

MICHAEL N. FEUER
CITY ATTORNEY

To: The Honorable Eric Garcetti
Mayor of Los Angeles
City Hall
Los Angeles, CA 90012
Attention: Cary Gross

Honorable City Council
City of Los Angeles
City Hall
Los Angeles, CA 90012
Attention: Holly Wolcott

From: Janette Flintoft, Grants Director 

Date: November 19, 2019

Re: Underserved Victim Advocacy & Outreach Program (UVAOP) Grant for
Fiscal Year 2019 - 2020 (Continuation of Funding, Council File No. 11-0255)

Transmitted herewith for Mayor and City Council consideration is grant funding totaling \$218,750 awarded by the California Office of Emergency Services, which is the pass through agency for federal Victims of Crime Act funds. Now in its fourth year of a five year grant cycle, this award will provide reimbursable funding for contract personnel from October 1, 2019 through September 30, 2020 to continue providing crime victim support services for lesbian, gay, bisexual, and transgender (LGBT) residents in the City of Los Angeles, who experience unique challenges related to social issues, discrimination, and violence. This includes orienting LGBT victims to the criminal justice system and supporting them throughout the court process.

During the past year (July 2018 – June 2019), staff served **339** new LGBT crime victims, through the following services: **325** assists with filing for California Victim Compensation Board applications, of which **78** applications were filed; **80** crisis counselings/interventions; **24** criminal justice supports/advocacy; and **277** follow-ups and information referral to resources. Additionally, UVAOP staff documented at least **63** outreach/educational presentations conducted towards raising awareness regarding direct services to unserved/underserved victims, distributed **5,116** brochures, conducted **214.5** hours of training, and met its Year Three program goal of serving **166** new LGBT crime victims.

cc: Richard Llewellyn, CAO
Bryan Oh, CAO



City of Los Angeles
Grant Award Notification and Acceptance

Recipient Department			
This Grant Award is: <input type="checkbox"/> New		<input checked="" type="checkbox"/> Continuation/Renewal	
		<input type="checkbox"/> Supplemental	
		<input type="checkbox"/> Suballocation	
Grants Coordinator:	Janette Flintoft	E-Mail:	janette.flintoft@lacity.org
Project Manager:	Derek Tennell	E-Mail:	derek.tennell@lacity.org
Department/Bureau/Agency:	City Attorney	Phone:	213-978-8100
		Phone:	213-978-4518
		Date:	11/21/2019

Grant Information			
Name of Grantor:		Pass Through Agency:	
VOCA		Cal OES	
Grant Program Title:		Notification of Award Date:	
19-20 Unserved/Underserved Victim Advocacy and Outreach (UV) Program RFA		09/09/2019	
Funding Source (Public / Private):	Grant Type:	Funds Disbursement:	Agency's Grant ID:
State	Competitive/Discretionary	Reimbursement	CFDA#: 11-0255
			Other ID#:
			eCivis ID#:
Match Requirement:	Yes	Amount:	\$11,485.00
Match Type:	In-Kind	%Match:	7
		Identify Source of Match:	
Fiscal Information:	Awarded Funds:	Match/In-Kind Funds:	Additional/Leverage Funds:
	218,750	\$11,485.00	Total Project Budget:
			230,235

Approved Grant Budget Summary				
Category	Awarded	Match	Additional	Explanation
Personnel				
Salaries	101,817			Program Director; Two Advocates
Fringe Benefits	46,958			
Indirects	36,644			Cap 39
Materials/Supplies				
Office Supplies	413			General Supply
Travel	1,584			Training
Contractual Services				
Contractual Services	31,134	\$0.00		Contracted Advocates pending conversion to FTEs in 2020
Other				
Volunteers Hours		11,485		In-Kind volunteers @ \$25/hr
Emergency Cash	200			Petty Cash
Total	218,750	\$11,485.00		

Approved Project			
Descriptive Title of Funded Project: Unserved/Underserved Victim Advocacy & Outreach (UVAOP) FY 19-20			
Performance Period Start/End Dates (Month/Day/Year):		Citywide: All	
Start: 10/01/2019	End: 09/30/2020	Affected Council District(s): All	
		Affected Congressional District(s):	
Purpose:			
Identify Internal Partners (City Dept/Bureau/Agency): LAPD			
Identify External Partners: LA Gay and Lesbian Center, sexual assault victim agencies, domestic violence victim agencies, Legal Aid Foundation of Los Angeles, and local crime victim service agencies.			

