

**Youth Programs and Facilities Grant Program
(YPFG)**

**Part B All County Distribution Application
Package Coversheet**

Submitted by:

CONTRA COSTA COUNTY

Date Submitted:

MAY 6, 2021

Part B All County Distribution Application Checklist

A complete application package for funding under the Youth Programs and Facilities Grant (YPFG) Program must contain the following items:

	Required Items:	✓
1	Cover Sheet (previous page) <ul style="list-style-type: none"> • Insert Applicant Name and Date of Submission 	<input checked="" type="checkbox"/>
2	YPFG Proposal Checklist <ul style="list-style-type: none"> • Signed by the authorized signatory with a digital signature OR a wet signature in blue ink. 	<input checked="" type="checkbox"/>
3	Applicant Information Form <ul style="list-style-type: none"> • Signed by the authorized signatory with a digital signature OR a wet signature in blue ink. 	<input checked="" type="checkbox"/>
4	Application Narrative <ul style="list-style-type: none"> • 2 pages or fewer 	<input checked="" type="checkbox"/>
5	Budget Attachment	<input checked="" type="checkbox"/>
6	Certification of Compliance with BSCC Policies on Debarment, Fraud, Theft and Embezzlement (Appendix D) <ul style="list-style-type: none"> • Signed by the authorized signatory with a digital signature OR a wet signature in blue ink. 	<input checked="" type="checkbox"/>
	Optional:	
7	Governing Board Resolution (Appendix E) <i>Note: The Governing Board Resolution is due prior to contract execution but is not required at the time of proposal submission.</i>	<input type="checkbox"/>

I have reviewed this checklist and verified that all required items are included in this proposal packet.


X  _____
Applicant Authorized Signature (see Applicant Information Form, Part L, next page)

Part B All County Distribution Applicant Information Form

A. APPLICANT < Name> County					B. TAX IDENTIFICATION NUMBER				
NAME OF APPLICANT Contra Costa County					TAX IDENTIFICATION #: 94-600509				
STREET ADDRESS 202 Glacier Dr.			CITY Martinez		STATE CA		ZIP CODE 94523		
MAILING ADDRESS (if different)			CITY		STATE		ZIP CODE		
C. PROJECT TITLE:					Contra Costa County Juvenile Realignment Treatment Program (Name TBD)				
D. PROJECT SUMMARY (100-150 words):									
<p>Contra Costa County will utilize its Juvenile Hall, located in Martinez. The treatment program developed by the County is intended to be viewed in its totality as a tiered program where residential placements are its most restrictive phase. During the program, youth may progress through levels to gain access to greater incentives. Upon a youth's reentry into the community, post-release supervision and community-based services will be utilized.</p> <p>The County Probation Department and other involved partners, which include, Behavioral Health, Office of Education, and community-based organizations are committed to providing evidence-based, promising, trauma-informed, and culturally responsive services and programs to youth. The County will expand education and technical training programs; including collaborating with local colleges and trade unions, as well as offering skill development courses. In addition, family and community engagement will be prioritized at the earliest possible stage to prepare the youth for reentry.</p>									
E. GRANT FUNDS REQUESTED: (See Appendix F: County Juvenile Population Index)									
\$ 82,400									
F. DEFERRED SPENDING: Is the application for a deferred spending award?					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
G. LEAD PUBLIC AGENCY:					Contra Costa County Probation Department				
H. PROJECT DIRECTOR:									
NAME John Ebrahimi			TITLE Probation Director			TELEPHONE NUMBER (925) 957-2710			
STREET ADDRESS 202 Glacier Dr.			FAX NUMBER (925) 957-2715						
CITY Martinez		STATE CA		ZIP CODE 94553		EMAIL ADDRESS john.ebrahimi@prob.cccounty.us			
I. FINANCIAL OFFICER:									
NAME Danielle Fokkema			TITLE Chief of Administrative Services			TELEPHONE NUMBER (925) 313-4195			
STREET ADDRESS 50 Douglas Dr. 2 nd Floor			FAX NUMBER (925) 313-4191						
CITY Martinez		STATE CA		ZIP CODE 94553		EMAIL ADDRESS Danielle.fokkema@prob.cccounty.us			
PAYMENT MAILING ADDRESS (if different)			CITY		STATE		ZIP CODE		

