

File No. 110414

Committee Item No. _____
Board Item No. 25

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Board of Supervisors Meeting

Date April 12, 2011

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Ethics Form 126 |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

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<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Andrea Ausberry Date April 7, 2011

Completed by: _____ Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document is in the file.

1 [Accept and Expend Grant - Forensic Science Improvements - \$35,393]

2
3 **Resolution authorizing the San Francisco Police Department to retroactively accept**
4 **and expend a Paul Coverdell Forensic Science Improvement Grant in the amount of**
5 **\$35,393 from the California Emergency Management Agency.**
6

7 WHEREAS, The San Francisco Police Department applied for and was awarded
8 \$35,393 in funding from the California Emergency Management Agency (Cal EMA) for a Paul
9 Coverdell Forensic Science Improvement grant; and

10 WHEREAS, The purpose of this grant project is to help improve the quality and timeline
11 of forensic science services and to use laboratory personnel to reduce the backlog of firearms
12 case requests; and

13 WHEREAS, The award period is from October 1, 2010 through August 31, 2011; and

14 WHEREAS, The grant does not include any provision for indirect costs; and

15 WHEREAS, The San Francisco Police Department is seeking retroactive approval
16 because it received the grant award on February 16, 2011; and

17 WHEREAS, This grant does not create any new positions, and will not require an
18 amendment to the Annual Salary Ordinance; now therefore be it

19 **RESOLVED** The City and County of San Francisco is authorized to retroactively accept
20 and expend a grant from the California Emergency Management Agency in the amount of
21 \$35,393; and be it

22 **FURTHER RESOLVED**, That the Board of Supervisors hereby waives inclusion of
23 indirect costs in the grant budget; and be it

24 **FURTHER RESOLVED**, That the Chief of Police, or his designee, is authorized to
25 enter into the agreement on behalf of the City and County of San Francisco.

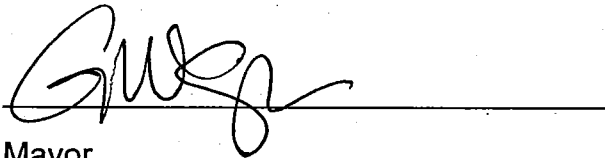
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RECOMMENDED:

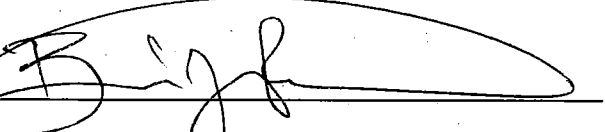


JEFFREY GODOWN, Acting Chief of Police

APPROVED:



Mayor



BEN ROSENFELD, Controller

Dear Greg-

The Police Department has submitted one Accept and Expend item:

Accept-Expend \$35,393 Coverdell grant from California Emergency Management Agency

This retroactive grant from CalEMA will be used for overtime for criminalists to examine firearms in order to reduce the case backlog (plus \$37 worth of supplies). The grant project schedule is from 10/1/10 to 8/31/11. Indirect costs are not permitted by CalEMA. No matching funds are required. No funds will be spent on contractual services. No positions are being added.

Thanks-
Leo

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: San Francisco Police Department
DATE: March 4, 2011
SUBJECT: Accept and Expend Resolution for Subject Grant

GRANT TITLE: FY 2010 Coverdell Grant Program

Attached please find the original and 4 copies of each of the following:

- Proposed grant resolution; original signed by Department, Mayor, Controller
- Grant information form, including disability checklist
- Grant budget
- Grant application
- Grant award letter from funding agency
- Other (Explain): Award Announcement Letter

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Dana Lang Phone: 415-553-1120

Interoffice Mail Address: SFPD Fiscal – 850 Bryant St, Rm 511, San Francisco

Certified copy required Yes

No

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).

File Number: 110414
(Provided by Clerk of Board of Supervisors)

Grant Information Form
(Effective March 2005)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

- 1. Grant Title: **2010 Paul Coverdell Grant Program**
- 2. Department: **San Francisco Police Department**

3. Contact Person: **Dana Lang** Telephone: **415-553-1120**

4. Grant Approval Status (check one):
- Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$35,393**

- 6a. Matching Funds Required: \$0
b. Source(s) of matching funds (if applicable):

- 7a. Grant Source Agency: **California Emergency Management Agency (Cal EMA)**
b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary: **Funds will be used for overtime for criminalists to examine firearms in order to reduce the casework backlog. A small portion of the grant will be used to purchase laboratory supplies. This project will assist SFPD by improving the quality and timeliness of forensic science services.**

9. Grant Project Schedule, as allowed in approval documents, or as proposed:
- Start-Date: **October 1, 2010** End-Date: **August 31, 2011**

10a. Amount budgeted for contractual services: **0**

- b. Will contractual services be put out to bid? **N/A**
- c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? **N/A**
- d. Is this likely to be a one-time or ongoing request for contracting out? **N/A**

11a. Does the budget include indirect costs? Yes No

- b1. If yes, how much? \$
- b2. How was the amount calculated?