Summary
Please provide a project summary including goals, objectives (metrics), specific outcomes, and briefly describe the activities that will be used to achieve these goals. You may attach an additional sheet of paper if necessary.
The Program will receive \$218,750 in annual funding for Year Four (FY 19-20) of a five year grant cycle, contingent upon satisfactory program performance and subject to availability of funds. A required match will be satisfied through volunteer hours. The grant amount will provide for two full-time contractual LGBT Witness Service Coordinators (victim advocates) for three months, who will then convert to permanent FTEs. Grant funding will have a significant impact on LGBT victims of crime in Los Angeles, improve the functioning of the criminal justice system, and enhance the collaborations with the broader victim service community.

Recommendations

Please provide a complete list of necessary actions for implementation, including acceptance of the award by the City, Controller instructions for fund and accounts set-up, coordination of project activities (such as contract and position authorities).

1. Authorize the City Attorney or designee to execute the grant agreement between the CalOES and the City Attorney's Office;
2. Authorize the City Attorney or designee to accept grant funding in the amount of \$218,750 from CalOES;
3. Resolve an employment authority in the City Attorney's Office for the period January 1, 2020 to December 31, 2020, for two Witness Service Coordinator I (0531) positions are approved;
4. That the City Council, subject to the approval of the Mayor, authorize the Controller to:
 - a. Establish a receivable for this program by \$1,585,200 from CalOES;
 - b. Establish a new appropriation account within Fund 368, as follows:

Account	Title	Amount
12S321	Victim Assistance XC Program CY 2020	\$1,585,200
5. Transfer \$181,825 from Fund 368/12, Account 12S321 to Fund 100/12, Account 001010 Salaries General.
6. Upon receipt of grant funds, transfer up to \$298,592 from Fund 368/12, Account 12S321 to Fund 100/12, Revenue Source 5346, Related Cost Reimbursement – Grants to reimburse for the fringe benefits and indirect costs.
7. AUTHORIZE the City Council to Instruct the City Clerk to place on Council Calendar for July 1, 2020, the following action relative to the County Victim Services (XC) Program CY 2020:
 "That the City Council, subject to the approval of the Mayor, AUTHORIZE the Controller to transfer \$181,825 from Fund 368, Department 12, Account 12S321 Victim Assistance XC to Fund 100/12, Account 001010 Salaries General."
8. Authorize the City Attorney or designee to prepare Controller instructions for any necessary technical adjustments, subject to the approval of the City Administrative Officer.

Fiscal Impact Statement

Please describe how the acceptance of this grant will impact the General Fund. Provide details on any additional funding that may be required to implement the project/program funded by this grant.

For FY 2019/20, the total UVAOP program cost is \$230,235, for which CalOES will reimburse \$218,750 to the City as follows: \$31,134 in contractual services for FTE contracted Witness Service Coordinators who will move to FTE positions in 2020, \$1,584 in Travel, \$413 in Office and Administrative expenses and \$200 in Emergency Funds for victims. The required match of \$11,485 will be satisfied through the UVAOP program volunteer hours, using State accepted standard rates. There is no general fund impact to accept this award.

Acceptance Packet

The above named Department has received an award for the Grant Program identified above, accepts full responsibility for the coordination and management of all Grant funds awarded to the City, and will adhere to any policies, procedures and compliance requirements set forth by the Grantor and its related agencies or agents, as well as those of the City, and its financial and administrative departments. The following items comprise the Acceptance Packet and are attached for review by the CAO Grants Oversight Unit:

- | | |
|--|--|
| <input type="checkbox"/> Grant Award Notification and Acceptance | <input type="checkbox"/> Copy of Award Notice |
| <input type="checkbox"/> Grant Project Cost Breakdown (Excel Document) | <input type="checkbox"/> Copy of Grant Agreement (if applicable) |
| <input type="checkbox"/> Detail of Positions and Salary Costs (Excel Document) | <input type="checkbox"/> Additional Documents (if applicable) |

Department Head Name: _____

Department Head Signature: _____

Date: _____

For CAO Use Only

The Office of the City Administrative Officer, Grants Oversight Unit has reviewed the information as requested, and has determined that the Acceptance Packet is:

- Complete The Acceptance Packet has been forwarded to appropriate CAO analyst
- Returned to Department (Additional information/documentation has been requested.)
- Flagged (See comments below.)

