



# RESOLUTION No. 22-261

## OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

### RESOLUTION APPROVING PARTICIPATION IN THE PUBLIC DEFENDER PILOT PROJECT GRANT PROGRAM TO ENHANCE CAPACITY TO SERVICE CLIENTS ELIGIBLE FOR RELIEF PURSUANT TO PENAL CODE SECTIONS 1170(D)(1), 1170.95, 1473.7, AND 3051, IN THE RECEIPT OF \$132,270 IN GRANT FUNDS AND AUTHORIZING THE PUBLIC DEFENDER TO SIGN THE GRANT ACCEPTANCE ON BEHALF OF THE NEVADA COUNTY PUBLIC DEFENDER'S OFFICE

WHEREAS, the County of Nevada desires to participate in the Public Defense Pilot Project Grant Program funded through the State Budget Act of 2021 (Senate Bill 129) and administered by the Board of State and Community Corrections (hereinafter referred to as the BSCC) and the Office of the State Public Defender.

BE IT HEREBY RESOLVED that the Public Defender be authorized on behalf of the Board of Supervisors of the County of Nevada to submit the grant proposal for this funding and sign the Grant Agreement with the BSCC, including any amendment 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 County of Nevada agrees to abide by the terms and conditions of the Grant Agreement as set forth by the BSCC.

Funds to be deposited into revenue account: 0101 20107 671 1000 / 445200

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 14th day of June, 2022, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward Scofield, Dan Miller, Susan K. Hoek and Hardy Bullock.  
Noes: None.  
Absent: None.  
Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER  
Clerk of the Board of Supervisors

By: 

  
Susan K. Hoek, Chair



# **Public Defense Pilot Program**

## **Application Packet**

**Release Date:** October 4, 2021

**Proposals Due:** January 14, 2022

**Grant Period:** March 1, 2022 to March 1, 2025



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# **Public Defense Pilot Program**

## **PROPOSAL PACKAGE COVER SHEET**

**Submitted by:**

Nevada County

**Date Submitted:**

INSERT DATE

## Proposal Checklist

A completed proposal package for the Public Defense Pilot Program includes the following:

	<b>Required Items:</b>	✓
1	Cover Sheet (previous page) <ul style="list-style-type: none"> <li>Insert Applicant Name and Date of Submission</li> </ul>	
2	Proposal Checklist (current page) <ul style="list-style-type: none"> <li>Signed by the authorized signatory with a digital signature <b><u>OR</u></b> a wet signature in blue ink.</li> </ul>	
3	Applicant Information Form <ul style="list-style-type: none"> <li>Signed by the authorized signatory with a digital signature <b><u>OR</u></b> a wet signature in blue ink.</li> </ul>	
4	Proposal Narrative <ul style="list-style-type: none"> <li>3 pages or less</li> </ul>	
5	Proposal Budget <ul style="list-style-type: none"> <li>Complete BSCC Budget template</li> </ul>	
6	Project Work Plan	
	<b>Optional:</b>	
	Governing Board Resolution <b>Note:</b> <i>The Governing Board Resolution is due prior to contract execution but is not required at the time of proposal submission.</i>	

**I have reviewed this checklist, placed a check mark next to each item, and verified that all required items are included in this proposal packet.**

**X**

\_\_\_\_\_  
Applicant Authorized Signature (see Applicant Information Form, Part L, next page)