- c. If no, why are indirect costs not included?
 Not allowed by granting agency To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **\$2,000**

12. Any other significant grant requirements or comments: **No**

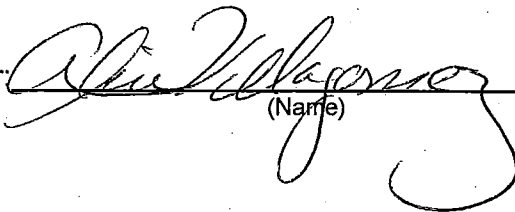
****Disability Access Checklist****

13. This Grant is intended for activities at (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input checked="" type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

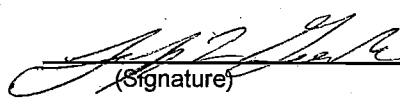
14. The Departmental ADA Coordinator and/or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental or Mayor's Office of Disability Reviewer: 
 (Name)

Date Reviewed: 3/2/11

Department Approval: Jeffrey Godown Interim Chief of Police
 (Name) (Title)


 (Signature)

FY 2010 Paul Coverdell Grant
Award No. CQ10 07 0380

<u>Budget Item</u>	<u>Amount</u>
Criminalists II and III, overtime to reduce Firearms caseload backlog	\$32,889
Benefits on Overtime	\$2,467
Lab Supplies	\$37
Total Project	<u><u>\$35,393</u></u>

JERRY BROWN
GOVERNOR



Cal EMA
CALIFORNIA EMERGENCY
MANAGEMENT AGENCY

MIKE DAYTON
ACTING SECRETARY

January 24, 2011

Donna Meixner, Commanding Officer, FSD
San Francisco, City & County
850 Bryant Street
San Francisco, CA 94103

Dear Captain Meixner:

Subject: **NOTIFICATION OF APPLICATION APPROVAL**
Paul Coverdell Forensic Science Improvement Program
Award #: CQ10 07 0380, Cal EMA ID: 075-00000

Congratulations! The California Emergency Management Agency (Cal EMA) has approved your application in the amount of \$35,393, subject to Budget approval. A copy of your approved subgrant is enclosed for your records.

Cal EMA will make every effort to process payment requests within 60 days of receipt.

This subgrant is subject to the Cal EMA Recipient Handbook. You are encouraged to read and familiarize yourself with the Cal EMA Recipient Handbook, which can be viewed on Cal EMA's website at www.calema.ca.gov.

Any funds received in excess of current needs, approved amounts, or those found owed as a result of a close-out or audit, must be refunded to the State within 30 days upon receipt of an invoice from Cal EMA.

Should you have questions on your subgrant, please contact your Program Specialist.

PSVS Grant Processing

Enclosure

c: Recipient's file

3650 SCHRIEVER AVENUE • MATHER, CALIFORNIA 95655
PUBLIC SAFETY AND VICTIM SERVICES PROGRAMS DIVISION
TELEPHONE: (916) 324-9200 • FAX: (916) 324-9179

ARNOLD SCHWARZENEGGER
GOVERNOR

MATTHEW R. BETTENHAUSEN
SECRETARY



3650 SCHRIEVER AVENUE
MATHER, CA 95655

PHONE (916) _____
FAX (916) _____

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

Application Cover Sheet

RFA PROCESS

2010 CALIFORNIA PAUL COVERDELL PROGRAM

Submitted by:
Captain Donna Meixner
Commander, Forensic Services Division
San Francisco Police Department
850 Bryant Street, San Francisco, CA 94103
(415) 671-3179

Cal EMA _____

Award # _____

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY
GRANT AWARD FACE SHEET (Cal EMA 2-101)**

The California Emergency Management Agency, hereafter designated Cal EMA, hereby makes a grant award of funds to the following:

1. Grant Recipient: City and County of San Francisco

hereafter designated Recipient, in the amount and for the purpose and duration set forth in this grant award.

2. Implementing Agency: Police Department

3. Project Title: 2010 Paul Coverdell Grant Program

4. Grant Period: 10/01/10 to 08/31/11

*Select the Grant year and fund source(s) from the lists below or type the appropriate acronym in box 9. Enter the amount(s) from each source. Please do not enter both State and Federal fund sources on the same line. Add any cash match(s). Block 10G is the Grant Award total amount.

