	umbe i ovided b	r: oy Clerk of Board of Supervisors)	•
		<u>Grant</u>	Ordinance Information Form (Effective July 2011)
		companies proposed Board of t funds.	Supervisors ordinances authorizing a Department to accept and
The fo	llowing	g describes the grant referred t	o in the accompanying resolution:
1.	Grant Title: Cities and Counties for Fine and Fee Justice		
2.	Department: Office of the Treasurer & Tax Collector		
3.	Conta	act Person: Eric Manke	Telephone: (415) 554-4509
4.	Gran	t Approval Status (check one):	
	[X] A	Approved by funding agency	[] Not yet approved
5.	Amount of Grant Funding Approved or Applied for:		
6.	a. b.	Matching Funds Required: Source(s) of matching funds	
7.	a. b.	Grant Source Agency: JPB Grant Pass-Through Agency	
8.	Propo	osed Grant Project Summary:	
Co	ounties		participate in the design and implementation of Cities and ional initiative to reform fines and fees and create replicable as across the United States.
9.	Grant Project Schedule, as allowed in approval documents, or as proposed:		
	Start-	-Date: December 1, 2019	End-Date: July 31, 2021
10	. Numl	ber of new positions created ar	nd funded: 0
11	. Expla	ain the disposition of employee	s once the grant ends? N/A
12	. a. b. c.	Amount budgeted for contra Will contractual services be If so, will contract services h Enterprise (LRE) requirement	put out to bid? Yes elp to further the goals of the Department's Local Business

Is this likely to be a one-time or ongoing request for contracting out? One-time

Does the budget include indirect costs?
[] Yes [X] No
1. If yes, how much? N/A **13.** a.

d.

- b.
- 2. b.
- How was the amount calculated? N/A If no, why are indirect costs not included? 1. C.

[] Not allowed by granting agency [X] To maximize use of grant funds on direct services [] Other (please explain): c. 2. If no indirect costs are included, what would have been the indirect costs? Similar grants included 10% indirect cost rate which would result in approximately \$25,000				
14. Any other significant grant requirements or comments:				
Disability Access Checklist*				
15. This Grant is intended for activities at (check all that apply):				
[X] Existing Site(s) [] Existing Structure(s) [] Existing Program(s) or Service(s) [] Rehabilitated Site(s) [] Rehabilitated Structure(s) [] New Program(s) or Service(s) [] New Site(s) [] New Structure(s)				
16. 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 access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:				
Comments:				
Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:				
GRACE O'Connor				
Manager				
Date Reviewed: 2/3/2020 (Signature Required)				
Overall Department Head or Designee Approval:				
(Name) Chief Assistant Traces over				
Date Reviewed: Z/04/2020 (Signature Required)				