	<b>umber</b> : ovided by	Clerk of Board of Supervisors)			
Gift Resolution Information Form (Effective July 2011)					
•	se: Acco d gift fur		sors resolutions authorizing a Department to accept and		
The fo	llowing	describes the grant referred to in the	accompanying resolution:		
1.	Gift Title: In-kind support for Racial Justice Clinic work				
2.	Department: Office of the District Attorney				
3.	c. Contact Person: <b>Lorna Garrido</b> Teleph		Telephone: (628) 652-4035		
4.	Gift Ap	proval Status (check one):			
	[ <b>X</b> ] Ap	proved by funding agency	[] Not yet approved		
5.	Amour	nt of Gift Funding Approved or Applied	for: <b>\$250,000 (in-kind support)</b>		
6.	a. b.	Matching Funds Required: <b>n/a</b> Source(s) of matching funds (if applied)	cable): <b>n/a</b>		
7.	a. b.				
8. Proposed Gift Project Summary: To support the University of San Francisco School of Law's Racial Justice Clinic (RJC) to hire two staff attorneys to support the District Attorney's efforts to evaluate and remedy cases involving a claim or excessive sentence or wrongful conviction.					
9.	Gift Pro	oject Schedule, as allowed in approva	ıl documents, or as proposed:		
	Start-D	oate: <b>n/a</b>	End-Date: <b>n/a</b>		
10	<ul> <li>Amount budgeted for contractual services: n/a</li> <li>Will contractual services be put out to bid? n/a</li> <li>If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? n/a</li> <li>Is this likely to be a one-time or ongoing request for contracting out? n/a</li> </ul>				
11		Does the budget include indirect cos [] Yes [X] No 1. If yes, how much? n/a 2. How was the amount calculat 1. If no, why are indirect costs nallowed by granting agency er (please explain): This is an in-kine	ted? <b>n/a</b> ot included? <b>n/a</b> [] To maximize use of grant funds on direct services		

- c. 2. If no indirect costs are included, what would have been the indirect costs? **If calculated** at 10% of the estimated in-kind gift amount, the indirect cost for this program would have been \$25,000.
- **12.** Any other significant grant requirements or comments: **None**

**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):					
<ul><li>[X] Existing Site(s)</li><li>[] Rehabilitated Site(s)</li><li>[] New Site(s)</li></ul>	[ ] Existing Structure(s) [ ] Rehabilitated Structure(s) [ ] New Structure(s)	<ul><li>[X] Existing Program(s) or Service(s)</li><li>[] 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:					
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:					
Comments.					
Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:					
Jessica Geiger					
(Name)					
Facilities Manager					
(Title)					
Date Reviewed:					
		(Signature Required)			
Department Head or Designee Approval of Grant Information Form:					
Eugene Clendinen					
(Name)					
Chief Administrative & Financial Officer					
(Title)					
Date Reviewed:					
(Signature Required)					