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
08/09	5. FSIA	\$58,585					\$0	
09/10	6. FSIA	\$51,536					\$0	
10/11	7. FSIA	\$35,393					\$0	
Select	8. Select						\$0	
Select	9.						\$0	
	10. TOTALS	\$145,514	\$0	\$145,514	\$0	\$0	\$0	10. Grand Total: \$145,514

11. This grant award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify I am vested with the authority, and have the approval of the City/County Financial Officer, City Manager, County Administrator, or Governing Board Chair, to enter into this grant award agreement; and all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Cal EMA Program Guidelines, the Cal EMA Recipient Handbook, the Federal OJP Financial Guide and Program Guidelines (if applicable), and the Cal EMA audit requirements, as stated in the applicable RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in the applicable RFP or RFA, and agrees that the allocation of funds is contingent on the enactment of the State Budget.

12. Official Authorized to Sign for Applicant/Grant Recipient:

Federal Employer ID Number: 946000417

Name: Chief George Gascon

Title: Chief of Police

Payment Mailing Address: 850 Bryant St

City: San Francisco Zip: 94103

Telephone: (415) 553-1551
(area code)

FAX: (415) 553-1554
(area code)

Email: George.Gascon@sfgov.org

Signature _____

Date: Nov-15-2010

[FOR CalEMA USE ONLY]

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

Cal EMA Fiscal Officer _____

Date _____

Cal EMA Director (or designee) _____

Date _____

PROJECT CONTACT INFORMATION

Applicant San Francisco Police Department Grant Number _____ [FOR OES USE ONLY]

Provide the name, title, address, telephone number, and e-mail address for the project contacts named below. If a section does not apply to your project, enter "N/A." NOTE: If you use a PO Box address, a street address is also required for package delivery and site visit purposes.

1. The **Project Director** for the project:

Name: Captain Donna Meixner Address: 850 Bryant Street
Title: Commanding Officer, FSD City: San Francisco Zip: 94102
Telephone #: (415) 553-1524 Fax #: (415) 553-1483
(Area Code) (Area code)
E-Mail Address: Donna.Meixner@sfgov.org

2. The **Financial Officer** for the project:

Name: Ken Bukowski Address: 850 Bryant Street
Title: Chief Financial Officer City: San Francisco Zip: 94103
Telephone #: (415) 553-1039 Fax #: (415) 553-1114
(Area Code) (Area code)
E-Mail Address: kenneth.Bukowski@sfgov.org

3. The **person having routine programmatic responsibility** for the project:

Name: Same as #1 Address: _____
Title: _____ City: _____ Zip: _____
Telephone #: _____ Fax #: _____
(Area Code) (Area code)
E-Mail Address: _____

4. The **person having routine fiscal responsibility** for the project:

Name: Same as #2 Address: _____
Title: _____ City: _____ Zip: _____
Telephone #: _____ Fax #: _____
(Area Code) (Area code)
E-Mail Address: _____

5. The **Executive Director** of a nonprofit organization or the **Chief Executive Officer** (e.g., chief of police, superintendent of schools) of the implementing agency:

Name: George Gascon Address: 850 Bryant Street
Title: Chief of Police City: San Francisco Zip: 94103
Telephone #: (415) 553-1551 Fax #: (415) 553-1554
(Area Code) (Area code)
E-Mail Address: George.Gason@sfgov.org

6. The **Chair** of the **governing body** of the recipient: (Provide contact information other than that of the recipient)

Name: Nicolas King Address: 1 Dr. Carlton B. Goodlett Place
Title: Director, Mayors Office of Criminal Justice City: San Francisco Zip: 94102
Telephone #: (415) 554-6564 Fax #: (415) 554-4971
(Area Code) (Area code)
E-Mail Address: Nicolas.King@sfgov.org

SIGNATURE AUTHORIZATION

Grant Award #: _____

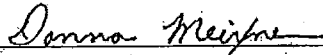
Grant Recipient: San Francisco Police Department

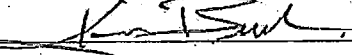
Implementing Agency: San Francisco Police Department

***The Project Director and Financial Officer are *REQUIRED* to sign this form.**

***Project Director:** Captain Donna Melxner

***Financial Officer:** Ken Bukowski

Signature: 


Signature: 

Date: 11-15-10

Date: 11/15/10

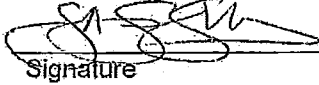
The following persons are authorized to sign for the
Project Director

