	mber: 180334 //ided by Clerk of Board of Supervisors)			
	Grant Resolution Information Form (Effective July 2011)			
•	e: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and grant funds.			
The fo	owing describes the grant referred to in the accompanying resolution:			
1.	. Grant Title: Victim Witness Assistance Program			
2.	. Department: Office of the District Attorney			
3.	Contact Person: Lorna Garrido Telephone: (415) 553-9258			
4.	Grant Approval Status (check one):			
	[] Not yet approved			
5.	Amount of Grant Funding Approved or Applied for: \$984,876			
6.	a. Matching Funds Required: \$204,991			
	Source(s) of matching funds: State Penalty Assessment Funds (California Governor's of Emergency Services) = \$164,911 and general funds (Project ID 10023081) = \$40,080			
7. funds)	a. Grant Source Agency: U.S. Department of Justice, Office of Justice Programs (VOCA and California Governor's Office of Emergency Services (State Penalty Assessment Fund) Grant Pass-Through Agency: California Governor's Office of Emergency Services			
8. Proposed Grant Project Summary: To provide comprehensive assistance programs for victims and witnesses of crime, and to handle the trauma experienced by victims and witnesses to allow for faster and more complete recovery from the effects of crime.				
9.	Grant Project Schedule, as allowed in approval documents, or as proposed: Start-Date: October 1, 2017 End-Date: September 30, 2018			
10.	Amount budgeted for contractual services: \$0 Will contractual services be put out to bid? n/a If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? n/a Is this likely to be a one-time or ongoing request for contracting out? n/a			
11.	Does the budget include indirect costs? [X] Yes [] No 1. If yes, how much? \$88,919 2. How was the amount calculated? 10% of salaries and benefits 1. 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): 2. If no indirect costs are included, what would have been the indirect costs?			

12. Any other significant grant requirements or comments:

We request for approval of the additional appropriation of \$399,198 in FY17-18 to align funds with the change in grant term from fiscal year ending on June 30th to fiscal year ending September 30th.

	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):				
	[X] Existing Site(s)[] Rehabilitated Site(s)[] New Site(s)	[] Existing Structure(s) [] Rehabilitated Structure(s) [] New Structure(s)	[X] Existing Program(s) or Service(s)[] New Program(s) or Service(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:				
	Jessica Geiger				
	(Name) Facilities Manager (Title)				
9	Date Reviewed: 3/1//	\$(Signature Regulred)		
Department Head or Designee Approval of Grant Information Form:					
	Eugene Clendinen				
	(Name)				
	Chief Administrative & Fina	ricial Officer			
	(Title) Date Reviewed:3/6	/18	47/		
		1	(Signature Required)		