Comments: _____

CAO Grants Oversight Unit Signature: _____

Date: _____

**Grant Award Notification and Acceptance
Grant Project Cost Breakdown**

Grant Name: Underserved Victim Advocacy and Outreach Grant Project Breakdown		Additional Costs**			Department:	Comments
		Grant Funds	City Funds	Non-City Funds	Total	
Salaries						
1010 Salaries General		101,817			101,817	
1020 Salaries Grant Reimbursed					-	
Other Volunteer Hours				11,485	11,485	volunteer hours @ \$15//hr
1090 Overtime					-	
	Salaries Total:	\$ 101,817	\$ -	\$ 11,485	\$ 113,302	
Related Costs*						
	CAP Rate					
Fringe Benefits	46.12%	46,958			46,958	
Department Administration	23.44%	23,866			23,866	
Central Services	12.55%	12,778			12,778	
	Related Costs Total:	\$ 83,602	\$ 0	\$ 0	\$ 83,602	
Expense						
2120 Printing & Binding		-			-	
2130 Travel & Training		1,584			1,584	
3040 Contractual Services		31,134			31,134	
3310 Transportation		-			-	
4160 Governmental Meetings		-			-	
6010 Office Supplies		413			413	
6020 Operating Supplies		-			-	
7300 Equipment		-			-	
Other Emergency Fund		200			200	
					-	
					-	
	Expenses Total:	\$ 33,331	\$ -	\$ -	\$ 33,331	
	Grand Total:	\$ 218,750	\$ -	\$ 11,485	\$ 230,235	
<p>*Please use the full Cost Allocation Plan (CAP) rates unless disallowed by the Grantor. CAP rates should be applied to Gross Salaries (including Compensated Time Off.)</p> <p>**Other sources of funding. Please indicate whether these funds are part of a match requirement and whether they are already provided or new funding is required.</p>						

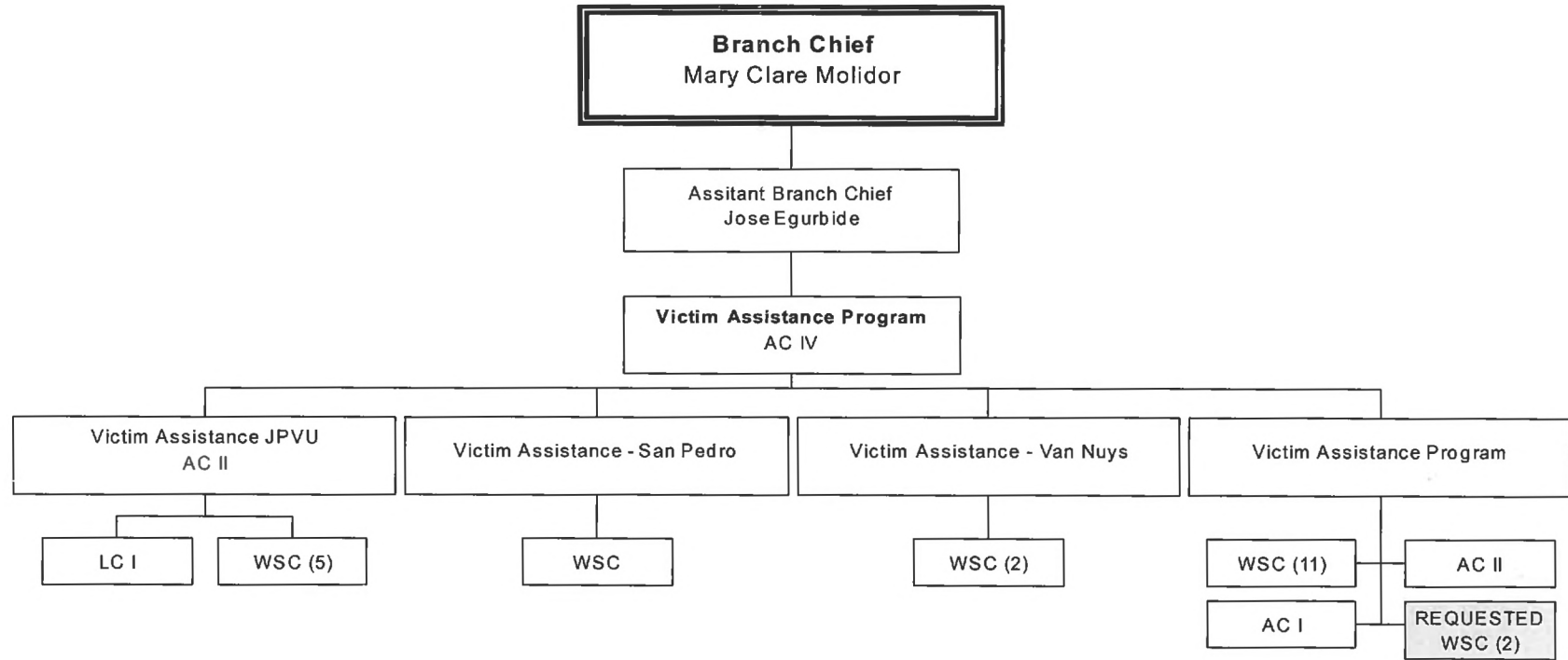
**Grant Award Notification and Acceptance
Detail of Positions Salary Costs for Grant**