The following persons are authorized to sign for the
Financial Officer



Signature
Lt. Daniel Perea, Crime Lab Manager

Name



Signature
John Sanchez, Criminalist III

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, George Gascon, Chief of Police hereby certify that
(official authorized to sign grant award; same person as Section 12 on Grant Award Face Sheet)

RECIPIENT: San Francisco Police Department

IMPLEMENTING AGENCY: San Francisco Police Department

PROJECT TITLE: 2010 Paul Coverdell Grant Program

is responsible for reviewing the *Recipient Handbook* and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by the Cal EMA including, but not limited to, the following areas:

I. Federal Grant Funds

Recipients expending \$500,000 or more in federal grant funds annually are required to secure an audit pursuant to OMB Circular A-133 and are allowed to utilize federal grant funds to budget for the audit costs. See Section 8000 of the *Recipient Handbook* for more detail.

- The above named Recipient receives \$500,000 or more in federal grant funds annually.
- The above named Recipient does not receive \$500,000 or more in federal grant funds annually.

II. Equal Employment Opportunity – (*Recipient Handbook, Section 2151*)

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **Cal EMA-funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.**

Please provide the following information:

Equal Employment Opportunity Officer: Jerry Tidwell

Title: Director, Risk Management

Address: 850 Bryant Street, SF, CA 94103

Phone: (415) 553-1511

Email: Jerry.Tidwell@sfgov.org

All appropriate documentation must be maintained on file by the project and available for the Cal EMA or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the Recipient may be ineligible for award of any future grants if the Cal EMA determines that any of the following has occurred:

(1) The Recipient has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

CERTIFICATION

I, the official named below, am the same individual authorized to sign the Grant Award Agreement [Section 12 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Authorized Official's Signature: _____

Authorized Official's Typed Name: George Gascon

Authorized Official's Title: Chief of Police

Date Executed: Nov 15 2010

Federal Employer ID #: 946000417 Federal DUNS # _____

Current Central Contractor Registration Yes No

Executed in the City/County of: San Francisco

AUTHORIZED BY: (not applicable to State agencies)

- | | |
|---|---|
| <input type="checkbox"/> City Financial Officer | <input type="checkbox"/> County Financial Officer |
| <input type="checkbox"/> City Manager | <input type="checkbox"/> County Manager |
| <input checked="" type="checkbox"/> Governing Board Chair | |

Signature: _____

Typed Name: Nicolas King

Title: Director, Mayor's Office of Criminal Justice

Applicant: _____

Grant Number: _____

Project Narrative

San Francisco Police Department Crime Lab

2010 Paul Coverdell Grant Program

Problem Statement

The current backlog in the Firearms and Toolmarks Unit of the San Francisco Police Department Crime Lab (SFPD Lab) involves cases that require microscopic comparisons. In 2003 the SFPD lab was not ASCLD/LAB accredited, had only one firearms examiner, and due to the lack of strict SFPD lab policy and procedure, allowed less documentation to be generated and more casework completed. Since that time the SFPD lab has become ASCLD/LAB accredited and staffing levels have increased in the Firearms and Toolmarks Unit. This unit currently has three fully trained criminalists and a case-working supervisor on staff. The backlog had built up from 2003 through 2008. Utilizing overtime was the only way to address that backlog. The SFPD lab must finish what it began in reducing the 2008 through mid-year 2010 back log.

The Firearm Unit case-assignment prioritization is as follows: 1. homicides 2. attempted homicides and 3. incidents involving shots fired. The unit does not have a backlog in the area of homicide investigations; however, the attempted homicide and other categories represent the back log.

Plan

Objective: Secure funding for overtime expenditure to be utilized to reduce the backlog of firearms case-requests.

The backlog in the Firearms and Toolmarks unit since October 2010 is approximately 320 case requests. An analyst working approximately twenty hours of

Applicant: _____ Grant Number: _____

overtime can be expected to complete three to seven cases per week. Participation by four analysts would result in approximately twelve to twenty eight cases being eliminated from the backlog per week. Within approximately three month's time, the unit could have the backlog reduced from approximately 320 requests to approximately 166.

Applicant: _____

Grant Number: _____

Budget Narrative

San Francisco Police Department Crime Lab

2010 Paul Coverdell Grant Program

The entire City and County of San Francisco will be served under this grant, most notably those in high crime areas. Although crimes involving firearms are down from previous years, due to the accumulated backlog of cases, the SFPD Lab is unable to provide timely results that can assist investigators in solving violent crime and reduce gang violence. Unlike other areas in the laboratory, the Firearms and Toolmarks Unit is unique in that outsourcing of cases is not an option. The only method to reduce the backlog is through overtime efforts.