J. DAY-TO-DAY PROGRAM CONTACT:			
NAME Malkia Crowder	TITLE Probation Manager	TELEPHONE NUMBER (925) 957-2712	
STREET ADDRESS 202 Glacier Dr.		FAX NUMBER (925) 957-2715	
CITY Martinez	STATE CA	ZIP CODE 94553	EMAIL ADDRESS Malkia.crowder@prob.cccounty.us

K. DAY-TO-DAY FISCAL CONTACT:			
NAME Danielle Fokkema	TITLE Chief of Administrative Services	TELEPHONE NUMBER (925) 313-4195	
STREET ADDRESS 50 Douglas Dr. 2 nd Floor		FAX NUMBER (925) 313-4191	
CITY Martinez	STATE CA	ZIP CODE 94553	EMAIL ADDRESS Danielle.fokkema@prob.cccounty.us

L. AUTHORIZED SIGNATURE			
By signing this application, I hereby certify that I am vested by the Applicant with the authority to enter into contract with the BSCC, and that the grantee and any subcontractors will abide by the laws, policies and procedures governing this funding.			
NAME OF AUTHORIZED OFFICER Esa Ehmen-Krause	TITLE Chief Probation Officer	TELEPHONE NUMBER (925) 313-4188	EMAIL ADDRESS esa.ehmen@prob.cccounty.us
STREET ADDRESS 50 Douglas Dr. 2 nd Floor	CITY Martinez	STATE CA	ZIP CODE 94553
EMAIL ADDRESS esa.ehmen@prob.cccounty.us			
APPLICANT'S SIGNATURE (Signed by the authorized signatory with a digital signature OR a wet signature in blue ink.) X 			DATE 5.5.21

Authorized Signature: Must be a representative with the authority to sign documents and obligate the applicant

CONFIDENTIALITY NOTICE

All documents submitted as a part of the Youth Programs and Facilities Grant (YPFG) Program are public documents and may be subject to a request pursuant to the California Public Records Act. The BSCC, as a state agency, may have to disclose these documents to the public. The BSCC cannot ensure the confidentiality of any information submitted in or with this proposal. (Gov. Code, §§ 6250 et seq.)

Section 1: Project Need

1.1 Contra Costa County will utilize its Juvenile Hall, a 290-bed, detention facility located in Martinez. The proposed treatment program is intended to be viewed in its totality as a tiered program where residential placements is the most restrictive phase with step-down approach to allow youth an opportunity to progress through levels to gain access to greater incentives and less restrictive opportunities.

Programming will include evidence-based cognitive behavioral treatment classes, life-skills development, postsecondary coursework, vocational and career technical education, as well as exposure to programs, services and activities that encourage positive youth development. Upon a youth's reentry into the community, post-release community supervision and community-based services will be utilized by the county to reduce a youth's risk of recidivism.

The County anticipates serving a youth population very similar to the current population under its custodial care. At present, 19 youth are committed to DJJ facilities and 17 youth are committed to the two Probation Department operated within the Juvenile Hall. Across these three programs, the population can be described by the following demographics:

Sex: 94% male and 6% are female.

Racialization: 52% identified as Black, 33% identified as Hispanic, 8% identified as Asian or Pacific Islander; and, 5% identified as White.

Age: at intake, 5% were aged 15 years; 27% were aged 16 years; 39% were aged 17 years; 14% were aged 18 years; and 14% were between the ages of 19 and 25.

Offense: 92% were adjudicated for person offenses, which include Robbery, Carjacking, Assault/Battery, Murder/Attempted Murder, and shooting into inhabited dwellings. 3% were adjudicated for other offenses.

1.2 The County anticipates serving approximately 30 youth at any given time. The proposed length of stay will vary depending on the needs of the youth, the offense, and the youth's behavior. During the initial first steps of the program, evidence-based validated assessments will be completed. These assessments will be utilized to inform the youth's individualized rehabilitation plan, developed collaboratively within a multidisciplinary team (MDT).

Section 2: Project Description

2.1 Within the Contra Costa County Juvenile Hall, the program anticipates utilizing approximately four units to provide a variety of services for the youth. The units will consist of an initial living unit, a less-restrictive living unit, a treatment unit and a Career and Technical Education (CTE) Unit.