## Applicant Information Form: Instructions

- A. **Applicant:** Complete the required information for the local government submitting the form ( i.e., <NAME> County).
- B. **Tax Identification Number:** Provide the tax identification number of the Applicant.
- C. **Project Title:** Provide the title of the project.
- D. **Project Summary:** Provide a summary (100-150 words) of the proposal. Note: this information will be posted to the BSCC's website for informational purposes.
- E. **Grant Funds Requested:** Reference the Proposal Instructions Packet for funding by County (see Appendix C or Pages 3-4).
- F. **Penal Code Section:** Identify the specific section(s) of the Penal Code the proposal will address. Funds must be utilized for indigent defense providers, including public defenders, alternate defenders, and other qualifying entities that provide indigent defense in criminal matters for the purposes of workload associated with the provisions in paragraph (1) of subdivision (d) of Section 1170 of, and Sections 1170.95, 1473.7, and 3051 of, the Penal Code.
- G. **Project Director:** Provide the name, title and contact information for the individual responsible for oversight and management of the project. This person must be an employee of the Grantee.
- H. **Financial Officer:** Provide the name, title and contact information for the individual responsible for fiscal oversight and management of the project. Typically, this is the individual that will certify and submit invoices. This person must be an employee of the Grantee.
- I. **Day-to-Day Project Contact:** Provide the name, title and contact information for the individual who serves as the primary contact person for the grant. Typically, this individual has day-to-day oversight for the project.
- J. **Day-to-Day Fiscal Contact:** Provide the name, title and contact information for the individual who serves as the primary contact person for fiscal matters related to the grant. This may be the individual who prepares the invoices for approval by the Financial Officer.
- K. **Authorized Signature:** Complete the required information for the person authorized to sign for the Applicant. This individual must read the assurances under this section, then sign and date in the appropriate fields.

## Applicant Information Form

<b>A. APPLICANT &lt; Name&gt; County</b>				<b>B. TAX IDENTIFICATION NUMBER</b>			
NAME OF APPLICANT				TAX IDENTIFICATION #:			
STREET ADDRESS		CITY		STATE		ZIP CODE	
MAILING ADDRESS (if different)		CITY		STATE		ZIP CODE	
<b>C. PROJECT TITLE:</b>							
<b>D. PROJECT SUMMARY (100-150 words):</b>							
<b>E. GRANT FUNDS REQUESTED:</b>				<b>F. Penal Code(s) Addressed:</b>			
\$							
<b>G. PROJECT DIRECTOR:</b>							
NAME		TITLE		TELEPHONE NUMBER			
STREET ADDRESS				FAX NUMBER			
CITY		STATE		ZIP CODE		EMAIL ADDRESS	
<b>H. FINANCIAL OFFICER:</b>							
NAME		TITLE		TELEPHONE NUMBER			
STREET ADDRESS				FAX NUMBER			
CITY		STATE		ZIP CODE		EMAIL ADDRESS	
PAYMENT MAILING ADDRESS (if different)		CITY		STATE		ZIP CODE	
<b>I. DAY-TO-DAY <u>PROGRAM</u> CONTACT:</b>							
NAME		TITLE		TELEPHONE NUMBER			
STREET ADDRESS				FAX NUMBER			
CITY		STATE		ZIP CODE		EMAIL ADDRESS	

J. DAY-TO-DAY <u>FISCAL</u> CONTACT:			
NAME	TITLE	TELEPHONE NUMBER	
STREET ADDRESS		FAX NUMBER	
CITY	STATE	ZIP CODE	EMAIL ADDRESS

K. 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	TITLE	TELEPHONE NUMBER	EMAIL ADDRESS
STREET ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			
APPLICANT'S SIGNATURE (Signed by the authorized signatory with a digital signature <u>OR</u> a wet signature in blue ink.)  <b>X</b>			DATE

\*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 Public Defense Pilot 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.)



## Proposal Narrative

The Proposal Narrative section may not exceed **three (3) numbered** pages and must be submitted in Arial 12-point font with one-inch margins on all four sides and at 1.5-line spaced.

## Proposal Budget

Applicants must provide a 12-month budget covering **March 1, 2022 to March 1, 2023**. To access the Public Defense Pilot Program Budget Microsoft Excel Template, click [here](#).

## Project Work Plan

This Project Work Plan identifies measurable goals and objectives, activities and services, the responsible parties and a timeline. Completed plans should (1) identify the project's **top goals and objectives** (minimum of two); (2) identify how the top goals will be achieved in terms of the activities, responsible staff/partners, and start and end dates; and (3) provide goals and objectives with a clear relationship to the need and intent of the grant. Please provide a project workplan in the below fields.

<b>(1) Goal:</b>			
Objectives (A., B., etc.)	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div>A.</div> <div>B.</div> <div>C.</div> </div>		
Project activities that support the identified goal and objectives:	Responsible staff/partners	Timeline	
		Start Date	End Date
1.			
2.			
3.			