The current Firearms and Toolmarks Unit backlog could potentially be reduced to cases that are less than sixty days old with the application of overtime. The unit is staffed with three bench level analysts, a supervisor (duties include about 30 – 40% case work) and one criminalist in training. Due to the nature of training, the most experienced bench level analyst has been redirected to performing training duties and therefore only able to dedicate 30 – 40% of his time to case work.

Additionally, in 2010 the San Francisco Police Department was able to test-fire and complete NIBIN entry for all backlogged gun cases from the previous backlog dating back to 2005. However, it is now necessary to perform analysis on all of the evidence casings and bullets that could potentially link to specific firearms recovered, but not yet identified, in various criminal investigations.

The SFPD lab has received requests to perform analysis on approximately 320 backlogged cases, dating back to 2007. It is reasonable to project that between approximately 160 to 250 cases could be taken off of the backlog through the availability of overtime thereby reducing to the total number of cases to a manageable level.

BUDGET CATEGORY AND LINE ITEM DETAIL

A. Personal Services – Salaries/Employee Benefits	COST
2 Criminalist IIs, 112 hours each overtime for reduction of firearms casework backlog, at \$73.3125/h	\$16,422
1 Criminalist II, 111 hours overtime for reduction of firearms casework backlog, at \$73.3125/hr	\$8,138
1 Criminalist III, 89 hours overtime for reduction of firearms casework backlog, at \$93.5813/hr	\$8,329
7.65% Benefits (FICA) x \$32,889	\$2,467
TOTAL	\$35,356

BUDGET CATEGORY AND LINE ITEM DETAIL

B. Operating Expenses	COST
lab supplies / consumables	\$37
TOTAL	\$37

BUDGET CATEGORY AND LINE ITEM DETAIL

C. Equipment	COST
	\$0
TOTAL	\$0.00
Total Project Cost*	\$35,393
<small>*Same as Block 10G on the Grant Award Face Sheet</small>	

2010 California Paul Coverdell Program
San Francisco PD Crime Lab

APPLICATION APPENDIX

PROJECT SUMMARY

1. GRANT AWARD NO.

3. GRANT PERIOD

2. PROJECT TITLE

2010 California Paul Coverdell Program

10/01/10 to 08/31/11

4. APPLICANT

Name: San Francisco Police Dept. Phone: (415) 553-1524
Address: 850 Bryant St. Fax #: (415) 553-1483
City: San Francisco, CA Zip: 94103

5. GRANT AMOUNT

(this is the same amount as 10G of the Grant Award Face Sheet)

\$ 35,393*

6. IMPLEMENTING AGENCY

Name: San Francisco PD Phone: (415) 553-1524 Fax #: (415) 553-1483
Address: 850 Bryant St. City: San Francisco Zip: 94104

7. PROGRAM DESCRIPTION

2010 California Paul Coverdell Program for increase in forensic services / City and County of San Francisco service area.

8. PROBLEM STATEMENT

The Firearms Unit has maintained an unacceptable high backlog of comparison case requests.

9. OBJECTIVES

Reduce the Firearms Unit comparison backlog case requests to manageable and acceptable levels using paid overtime

10. ACTIVITIES

Perform comparison casework, following SOP and QA procedures
 Conduct technical and administrative review of casework
 Publish reports for users of service

11. EVALUATION (If applicable)

Record backlog reduction per plan: 12-28 case requests per week completed with overtime funds

12. NUMBER OF CLIENTS

(if applicable)

