## 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: Youth Reinvestment Grant
- 2. Department: Juvenile Probation Department
- 3. Contact Person: Tara Marlowe Telephone: 415-753-7543 | tara.marlowe@sfgov.org
- **4.** Grant Approval Status (check one):
  - [X] Approved by funding agency [] Not yet approved
- 5. Amount of Grant Funding Approved or Applied for: \$ 734,216
- 6. a. Matching Funds Required: \$ 430,213
  - b. Source(s) of matching funds (if applicable): **Combination of county and non-county general funds**
- 7. a. Grant Source Agency: Board of State and Community Corrections
  - b. Grant Pass-Through Agency (if applicable): N/A
- 8. Proposed Grant Project Summary: The San Francisco Juvenile Probation Department is proposing to augment San Francisco's existing diversion programs with a non-law enforcement mobile crisis response service. The mobile crisis response service will be a vital resource available 24/7 for families with youth who are experiencing serious emotional or behavioral issues by providing in-home stabilization and quickly linking them to clinical and community-based services. Through earlier identification and treatment of symptoms of distress and trauma, the City and County of San Francisco aims to prevent youth with mental/behavioral health needs from formally entering or becoming further entrenched in the juvenile justice system.
- 9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: 7/1/2019 End-Date: 2/28/2023

- **10.** a. Amount budgeted for contractual services: **\$784,000** 
  - b. Will contractual services be put out to bid? **Combination of competitive and sole source procurement being considered.**
  - c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **Yes**
  - d. Is this likely to be a one-time or ongoing request for contracting out? **One-time to start. If program is effective, the request could be ongoing.**

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**11.** a.Does the budget include indirect costs?[] Yes[X] No

b. 1. If yes, how much?

b. 2. How was the amount calculated?

c. 1. 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

c. 2. If no indirect costs are included, what would have been the indirect costs? Indirect costs included in the Grant Application budget were estimated at \$ 36,711. These costs were estimated using the grantor's methodology of 5% of total project costs assigned to grant.

**12.** Any other significant grant requirements or comments: N/A.

\*\*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 Program(s) or Service(s) [X] Existing Site(s) [X] Existing Structure(s) [] Rehabilitated Site(s) [] Rehabilitated Structure(s) [X] New Program(s) or Service(s) [] New Site(s) [] 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: Please consult with Mayor's Office on Disability as needed on the provision of items 1 and 2 above. It is MOD's understanding that there is not new infrastructure in this grant. (item 3), Departmental ADA Coordinator or Mayor's Office of Disability Reviewer: Nicole Bohn (Name) Director, Mayor's Office on Disability (Title) Date Reviewed: June 24, 2019 (Signature Required)

Department Head or Designee Approval of Grant Information Form:

Allen A, Nance (Name)

Chief Juvenile Probation Officer, Juvenile Probation Department

(Tille)

7-2-19 Date Reviewed:

(Signature Required)

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**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):		
[ <b>X</b> ] Existing Site(s) [ ] Rehabilitated Site(s) [ ] New Site(s)	[X] Existing Structure(s) [ ] Rehabilitated Structure(s) [ ] New Structure(s)	<ul><li>[X] Existing Program(s) or Service(s)</li><li>[X] New Program(s) or Service(s)</li></ul>
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:		
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If such access would be technically infeasible, this is described in the comments section below:		
Comments:		
SEE SEPARATE PAGE FOR SIGNED CHECKLIST Nochanse. Rober to June 84 directive.		
Departmental ADA Coordinator or Mayor's Office of Disability Reviewer: Nice Bohm (Name)		
Director, Mayor's Office on Disability		
Date Reviewed: 0406	er 11, 2019	(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Allen A. Nance (Name)

(Name) Chief Juvenile Probation Officer, Juvenile Probation Department

9-20-19

(Title) Date Reviewed:

(Signature Required)