To create a less detention like environment, the living unit would benefit from having softer furniture, updated electronics, and improved unstructured recreational options. In addition, infrastructure improvements need to be made, such as, updating the showers, individual room intercoms and emergency buttons to insure that the units meet the Title-24, Minimum Standards for Juvenile Facilities. The development of a Treatment unit will require updated computer technology, softer furniture and additional treatment supplies. In addition, advanced training for staff will be required to implement additional evidence based programming and trauma-informed practices. The development of a CTE unit will acquire a digital media/computer room, updated furniture, and other supplies that are beneficial to a career and technology focused program.

2.2 Contra Costa County's goal is to provide rehabilitative services to the youth while prioritizing family and community engagement. Creating a Treatment unit will benefit the realigned youth by providing an environment solely focused on treatment, which will be conducive to their needs with having little to no distractions. Providing CTE and vocational skills/ programming, will provide the youth a better opportunity of becoming gainfully employed upon community reentry. Furthermore, enhancing the infrastructures will allow the county to utilize multiple living units and use a step-down approach.

Applicant:	Contra Costa		
LINE ITEMS	SB 823 BUDGET		
	STATE REIMBURSED	CASH CONTRIBUTION	TOTAL
1. Construction	\$ -	\$ -	\$ -
2. Architectural	\$ -	\$ -	\$ -
3. Fixed Furnishings/Equipment	\$ 49,722.00	\$ 21,486.00	\$ 71,208.00
4. Moveable Furnishings/Equipment	\$ 25,678.00	\$ 5,088.00	\$ 30,766.00
5. Construction Management	\$ -	\$ -	\$ -
6. Transportation/Equipment	\$ -	\$ -	\$ -
7. Training Materials/Supplies	\$ -	\$ -	\$ -
8. Programing Materials/Supplies	\$ -	\$ -	\$ -
9. Other One-Time Personnel Costs (planning, development, and project management) (Not to Exceed 25% of total budget)	\$ 7,000.00	\$ 2,140.00	\$ 9,140.00
10. Other			\$ -
Total Project Costs	\$ 82,400.00	\$ 28,714.00	\$ 111,114.00
Percentage of Total	74%	26%	100%

Provide an explanation below of how the dollar figures were determined for each of the budget categories above that contain dollar amounts. Every cash contribution line item shall be included with a reporting of the full amount budgeted unless a line item is not an actual cash contribution project cost for the county. (In that case, indicate so below.) For each budget category explanation below, include how state funding and the county contribution dollar amounts have been determined and calculated (be specific).

LINE ITEMS	COMMENTS
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1. Construction	N/A
2. Architectural	N/A
3. Fixed Furnishings/Equipment	STATE -- Modular Furniture - Chaise 43 @ 750 = \$32,250; Left Facing 8 @ \$1,092 = \$8,736; Right Facing 8 @ \$1,092 = \$8,736 COUNTY -- Modular Furniture - Chaise 17 @ 750 = \$12,750; Left Facing 4 @ \$1,092 = \$4,368; Right Facing 4 @ \$1,092 = \$4,368
4. Moveable Furnishings/Equipment	STATE -- Wireless Access Point (for WIFI) - 1 @ \$1,010 = \$1,010; Dell Optiplex Computer = 5 @ \$924 = \$4,620; Dell Latitude Laptop = 5 @ \$810 = \$4,050; HP LaserJet M507n Printer = 2 @ \$1,279 = \$2,258; Surface Go 2 - 30 @ \$448 = \$13,440 COUNTY FUNDING -- XPR7380 Portable Radio 6 @ \$848 = \$5,088
5. Construction Management	N/A
6. Transportation Equipment	N/A
7. Training Materials/Supplies	N/A

8. Programing Materials/Supplies	N/A
9. Other One-Time Personnel Costs (planning, development, and project management) (Not to Exceed 25% of total budget)	STATE --Training for Trainers on "Forward Thinking" - 1 @ \$7,000 COUNTY -- "Forward Thinking" training materials - 25 @\$40 = \$1,000; Forward Thinking" Guides - 4 @ \$285 = \$1,140
10. Other	N/A