<b>(2) Goal:</b>			
Objectives (A., B., etc.)	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div>A.</div> <div>B.</div> <div>C.</div> </div>		
Project activities that support the identified goal and objectives:	Responsible staff/partners	Timeline	
		Start Date	End Date
1.			
2.			
3.			

<b>(3) Goal:</b>			
Objectives (A., B., etc.)	A. B. C.		
Project activities that support the identified goal and objectives:	Responsible staff/partners	Timeline	
		Start Date	End Date
1.			
2.			
3.			

<b>(4) Goal:</b>			
Objectives (A., B., etc.)	A. B. C.		
Project activities that support the identified goal and objectives:	Responsible staff/partners	Timeline	
		Start Date	End Date
1.			
2.			
3.			



# **Public Defense Pilot Program**

## **PROPOSAL PACKAGE COVER SHEET**

**Submitted by:**  
Nevada County

**Date Submitted:**  
January 12, 2022



## Proposal Checklist

A completed proposal package for the Public Defense Pilot Program includes the following:

	<b>Required Items:</b>	✓
1	Cover Sheet (previous page) <ul style="list-style-type: none"> <li>Insert Applicant Name and Date of Submission</li> </ul>	✓
2	Proposal Checklist (current page) <ul style="list-style-type: none"> <li>Signed by the authorized signatory with a digital signature <b>OR</b> a wet signature in blue ink.</li> </ul>	✓
3	Applicant Information Form <ul style="list-style-type: none"> <li>Signed by the authorized signatory with a digital signature <b>OR</b> a wet signature in blue ink.</li> </ul>	✓
4	Proposal Narrative <ul style="list-style-type: none"> <li>3 pages or less</li> </ul>	✓
5	Proposal Budget <ul style="list-style-type: none"> <li>Complete BSCC Budget template</li> </ul>	✓
6	Project Work Plan	✓
	<b>Optional:</b>	
	Governing Board Resolution <b>Note:</b> The Governing Board Resolution is due prior to contract execution but is not required at the time of proposal submission.	

**I have reviewed this checklist, placed a check mark next to each item, and verified that all required items are included in this proposal packet.**

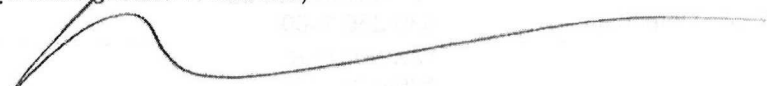
**X**

\_\_\_\_\_  
Applicant Authorized Signature (see Applicant Information Form, Part L, next page)

## Applicant Information Form

<b>A. APPLICANT &lt; Name&gt; County</b>		<b>B. TAX IDENTIFICATION NUMBER</b>	
NAME OF APPLICANT Nevada County		TAX IDENTIFICATION #: 94-60000526	
STREET ADDRESS 950 Maidu Ave.	CITY Nevada City	STATE CA	ZIP CODE 95959
MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE
<b>C. PROJECT TITLE:</b>	Public Defense Pilot Program Year 1		
<b>D. PROJECT SUMMARY (100-150 words):</b>			
Grant funds will be utilized in order to scan hard copy files and input them into the case management system in order to create efficiencies so that in years 2 and 3 of the Public Defense Pilot Program those files can be reviewed for potential relief pursuant to Penal Code Sections 1170(d)(1), 1170.95, 1437.7 and 3051.			
<b>E. GRANT FUNDS REQUESTED:</b>		<b>F. Penal Code(s) Addressed:</b>	
\$ 132,269.54		1170(d)(1), 1170.95, 1437.7 and 3051.	
<b>G. PROJECT DIRECTOR:</b>			
NAME Keri Klein	TITLE Chief Public Defender	TELEPHONE NUMBER 530-265-1400	
STREET ADDRESS 109 N. Pine Stree		FAX NUMBER 530-478-5626	
CITY Nevada City	STATE CA	ZIP CODE 95959	EMAIL ADDRESS Keri.klein@co.nevada.ca.us
<b>H. FINANCIAL OFFICER:</b>			
NAME Erin Mettler	TITLE Chief Fiscal/Administrative Officer	TELEPHONE NUMBER 530-470-2551	
STREET ADDRESS 950 Maidu Ave.		FAX NUMBER	
CITY Nevada City	STATE CA	ZIP CODE 95959	EMAIL ADDRESS Erin.mettler@co.nevada.ca.us
PAYMENT MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE
<b>I. DAY-TO-DAY PROGRAM CONTACT:</b>			
NAME Keri Klein	TITLE Chief Public Defender	TELEPHONE NUMBER 530-265-1400	
STREET ADDRESS 109 N. Pine Street		FAX NUMBER 530478-5626	
CITY Nevada City	STATE CA	ZIP CODE 95959	EMAIL ADDRESS Keri.klein@co.nevada.ca.us