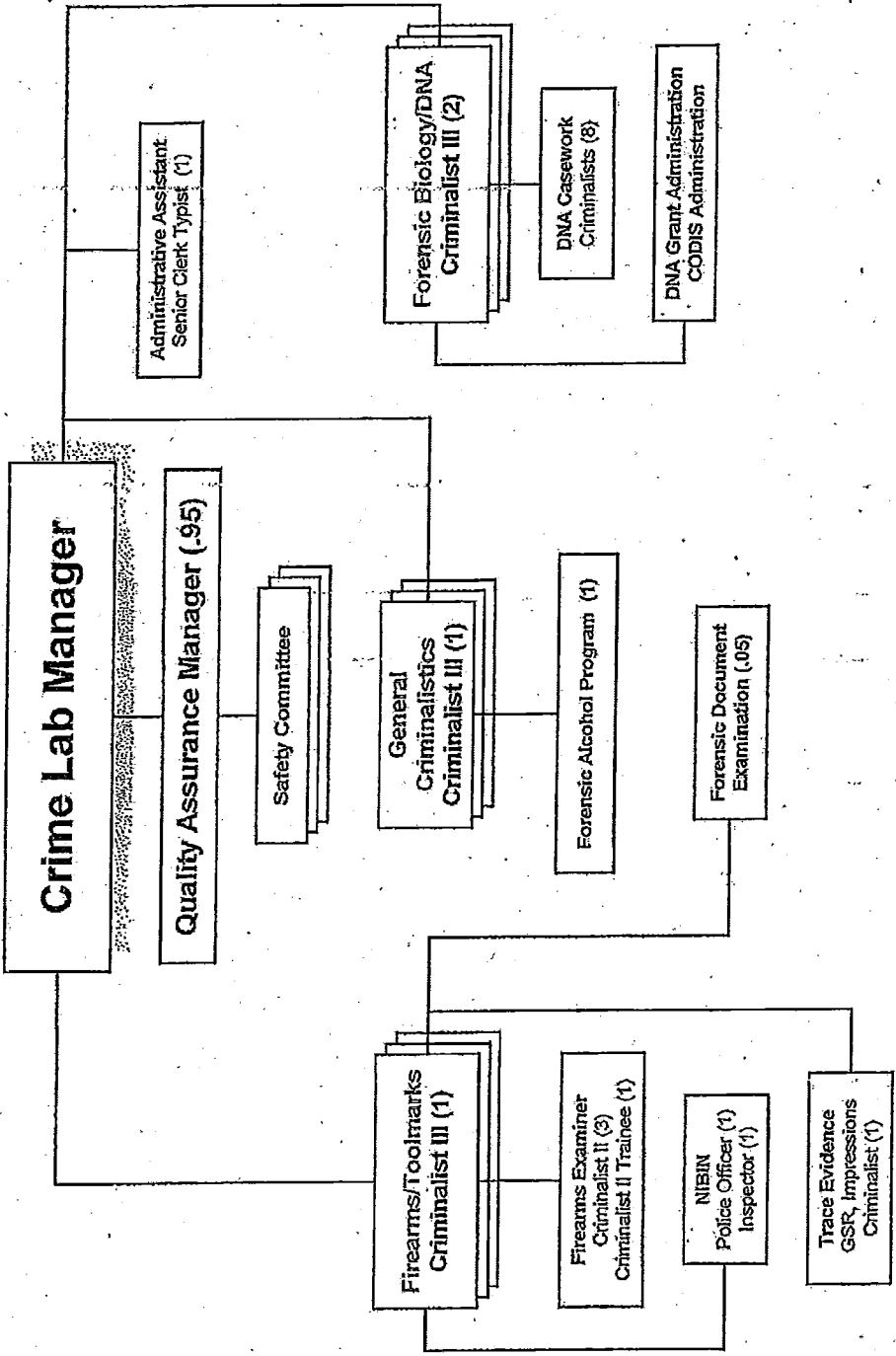
N/A

13. PROJECT BUDGET

(these are the same amounts as on Budget Pages)

	Personal Services	Operating Expenses	Equipment	TOTAL
Overtime allotment for SFPD	\$35,393			\$35,393
*The 2010/2011 amount allocated to the SFPD Crime Lab is \$35,393.				\$0
The total amount of Paul Coverdell funding received by the SFPD Crime Lab from grant years 2008/2009 to 2010/2011 is \$145,514. This is the amount on 10G of CalEMA 2-101.				\$0
				\$0
				\$0
				\$0
Totals:	\$35,393	\$0	\$0	\$35,393

San Francisco Police Department
Criminalistics Laboratory



Number in parentheses = full time equivalent personnel when fully staffed

OTHER FUNDING SOURCES

Complete this form to report the total funds available to support the activities related to accomplishing the goals and objectives of the Grant Award Agreement. In the "Grant Funds" column, report the CalEMA funds requested by category. In the "Other Funds" column, report all other funds available to support the project by category and then calculate the totals by category in the "Program Total" column. Total each column to arrive at the total program funds available.

OTHER FUNDING SOURCES			
<small>(Enter numbers without \$ or decimal points.)</small>			
BUDGET CATEGORY	GRANT FUNDS <small><i>(Use only the grant funds identified in the preceding budget pages.)</i></small>	OTHER FUNDS	PROGRAM TOTAL
Personal Services	35,356	0	\$35,356
Operating Expenses	37	0	\$37
Equipment	0	0	\$0
TOTAL	\$35,393	\$0	\$35,393

This form does not become part of the grant award.