Required Attachment for Part B All County Distribution

Please see Appendix D for the **Certification of Compliance with BSCC Policies on Debarment, Fraud, Theft and Embezzlement.**

Appendix D: Certification of Compliance with BSCC Policies on Debarment, Fraud, Theft and Embezzlement

It is the policy of the BSCC to protect grant funds from unreasonable risks of fraudulent, criminal, or other improper use. As such, the Board will not enter into contracts or provide reimbursement to applicants that have been:

1. debarred by any federal, state, or local government entities during the period of debarment; or
2. convicted of fraud, theft, or embezzlement of federal, state, or local government grant funds for a period of three years following conviction.

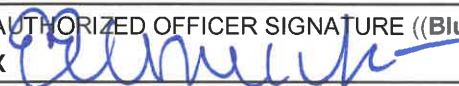
Furthermore, the BSCC requires grant recipients to provide an assurance that there has been no applicable debarment, disqualification, suspension, or removal from a federal, state or local grant program on the part of the grantee at the time of application and that the grantee will immediately notify the BSCC should such debarment or conviction occur during the term of the Grant contract.

BSCC also requires that all grant recipients include, as a condition of award to a subgrantee or subcontractor, a requirement that the subgrantee or subcontractor will provide the same assurances to the grant recipient. If a grant recipient wishes to consider a subgrantee or subcontractor that has been debarred or convicted, the grant recipient must submit a written request for exception to the BSCC along with supporting documentation.

By checking the following boxes and signing below, applicant affirms that:

- I/We are not currently debarred by any federal, state, or local entity from applying for or receiving federal, state, or local grant funds.
- I/We have not been convicted of any crime involving theft, fraud, or embezzlement of federal, state, or local grant funds within the last three years. We will notify the BSCC should such debarment or conviction occur during the term of the Grant contract.
- I/We will hold subgrantees and subcontractors to these same requirements.

A grantee may make a request in writing to the Executive Director of the BSCC for an exception to the debarment policy. Any determination made by the Executive Director shall be made in writing.

AUTHORIZED SIGNATURE			
(This document must be signed by the person who is authorized to sign the Grant Agreement.)			
NAME OF AUTHORIZED OFFICER Esa Ehmen-Krause	TITLE Chief Probation Officer	TELEPHONE NUMBER (925) 313-4180	
STREET ADDRESS 50 Douglas 2 nd Floor	CITY Martinez	STATE CA	ZIP CODE 94553
EMAIL ADDRESS esa.ehmen@prob.cccounty.us			
AUTHORIZED OFFICER SIGNATURE ((Blue Ink Only or E-signature)) X 			DATE 5.5.21

Appendix E: Sample Governing Board Resolution

Before grant funds can be reimbursed, a grantee must either (1) submit a resolution from its Governing Board that delegates authority to the individual authorized to execute the grant agreement or (2) provide sufficient documentation indicating that the prospective grantee has been vested with plenary authority to execute grant agreements (e.g., a City Council or County Board of Supervisors delegating such authority to an Agency head).

Below is assurance language that, **at a minimum**, must be included in the resolution submitted to the Board of State and Community Corrections.

WHEREAS the **Contra Costa County Probation Department** desires to participate in the Youth Programs and Facilities Grant Program funded through the California State General Fund and administered by the Board of State and Community Corrections (hereafter referred to as the BSCC).

NOW, THEREFORE, BE IT RESOLVED that the **Chief Probation Officer** be authorized on behalf of the **Contra Costa County Probation Department** to submit the grant proposal for this funding and sign the Grant Agreement with the BSCC, including any amendments thereof.

BE IT FURTHER RESOLVED that grant funds received hereunder shall not be used to supplant expenditures controlled by this body.

BE IT FURTHER RESOLVED that the **Contra Costa County Probation Department** agrees to ensure all matching funds required for the above grant are provided and abide by the terms and conditions of the Grant Agreement as set forth by the BSCC.

Passed, approved, and adopted by the **Contra Costa County Probation Department** in a meeting thereof held on **(insert date)** by the following:

Ayes:

Notes:

Absent:

Signature: _____ Date: _____

Typed Name and Title: _____

ATTEST: Signature: _____ Date: _____

Typed Name and Title: _____