<b>J. DAY-TO-DAY <u>FISCAL</u> CONTACT:</b>			
NAME	TITLE	TELEPHONE NUMBER	
Andrea Lehmkuhl	Sr. Admin Analyst	530-265-1626	
STREET ADDRESS		FAX NUMBER	
950 Maidu			
CITY	STATE	ZIP CODE	EMAIL ADDRESS
Nevada City	CA	95959	Andrea.Lehmkuhl@co.nevada.ca.us

<b>K. AUTHORIZED SIGNATURE</b>			
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	TITLE	TELEPHONE NUMBER	EMAIL ADDRESS
Keri Klein	Chief Public Defender	530-265-1400	Keri.klein@co.nevada.ca.us
STREET ADDRESS	CITY	STATE	ZIP CODE
109 N. Pine Street	Nevada City	CA	95959
EMAIL ADDRESS Keri.klein@co.nevada.ca.us			
APPLICANT'S SIGNATURE (Signed by the authorized signatory with a digital signature <u>OR</u> a wet signature in blue ink.)		DATE	
X 		1/12/2022	

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

### CONFIDENTIALITY NOTICE

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## Proposal Narrative

The Proposal Narrative section may not exceed **three (3) numbered** pages and must be submitted in Arial 12-point font with one-inch margins on all four sides and at 1.5-line spaced.

*Identify the specific section(s) of the Penal Code the proposal will address*

The Nevada County Public Defender's Office proposes to use Public Defense Pilot Program funds for the first year of funding to enhance capacity to service clients eligible for relief pursuant to Penal Code sections 1170(d)(1), 1170.95, 1473.7, and 3051. Specifically, Nevada County Public Defender's Office will digitally scan paper files currently maintained in off-site storage and input the digital file into our case management system. This will enhance capacity to address requests from clients who are seeking relief pursuant to Penal Code sections 1170(d)(1), 1170.95, 1473.7, and 3051. Addressing these requests is a critical opportunity to appropriately serve rural, low-income individuals.

*Description of the need(s) to be addressed by the Public Defense Pilot Program.* We are committed to quality, timely service to support our clients' access to justice. Currently, when we receive contact from a client or regarding a client and relief pursuant to one of these code sections, it is extraordinarily challenging to obtain their client file from one of our off-site storage areas. The Nevada County Public Defender's Office implemented digital case management in 2018. However, all files prior to this date are stored in hard copy, generally in off-site secure storage locations. Each storage area contains hundreds of boxes. They are neither sensibly organized nor are they in a format where we can easily find a box that contains the relevant file. As a small office, we lack capacity to search hard copies in storage in a timely way. We anticipate an increase in requests, and we are committed to serving our clients and maximizing capacity. We understand that a one-time strategic investment to digitize files will leverage our staff time enhance critical services to clients.

*Description of how the need(s) to be addressed Public Defense Pilot Program were identified.* When these contacts have arisen in the last year, we have had to spend numerous hours identifying which off-site storage area has the file. Once we have done that, we must travel to the off-site storage area and go through boxes one by one until

we find the file. An additional concern is that some of our older files are in increasing disrepair due to age. Our team has identified this as an essential system improvement to enable timely response and maximize efficient use of limited staff time.

*Describe why the need(s) described above is not met with existing resources. We do not have the equipment to scan hundreds of boxes of paper files. Nor do we have the staffing level to do so. As such, we anticipate contracting with an outside service for scanning and to use internal resources to input the scanned data into our Case Management system.*

*Provide relevant qualitative and/or quantitative data with citations in support of the need(s).* The Nevada County Public Defender's Office is appointed to an average of 800 felony cases per year. With files not digitized until 2018, the need is clear. Furthermore, we estimate that there may be as many as 10,000 boxes to sort through; this represents many tens of thousands of files to review and identify the felony files needing digitization. We will develop a prioritization system based on chronology and severity so that we are able to readily access files related to requests from clients who are seeking relief pursuant to Penal Code sections 1170(d)(1), 1170.95, 1473.7, and 3051.

