##  Agenda Item Request

Community Corrections Partnership Executive Committee (CCPEC)

Note: This agenda item request is due at least eight (8) weeks prior to CCPEC meeting.

Email requests to ProbationCommunityPrograms@acgov.org.

TO: Community Corrections Partnership Executive Committee (CCPEC)

 c/o Alameda County Probation Department

 Brian K. Ford, Chief Probation Officer

 1111 Jackson Street, P.O. Box 2059

 Oakland, CA 94604-2059

FROM: **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Agency/Organization/Department**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Phone** **#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Alternate** **Phone** **#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This agenda item is being submitted for consideration by the Community Corrections Partnership Executive Committee (CCPEC) at their meeting on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_.

**Title:** Click here to enter text.

**Subject/Description**: Click here to enter text.

**Background Information**: Click here to enter text.

**Fiscal Impact\*, if any**: Click here to enter text.

**Recommended action to be taken**: Click here to enter text.

*\*When requesting funding, please answer the questions in either Section 1 or 2 below. If requesting funding for a new program idea, answer the questions in Section 1. If requesting funding for a program with an existing AB 109-funded contract, answer the questions in section 2.*

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name and Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 1: Requesting Funding for a New Idea**

*\* \* A logic model from the Programs and Services Workgroup may be attached in lieu of answering the following questions.*

1. **Program Description**
2. What part of the AB 109 population do you propose to serve? (For example: unhoused individuals, clients disengaged from Probation services etc.)
3. Which client needs are being addressed? (For example: housing, employment, substance abuse etc.)
4. What are the objectives and benchmarks for success of the proposed program/activity?
5. What are the resources and activities required by an organization to make the program successful? (For example: staffing, development of workshops etc.)
6. How will Probation Officers inform clients about the program/activity?
7. If referrals don’t come from Probation, how will clients be informed of the program/activity?
8. **Background Research**
9. Is the initiative evidence-based or a promising new idea?
10. If this is an evidence-based program, what does the research say about it?
11. If there is existing research, was the research done on a population similar to the population the program anticipates serving?
12. Is Probation funding any similar activities?
13. If Probation is funding similar activities, what is unique about this program/activity, why is it necessary?
14. Lived experience can often provide a layer of knowledge often not captured by traditional research methods. Please provide any anecdotal knowledge based upon lived experiences that contributes to or strengthens your proposed program/activity.
15. **Fiscal Impact**
16. What is your proposed annual budget for this program/activity?
17. What is the total proposed budget for this program/activity? Please include a complete budget breakdown.

**Section 2: Request to Renew or Extend an Existing Contract**

1. **Provider Information**
2. Contractor Name:
3. Program Name:
4. City and Board of Supervisors District:
5. **Information About the Program**
6. Please provide a summary of the program.
7. What part of the AB 109 population was served under the contract? (For example: unhoused individuals, clients disengaged from Probation Services, etc.)
8. What client needs were addressed? (For example: housing, employment, substance abuse etc.)
9. Please provide a list of the objectives for this program/activity.
10. Did your organization invest any resources specific to this contract to make the program/activity successful? (For example: staffing, development of workshops etc.)
11. Did you do any outreach to the target population, outside of referrals by Probation? If so, what were the results of your outreach?
12. **Background Research**
13. Is the program/activity evidence-based or a promising new idea?
14. If the program/activity is an evidence-based program, what does the research say about it?
15. If there is existing research, was the research done on a population similar to the population served?
16. How do milestones/contract deliverables compare to the outcomes of similar work in other jurisdictions?
17. Is Probation funding any similar activities?
18. If Probation is funding similar activities, what is unique about this program/activity, why is it necessary?
19. Lived experience can often provide a layer of knowledge often not captured by traditional research methods. Please provide any anecdotal knowledge based upon lived experiences that contributes to or strengthens your proposed program/activity.
20. **Program Data**
21. How many people was your organization able to serve under the contract?
22. How many people was your organization expected to serve under the contract?
23. What factors impact the number of people you are able to serve?
24. How has your capacity changed over time?
25. How many people were referred to the program/activity by Probation?
26. How do you define successful completion for this program/activity?
27. Please provide program milestones and other contract deliverable data.
28. Describe how successfully your organization achieved your contract milestones and the other contract deliverables.
29. Is there a waitlist for this program/activity?
30. If known, how many clients were reincarcerated while in your program?
31. What are some mechanisms your program used to mitigate and address recidivism?
32. **Contract Information**
33. Contract Term:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Start Date** | **End Date** | **Budget Allocation** |
| **Original Contract Term:** |  |  |  |
| **1st Amendment:** |  |  |  |
| **2nd Amendment:** |  |  |  |
| **3rd Amendment:** |  |  |  |
| **4th Amendment:** |  |  |  |

1. Budget:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Budget Allocated** | **Percentage of Total Budget** | **Total Expenditures as of DATE** |
| **Personnel:** |  |  |  |
| **Program Costs:** |  |  |  |
| **Direct Participant Support:** |  |  |  |
| **Indirect Cost:** |  |  |  |
| **Other:** Click here to enter text. |  |  |  |
| **Total:**  |  |  |  |

1. Direct Participant Support and Cost per Client
2. What percentage of the expenditures goes to the Contractor vs. the Participants?
3. Total Expenditures vs. Successfully Completed:

*(Total Expenditures / # of Successful Completions = Cost per Successfully Completed):*

*$100,000 / 10 clients = $10,000 per client*

1. Total Expenditures vs. Total Active Clients:

*(Total Expenditures / # of Active Clients = Cost per Active Client):*

*$100,000 / 20 clients = $5,000 per client*

1. Does this contract have an extension available?
2. Why should the contract be extended/renewed?
3. **Fiscal Impact**
4. What is your proposed annual budget for this program/activity?
5. What is the total proposed budget for the requested program/activity? Please include a complete budget breakdown.
6. Have you exhausted all of your previous AB 109 funding? If not, how much unspent AB 109 funding do you have remaining?
7. What is your total budget for the program/activity under the contract?
	1. If the proposed annual budget is higher than that of the previous year, please justify the increase.
	2. If the proposed annual budget is lower than that of the previous year, please explain.
8. Staff Salaries
	1. How much does your highest paid staff member allocated to this contract make?
	2. How much does your lowest paid staff member allocated to this contract make?
	3. What is your average staff salary?
	4. Do you offer living wages based on the [MIT Living Wage Calculator](https://livingwage.mit.edu/) (for a single person $29.95 per hour)?