachment | Delete Attachment | View Attachment |
| 9) Please attach Attachment 9   | 8_CCSF-DOSW County Service A  | Add Attachment | Delete Attachment | View Attachment |
| 10) Please attach Attachment 10 | CCSF-DOSW GEAPP Abstract.pdf  | Add Attachment | Delete Attachment | View Attachment |
| 11) Please attach Attachment 11 | SFPD Leadership Bio.pdf       | Add Attachment | Delete Attachment | View Attachment |
| 12) Please attach Attachment 12 |                               | Add Attachment | Delete Attachment | View Attachment |
| 13) Please attach Attachment 13 |                               | Add Attachment | Delete Attachment | View Attachment |
| 14) Please attach Attachment 14 |                               | Add Attachment | Delete Attachment | View Attachment |
| 15) Please attach Attachment 15 |                               | Add Attachment | Delete Attachment | View Attachment |

## Project Narrative File(s)

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\* Mandatory Project Narrative File Filename:

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To add more Project Narrative File attachments, please use the attachment buttons below.

## Budget Narrative File(s)

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\* **Mandatory Budget Narrative Filename:**

[Add Mandatory Budget Narrative](#)

[Delete Mandatory Budget Narrative](#)

[View Mandatory Budget Narrative](#)

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To add more Budget Narrative attachments, please use the attachment buttons below.

[Add Optional Budget Narrative](#)

[Delete Optional Budget Narrative](#)

[View Optional Budget Narrative](#)

### ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.



9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

|  |   |
|--|---|
| <b>SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</b><br><input type="text" value="Completed on submission to Grants.gov"/> | <b>TITLE</b><br><input type="text" value="Executive Director, DOSW"/>                       |
| <b>APPLICANT ORGANIZATION</b><br><input type="text" value="City and County of San Francisco"/>                           | <b>DATE SUBMITTED</b><br><input type="text" value="Completed on submission to Grants.gov"/> |

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB  
0348-0046

|  |  |  |
|--|--|--|
| <b>1. * Type of Federal Action:</b><br><input type="checkbox"/> a. contract<br><input checked="" type="checkbox"/> b. grant<br><input type="checkbox"/> c. cooperative agreement<br><input type="checkbox"/> d. loan<br><input type="checkbox"/> e. loan guarantee<br><input type="checkbox"/> f. loan insurance | <b>2. * Status of Federal Action:</b><br><input type="checkbox"/> a. bid/offer/application<br><input checked="" type="checkbox"/> b. initial award<br><input type="checkbox"/> c. post-award | <b>3. * Report Type:</b><br><input checked="" type="checkbox"/> a. initial filing<br><input type="checkbox"/> b. material change |
|--|--|--|

**4. Name and Address of Reporting Entity:**

Prime     SubAwardee

\* Name: City & County of San Francisco, Dept. on the Status of Women

\* Street 1: 25 Van Ness Ave., Suite #240      Street 2: \_\_\_\_\_

\* City: San Francisco      State: CA: California      Zip: 94102

Congressional District, if known: 8-12

**5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:**

|   |   |
|---|---|
| <b>6. * Federal Department/Agency:</b><br>USDOJ OVW | <b>7. * Federal Program Name/Description:</b><br>Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program<br>CFDA Number, if applicable: 16.590 |
|---|---|

|  |  |
|--|--|
| <b>8. Federal Action Number, if known:</b><br>16.590 | <b>9. Award Amount, if known:</b><br>\$ 750,000.00 |
|--|--|

**10. a. Name and Address of Lobbying Registrant:**

Prefix \_\_\_\_\_ \* First Name: Eve      Middle Name: \_\_\_\_\_

\* Last Name: O'Toole      Suffix: \_\_\_\_\_

\* Street 1: Holland & Knight      Street 2: 2099 Pennsylvania Ave.

\* City: Washington      State: DC: District of Columbia      Zip: 20006

**b. Individual Performing Services** (including address if different from No. 10a)

Prefix \_\_\_\_\_ \* First Name: Eve      Middle Name: \_\_\_\_\_

\* Last Name: O'Toole      Suffix: \_\_\_\_\_

\* Street 1: \_\_\_\_\_      Street 2: \_\_\_\_\_

\* City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

**11.** Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\* Signature: Completed on submission to Grants.gov

\* Name: Prefix: Dr.      \* First Name: Emily      Middle Name: Moto  
 \* Last Name: Murase      Suffix: PhD

Title: Executive Director, DOSW      Telephone No.: 1(415)252-2571      Date: Completed on submission to Grants.gov