## Proposal Budget

Applicants must provide a 12-month budget covering March 1, 2022 to March 1, 2023. To access the Public Defense Pilot Program Budget Microsoft Excel Template, click [here](#).



Name of Applicant: *County of Nevada*

**12-Month Budget: March 1, 2022 to March 1, 2023.**

The total amount of funding each county is eligible to receive is provided on the Funding Allocation tab. Please request the full amount of funding next to your county name.

Note: Rows 8-15 will auto-populate based on the information entered in the budget line items (Salaries and Benefits, Services and Supplies, etc.)

**2b. Services and Supplies Narrative:**

The Public Defenders Office retains and pays for an offsite storage facility for historic case files which must be retained per law. This project will include contracting with a scanning company to access and scan from paper to electronic record each file to eventually eliminate the need for offsite storage as well as make case files more accessible to the Office for research. The contracted service will be procured through adherence to the County's procurement policy, which includes a public competitive bidding process. It is estimated that the contractor will charge a per page rate for service currently estimated at \$0.50 per page, however that price and rate may vary as a result of the procurement process.

[illegible]

<p>Enter narrative here. You may expand cell height if needed.</p>
--

[illegible]

Enter narrative here. You may expand cell height if needed.

Description of Equipment/Fixed Asset	Calculation for Expense	Total
		\$0 00
		\$0 00
		\$0 00
		\$0.00
		\$0 00
		\$0 00
		\$0.00
	TOTALS	\$0.00

Enter narrative here. You may expand cell height if needed.

Description	Calculation for Expense	Total
		\$0.00
		\$0.00
		\$0.00
		\$0.00

		\$0.00
		\$0.00
	<b>TOTAL</b>	<b>\$0.00</b>

**6b. Other (Travel, Training, etc.) Narrative:**

*Enter narrative here You may expand cell height if needed.*

**7a. Indirect Costs**

Indirect costs may be charged to grant funds by choosing either Option 1) or 2) listed below:

		Total
1) Indirect costs will be charged as Grantee's federally approved Negotiated Indirect Cost Rate (NICR): Enter NICR Percentage <u>and</u> Amount:	0.00%	\$0.00
2) Indirect costs will be charged as the Federal De Minimis (10% of Modified Total Direct Cost):		\$0.00
	<b>TOTAL</b>	<b>\$0.00</b>

**7b. Indirect Costs Narrative:**

*Enter narrative here You may expand cell height if needed.*

*Before submission, please verify that you have requested the full amount of funding your county is eligible to receive*

## Project Work Plan

This Project Work Plan identifies measurable goals and objectives, activities and services, the responsible parties and a timeline. Completed plans should (1) identify the project's **top goals and objectives** (minimum of two); (2) identify how the top goals will be achieved in terms of the activities, responsible staff/partners, and start and end dates; and (3) provide goals and objectives with a clear relationship to the need and intent of the grant. Please provide a project workplan in the below fields.

<b>(1) Goal:</b>	Scan Archived Files		
Objectives (A., B., etc.)	A. Create efficiencies in obtaining files for reviews for relief pursuant to Penal Code sections 1170(d)(1), 1170.95, 1473.7, and 3051 B. Maintain files so that they can be reviewed for relief C.		
Project activities that support the identified goal and objectives:	Responsible staff/partners	Timeline	
		Start Date	End Date
1. Contract with scanning company	Fiscal Director	3/1/2022	1/1/2023
2.	Program Director		
3.	Day-to-day fiscal contact		

<b>(2) Goal:</b>	Input Scanned Archived Files into Case Management System		
Objectives (A., B., etc.)	A. Create efficiencies in order to review files for potential for relief B. C.		
Project activities that support the identified goal and objectives:	Responsible staff/partners	Timeline	
		Start Date	End Date
1. Input data Case Management System	Program Director	1/2/2023	2/28/2023
2.	Legal Office Assistant		
3.			