Department: City Attorney			Other Funding Sources								Comments
Project Name: Underserved Victim Advocacy and Outreach			City				Non-City		Cost		
Job Classification	Total New	Existing	Grant Funding No.	Funding Cost	Reimbursable* No.	Reimbursable* Cost	Non-Reimbursable** No.	Non-Reimbursable** Cost			
Administrative Coordinator IV	1	1		3,179	1	3,179				12 months	
Witness Service Coordinator	2	2		98,638	5	98,638				12 months	
Total:				101,817		101,817		0			
<p>Indicate classification code by each position and percentage of time spent on this grant. The amounts shown here should only reflect salary costs. Related costs (fringe benefits, department administration and central services) are separate and when combined with salaries, will result in the full costs for personnel. *Reimbursable costs are savings to the City. These costs would include all currently City-funded positions working for the specified grant program activities that will be reimbursed by grant funds.</p> <p>**Non-reimbursable costs may not be reimbursed by the Grant but could be used as a Match or as additional costs needed to enhance the program.</p>											

Criminal & Special Litigation Branch

Victim Assistance Program

FY 19-2020 UV Grant



POSITION DESCRIPTION

City of Los Angeles

DO NOT USE THIS SPACE

1. Name of Employee:	2. Employee's Present Class Title/Code: Witness Service Coordinator	3. Present Salary or Wage Rate: 24.10
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4. Reason for Preparing Description:	Date Prepared
<input checked="" type="checkbox"/> New Position <input type="checkbox"/> Routine Report of Duties <input type="checkbox"/> Change in Existing Position <input type="checkbox"/> Review for Proper Allocation	11/06/19

5. Location of office or place of work: 221 N Figueroa St Suite #100 Los Angeles, Ca 90012	6. Name of Department <u>City Attorney -1204</u> Division <u>000</u> Section _____
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7. Name and title of the person from whom you ordinarily receive instructions and who supervises or reviews your work:	
Name <u>Derek Tennell</u>	Title <u>Program Director</u>

8. Describe in detail the duties and work of this position, describing each duty in a separate paragraph. Begin with the duties that normally take most of your time and then describe the duties that are infrequent. Be certain to tell what is done, how it is done and what materials or equipment are used. Using percentages, show the distribution of the total working time. Also, if the duties and responsibilities of the position have changed, indicate how and when the changes occurred.