PRIOR, CURRENT AND PROPOSED OES FUNDING

List all currently funded CalEMA projects and all CalEMA grants awarded to the applicant during the last five fiscal years. Include the fiscal year of operation, the grant number and the amount of CalEMA funding. For current and proposed grants that include positions funded by more than one CalEMA grant, list these personnel by title and the percentage of the position funded by CalEMA. The percentage of funding must not exceed 100 percent for any one individual.

Example				
FISCAL YEAR	GRANT NUMBER	GRANT AMOUNT	PERSONNEL BY TITLE	PERCENTAGE PAID BY OES
2005-06	DC05160010	\$50,000	Project Director	25%
2005-06	CE05089504	\$67,000	Project Director	25%
2005-06	MS05040550	\$68,000	Project Director	50%

PRIOR, CURRENT AND PROPOSED CalEMA FUNDING				
FISCAL YEAR	GRANT NUMBER	GRANT AMOUNT	PERSONNEL BY TITLE	% OF CalEMA FUNDING
2008-09	CQ08060380	\$55,828		0%
2009-10	CQ08060380	\$51,536		0%
2010-2011		\$35,393		0%
				0%
				0%
				0%
				0%
				0%
				0%

PROJECT SERVICE AREA INFORMATION

1. COUNTY OR COUNTIES SERVED: Enter the name(s) of the county or counties served by the project. Put an asterisk where the project's principal office is located.

* San Francisco

2. U.S. CONGRESSIONAL DISTRICT(S): Enter the number(s) of the U.S. Congressional District(s) which the project serves. Put an asterisk for the district where the project's principal office is located.

*8th

3. STATE ASSEMBLY DISTRICT(S): Enter the number(s) of the State Assembly District(s) which the project serves. Put an asterisk for the district where the project's principal office is located.

*13th

4. STATE SENATE DISTRICT(S): Enter the number(s) of the State Senate District(s) that the project serves. Put an asterisk for the district where the project's principal office is located.

*3rd

5. POPULATION OF SERVICE AREA: Enter the total population of the area served by the project.

815,315

CALIFORNIA EMERGENCY MANAGEMENT AGENCY
PUBLIC SAFETY AND VICTIM SERVICES

FY 2010 Paul Coverdell Forensic Science Improvement Grants Program

Certification as to External Investigations

On behalf of the applicant agency named below, I certify the following to the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice and to the California Emergency Management Agency:

A government entity exists and an appropriate process is in place to conduct independent external investigations into allegations of serious negligence or misconduct substantially affecting the integrity of the forensic results committed by employees or contractors of any forensic laboratory system, medical examiner's office, coroner's office, law enforcement storage facility, or medical facility in the State that will receive a portion of the grant award.

I agree to notify Cal EMA Coverdell Program Staff at the *initiation, duration of, and at the conclusion* of any and all complaints and/or allegations of serious negligence and/or misconduct substantially affecting the integrity of forensic results committed by employees or contractors of the forensic laboratory system.

I have personally read and reviewed the section entitled "Eligibility" in the FY 2010 program announcement for the Coverdell Forensic Science Improvement Grants Program. I acknowledge that a false statement in this certification or in the application that it supports may be subject to criminal prosecution, including under 18 U.S.C. §1001. I also acknowledge that the Office of Justice Programs and/or California Emergency Management Agency grants, including certifications provided in connection with such grants, are subject to review by the Office of Justice Programs, Department of Justice, Office of the Inspector General, and the California Emergency Management Agency.

I have authority to make this certification on behalf of the applicant agency (that is, the agency applying directly to the California Emergency Management Agency).

<u>Nicolas King</u> Signature of Certifying Official	Name of External Investigative Agency Mayor's Office of Criminal Justice Programs
Title of Certifying Official Director, OCJP	Contact at External Investigative Agency Nicolas King
Name of Applicant Agency San Francisco Police Department	Title Director
Date 11/16/2010	Phone # (415) 554-6564



AMERICAN SOCIETY OF CRIME LABORATORY DIRECTORS
LABORATORY ACCREDITATION BOARD

October 26, 2010

Lt. Daniel Perea, Crime Laboratory Manager
San Francisco Police Department
Criminalistics Laboratory
850 Bryant Street
San Francisco, CA 94103

Dear Lt. Perea,

On October 12, 2010, the ASCLD/LAB Board of Directors considered the application for accreditation from the San Francisco Police Department Criminalistics Laboratory. Based on the documentation provided and in accordance with the recommendation of staff inspector Robert Gonsowski, the Board concluded that the San Francisco Police Department Criminalistics Laboratory has met the standards for accreditation as set forth by the 2008 version of the ASCLD/LAB Accreditation Manual.

