



# Public Defense Pilot Program

## Application Packet

**Release Date:** November 17, 2023

**Proposals Due:** January 5, 2024

**Cohort III Grant Period:**  
March 2, 2024 to March 1, 2025

**Full Grant Period:**  
March 2, 2022 to March 1, 2025



This page intentionally left blank

# **Public Defense Pilot Program**

## **PROPOSAL PACKAGE COVER SHEET**

**Submitted by:**

SOLANO COUNTY

**Date Submitted:**

## Proposal Checklist

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

Required Items:		✓
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	
Optional:		
	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 Page 2).
- 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

A. APPLICANT < Name> County		B. TAX IDENTIFICATION NUMBER	
NAME OF APPLICANT SOLANO COUNTY		TAX IDENTIFICATION #:	
STREET ADDRESS 675 TEXAS ST.	CITY FAIRFIELD	STATE CA	ZIP CODE 94533
MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE
<b>C. PROJECT TITLE:</b>		INDIGENT DEFENSE AND YOUTHFUL OFFENDER PAROLE ASSISTANCE	
<b>D. PROJECT SUMMARY (100-150 words):</b>			
The Solano County Public and Alternate Defender is seeking continued grant funding to increase advocacy at Youthful Offender Parole Hearing and access to post-conviction relief opportunities. Funds will support additional attorney staffing and experts and consultants to help support litigation.			
<b>E. GRANT FUNDS REQUESTED:</b>		<b>F. Penal Code(s) Addressed:</b>	
\$ 453,033.90		Sections 1172.1, 1172.6, 1473.7, and 3051 of the Penal Code.	
<b>G. PROJECT DIRECTOR:</b>			
NAME Elena D'Agustino	TITLE Public Defender	TELEPHONE NUMBER 707-784-6724	
STREET ADDRESS 675 Texas St. Suite 3500		FAX NUMBER 707-784-6747	
CITY Fairfield	STATE CA	ZIP CODE 94533	EMAIL ADDRESS edagustino@solanocounty.com
<b>H. FINANCIAL OFFICER:</b>			
NAME Phyllis Taynton	TITLE Auditor-Controller	TELEPHONE NUMBER 707-784-6820	
STREET ADDRESS 675 Texas St Suite 2800		FAX NUMBER	
CITY Fairfield	STATE CA	ZIP CODE 94533	EMAIL ADDRESS ptaynton@solanocounty.com
PAYMENT MAILING ADDRESS (if different) 675 Texas St Suite 3500	CITY Fairfield	STATE CA	ZIP CODE 94533
<b>I. DAY-TO-DAY PROGRAM CONTACT:</b>			
NAME Elena D'Agustino	TITLE Public Defender	TELEPHONE NUMBER 707-784-6724	
STREET ADDRESS 675 Texas St Suite 3500		FAX NUMBER 707-784-6747	
CITY Fairfield	STATE CA	ZIP CODE 94533	EMAIL ADDRESS edagustino@solanocounty.com

J. DAY-TO-DAY FISCAL CONTACT:			
NAME	TITLE	TELEPHONE NUMBER	
Shari King	Staff Analyst	707-784-6707	
STREET ADDRESS		FAX NUMBER	
675 Texas St Suite 3500		707-784-6747	
CITY	STATE	ZIP CODE	EMAIL ADDRESS
Fairfield	CA	94533	smking@solanocounty.com

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
Bill Emlen	County Administrator	707-784-6100	wfemlen@solanocounty.com
STREET ADDRESS	CITY	STATE	ZIP CODE
675 Texas St Suite 6500	Fairfield	CA	94533
EMAIL ADDRESS wfemlen@solanocounty.com			
APPLICANT'S SIGNATURE (Signed by the authorized signatory with a digital signature OR a wet signature in blue ink.)			DATE
X 			1/2/24

\*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 Solano County Public Defender and Alternate Public Defender are requesting funding to assist with indigent defense in matters involving sections 1172.1, 1172.6, 1473.7, and 3051 of the Penal Code.

These cases are very resource consuming as they require collecting documents from years past, investigation, and mitigation presentation. Our offices must locate, compile and analyze this information so that it is available for the parole board to consider when the youthful offender appears. For those who were incarcerated before the effective dates of the statute's amendments, our offices must retroactively recreate an accurate picture of the persons' youth, which can be a time-consuming endeavor as memories fade and records are destroyed; this effort takes expertise, time, and money. These include Franklin/Miller petitions for parole consideration or resentencing for those who committed crimes under the age of 26. Depending on available resources, our offices would like to also provide advocacy at Youthful Offender (Penal Code §3051) Parole Hearings.

Effective 1/1/2024, PC §1172.1 has been expanded to allow for the court to consider petitions filed by the defendant, rather than just from CDCR or the District Attorney. This discretionary relief would normally be beyond our ability to litigate given staffing levels. This funding will allow us to provide representation to at least some of the inmates who are seeking our assistance. This funding will assist us to provide staffing to review these requests and litigate them, which if granted reduces costs related to their incarceration.

In addition, we continue to litigate Penal Code §1172.6 petitions, and the number of such cases has continued given the changes in the law.

All the attorneys in the office have full caseloads and have been limited in their ability to assist these defendants without impacting the representation they provide to the existing clients. Funding for the positions described herein will allow our offices to provide services to additional defendants. One Limited Term Attorney for the Public Defender's Office and One Limited Term Attorney for the Alternate Public Defender's

Office will provide litigation services: reviewing cases, requesting and reviewing historical records, drafting pleadings, courtroom advocacy.

We are also requesting funds to pay experts and investigators that our offices hire on these cases, particularly on the Youthful Offender Parole Hearing cases, these cases can cost \$10,000 to \$20,000 per case, sometimes more if the case has complex issues. As noted above, these cases can be quite time-consuming, and it can often take months before our offices are ready to hire experts and for those experts to complete their work.

## Proposal Budget

Applicants must provide a 12-month budget covering March 2, 2024 to March 1, 2025. 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>		Increase access to Franklin/Miller Assistance	
Objectives (A., B., etc.)		A. Compile information so that it is available for the parole board to consider when the youthful offender appears B. Provide legal assistance and advocacy for Franklin/Miller Petitions C. Provide legal assistance and advocacy for Youthful Offender Parole Hearing process	
Project activities that support the identified goal and objectives:	Responsible staff/partners	Timeline	
		Start Date	End Date
1. Review cases for eligibility for relief 2. Investigate and file petitions in appropriate cases 3. Litigate petitions in court 4. Advocate at Youthful Offender Parole hearings	Deputy Public Defender	March 1, 2024	December 31, 2024

<b>(2) Goal:</b>		Increase access to post-conviction advocacy	
Objectives (A., B., etc.)		A. Provide legal assistance to inmates under PC 1172.1 B. Provide legal assistance to inmates and others under PC 1473.7 C. Continue to litigate 1172.6 petitions	
Project activities that support the identified goal and objectives:	Responsible staff/partners	Timeline	
		Start Date	End Date
1. Review cases for eligibility for relief 2. Investigate and file petitions in appropriate cases 3. Litigate petitions in court	Deputy Public Defender	March 1, 2024	December 31, 2024

<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.			