PERCENT OF TIME	DUTIES
	<ul style="list-style-type: none"> <input type="checkbox"/>- Processing state forms and representing victims at Victim Compensation Board hearings when necessary; <input type="checkbox"/>- Screening cases referred by law enforcement, prosecutors, hospitals, schools and/or other community agencies/organizations; <ul style="list-style-type: none"> - Referring victims to appropriate community agencies and serving as a liaison between victims and agencies; <input type="checkbox"/>- Explaining court procedures, providing court escort services and arranging transportation for victims and witnesses; <input type="checkbox"/>- Preparing monthly statistical reports; <input checked="" type="checkbox"/>- Answering public inquiries regarding the program; <ul style="list-style-type: none"> - Contacting victims to assess their needs and determine their eligibility for various kinds of assistance; <input type="checkbox"/>- Conducting presentations about program services to community agencies and criminal justice organizations.

9. How long have the duties been substantially as described above? <u>40 years</u>
--

10. List any machinery or equipment operated and any unusual or hazardous working conditions. N/A
--

11. Percent of time spent supervising (training and evaluating employees, assigning and reviewing work). <u>0%</u>
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12. Indicate the number of employees supervised by class titles. N/A

13. I certify that the above statements are my own and to the best of my knowledge are accurate and complete.		
Signature _____	Date <u>11/06/19</u>	Phone No. <u>(213) 978-4518</u>

ITEMS TO BE FILLED IN BY THE IMMEDIATE SUPERVISOR

14. Indicate in what respects if any the duties and responsibilities on the other side are not sufficiently or accurately described.

N/A

15. SUPERVISION RECEIVED. Describe the nature, frequency, or closeness of supervision received by the employee, including the way that the employee's work is assigned and reviewed.

Employee will have their worked reviewed by direct supervisor monthly throughout the one-year probation period. This will include the review of case files, victim applications, and information updated into program database. Employee, if not located in same space as supervisor, will

16. REQUIREMENTS. Indicate the minimum requirements to perform the duties of this position:

(a) Education (include specific matter).

A minimum of two years of appropriate education in behavior science, criminal justice or related curricula and/or experience in a position involving the provision of victim services, peer counseling or equivalent social

(b) Experience (type and length; list appropriate city classes, if any).

N/A

17. PHYSICAL REQUIREMENTS. Check below all physical capabilities needed to do this job.

Strength to: _____ Lift _____ Push _____ Pull _____

Average weight _____ Heaviest weight _____

Climbing (stairs, ladders, poles)

How far _____

Face severe work conditions

Outdoors _____ on/near water _____

Other/explain _____

SPECIAL NEED FOR:

Vision, to read fine print/numbers

Hearing, for telephone/alerts

Balance, for working heights

Other/explain _____

EXTENSIVE USE OF:

Legs, for walking/standing _____

Hands and fingers _____

Back, for strenuous labor _____

Other/explain _____

Hours per week

(a) List any alternative methods or devices that can be used to aid in meeting the physical requirements checked above.

18. RESPONSIBILITIES

(a) Policy and Methods: Describe the responsibility for the interpretation and enforcement of policy and methods; indicate the extent of participation in development, if any, and approval by higher authority required.

(b) Materials and Products: Describe the responsibility and opportunity for bringing about economies and/or preventing losses through effective handling, processing or storing of materials or products, or through planning or engineering in connection with same.

(c) Machinery and equipment: Describe the responsibility for the operation, use, repair or care of machinery, equipment, or facilities, or for planning or engineering in connection with the same; indicate the size and kind of such machinery and equipment; describe the opportunity for preventing losses or achieving economies.

(d) Money: Describe the responsibility for and access to cash, stamps or other negotiables, or the responsibility for authorizing the expenditure of funds; indicate the average value of negotiables handed each month, or the amounts which are authorized to be expended each month.

Is position bonded? _____; amount of bond \$ _____

(e) Personal Contacts: Describe the purpose and frequency of personal contact with others, both within and outside the organization; indicate the types of contacts, purpose thereof, and the importance of persons contacted.

Contacting victims to assess their needs and determine their eligibility for various kinds of assistance. Conducting presentations about program services to community agencies and criminal justice organizations.

(f) Records and Reports: Describe the records and reports, including the kind and value of records in descriptive terms, and the action employee takes in respect thereto

Preparing monthly statistical reports

Signature of the immediate supervisor _____ Date 11/06/19

Class Title Program Director Phone No. (213) 978-4518

Signature of department head _____ Date _____