In addition to the Accreditation Inspection Report prepared by Mr. Gonsowski, the Board considered the Interim Inspection Report which was prepared by Mr. Gonsowski to respond to a number of allegations brought against the laboratory during the time that the accreditation inspection was in process. Electronic copies of both reports are being provided to you.

It is my pleasure to advise you that the San Francisco Police Department Criminalistics Laboratory was accredited in the disciplines of Biology, Trace Evidence (gunshot residue and impression evidence only), Firearms/Toolmarks and Questioned Documents. The accreditation is for a period of five (5) years with an expiration date of February 25, 2015.

Accreditation is granted only after a thorough evaluation of a laboratory's management practices, personnel qualifications, technical procedures, quality assurance program and facilities. Accreditation is the result of extensive commitment of resources and much preparation by the management and personnel in your laboratory.

As an accredited laboratory, you are expected to maintain the high standards which were required to achieve accreditation. As additional guidance to maintaining conformance with accreditation standards, we are providing you a copy of the Obligations of ASCLD/LAB Accredited Laboratories.

The San Francisco Police Department Criminalistics Laboratory will also be required to participate in external proficiency testing and to agree for test results to be reviewed by the respective Proficiency Review Committees (PRCs) as outlined in the accreditation manual. In addition, you will be expected to conduct an annual audit of your laboratory and submit the Annual Accreditation Audit Report (appendix 6 in the manual) to ASCLD/LAB within 60 days of the anniversary of accreditation each year.

Each accredited laboratory is assessed an annual accreditation fee prior to the beginning of each year. The fee is based on the size of the accredited laboratory and the budget approved at the annual meeting of the Delegate Assembly. The San Francisco Police Department Criminalistics Laboratory will be invoiced for the 2011 annual accreditation fee in the near future.

A new accreditation certificate will be forwarded to you under separate cover. You will remain on the ASCLD/LAB mailing list to receive all correspondence related to updates or changes in the program. If you wish to hold an accreditation ceremony involving a Board member, please contact Executive Director Ralph Keaton to arrange and schedule the ceremony.

As the director of an accredited laboratory, you are a voting member of the Delegate Assembly. You are invited and encouraged to participate in the accreditation process and to exercise your vote on issues which are presented to the Delegate Assembly, either by mail ballot or at the annual meeting.

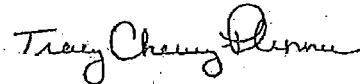
In the event that your laboratory wishes to use the ASCLD/LAB logo on its letterhead, website or other documents, you may submit a request detailing how you wish to use the logo. When your request is approved, you will be provided an electronic copy of the logo. If you have a laboratory website, you may have it linked from the ASCLD/LAB site by advising us concerning your site locator information.

If you have not submitted the post inspection evaluation form (Appendix 5 in the manual), I encourage you to do so. Feedback on the performance of inspection teams is critical to the continued improvement of the accreditation process.

On behalf of the Board, I extend my sincere congratulations to you and to all of the personnel of your laboratory. If you have any questions or if we might assist you in any way please feel free to get in touch with us.

My best wishes to you and your staff.

Sincerely,



Tracy Cheaney-Plummer
Legacy Program Manager

cc: ASCLD/LAB Board
Robert Gonsowski, ASCLD/LAB Staff Inspector
Ralph Keaton, Executive Director

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO

INTRODUCTION FORM

By a member of the Board of Supervisors or the Mayor

2011 APR 5 AM 9:00

BY _____

Time Stamp or
Meeting Date

I hereby submit the following item for introduction:

- 1. For reference to Committee:
An ordinance, resolution, motion, or charter amendment
- 2. Request for next printed agenda without reference to Committee
- 3. Request for Committee hearing on a subject matter
- 4. Request for letter beginning "Supervisor _____ inquires..."
- 5. City Attorney request
- 6. Call file from Committee
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File Nos.
- 9. Request for Closed Session
- 10. Board to Sit as A Committee of the Whole
- 11. Question(s) submitted for Mayoral Appearance before the BOS on _____.

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission
- Ethics Commission
- Building Inspection Commission
- Youth Commission
- Planning Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a different form.]

Sponsor(s): Supervisor Sean R. Elsbernd

SUBJECT: Accept-Expend \$35,393 Coverdell grant from CEMA.

The text is listed below or attached:

Signature of Sponsoring Supervisor: _____

For Clerk's Use Only: