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

Grant Resolution Information Form (Effective July 2011)

		roposed Boar	d of Supervisors re	solutions autho	rizing a Department to ac	cept and
The following describes the grant referred to in the accompanying resolution:						
Grant	Title:	In-Kind Gift through Naloxone Distribution Project (NDP)				
Depart	tment:	San Francis	co Police Departm	nent		
Contac	ct Person:	Kimmie Wu	/ Robert Ashpole	Telephone: 4	15-837-7211	*
Grant A	Approval S	tatus (check o	ne):			
[X] Ap	proved by	funding agenc	у	[] Not yet ap	proved	
Amour	nt of Grant l	Funding Appro	oved or Applied for:			
 a. Matching Funds Required: N/A b. Source(s) of matching funds (if applicable): N/A 						
. a. Grant Source Agency: Substance Abuse and Mental Health Services Administration						
b.	Grant Pas			:		
8. Proposed Grant Project Summary: Naloxone from this project will be used to help combat opioid overdose-related deaths.						
Grant l	Project Sch	edule, as allo	wed in approval do	cuments, or as	proposed:	
	Start-Date	e: August 7,	2024 End-D	Date: Decembe	er 31, 2024	
a. b. c. d.	Will contra If so, will o Enterprise	octual services contract servic (LBE) require	be put out to bid? es help to further thements? N/A	N/A ne goals of the l		iess
. a. b. c.	1. If y 2. Ho 1. If r [] [X] 2. If r	es, how much w was the am no, why are incomed by Other (please to indirect costs 10% of the estate to the estate t	? N/A ount calculated? N direct costs not inclu / granting agency e explain): this is a ts are included, who	/A uded? [] To maximize n in-kind gift at would have b	peen the indirect costs? If	calculated
	d grant Illowing Grant Depart Contact Grant [X] Ap Amour a. b. a. b. Grant d. c. d. a. b.	d grant funds. Illowing describes to Grant Title: Department: Contact Person: Grant Approval State [X] Approved by the Amount of Grant I is a. Matching I is b. Source(s) a. Grant Source(s) a. Grant Paster Proposed Grant Formula is a. Amount be in the Start-Date in the Start-Da	d grant funds. Illowing describes the grant reference Grant Title: In-Kind Gift Department: San Francis Contact Person: Kimmie Wu Grant Approval Status (check of [X] Approved by funding agence Amount of Grant Funding Approximate a. Matching Funds Require b. Source(s) of matching funds. Grant Source Agency: b. Grant Pass-Through Agency: Grant Project Schedule, as allowed Start-Date: August 7, 20 a. Amount budgeted for conductive b. Will contract all services c. If so, will contract service	d grant funds. Illowing describes the grant referred to in the accom Grant Title: In-Kind Gift through Naloxone Department: San Francisco Police Departm Contact Person: Kimmie Wu / Robert Ashpole Grant Approval Status (check one): [X] Approved by funding agency Amount of Grant Funding Approved or Applied for: a. Matching Funds Required: N/A b. Source(s) of matching funds (if applicable): a. Grant Source Agency: Substance Abuse (SAMHSA) b. Grant Pass-Through Agency (if applicable) Proposed Grant Project Summary: Naloxone from combat opiois Grant Project Schedule, as allowed in approval down Start-Date: August 7, 2024 End-Enderprise (LBE) requirements? N/A d. Is this likely to be a one-time or ongoing reduced in the calculated? N/A 2. How was the amount calculated? N/A 3. If no, why are indirect costs not included in the calculated of the cost of the calculated of the cost of the	d grant funds. Illowing describes the grant referred to in the accompanying resoluted from the companying resoluted in the accompanying resolution in the accompanying resolution in the accompanying resolution in the accompanying resolution is a function of the accompanying resolution in the accompanying resolution is a function of the accompanying resolution in the accompanying resolution is an accompanying resolution in the accompanying resolution is a function of the accompanying resolution is an accompanying resolution in the accompanying resolution is a function of the accompanying resolution in the accompanying resolution is a function of accompanying resolution in the accompanying resolution is a function of the accompanying resolution in the accompanying resolution is a function of the accompanying resolution in the accompanying resolution is an in-kind gift accompanying resolution in the accompanying resolution is an in-kind gift accompanying resolution in the accompanying res	Illowing describes the grant referred to in the accompanying resolution: Grant Title: In-Kind Gift through Naloxone Distribution Project (NDP) Department: San Francisco Police Department Contact Person: Kimmie Wu / Robert Ashpole Telephone: 415-837-7211 Grant Approval Status (check one): [X] Approved by funding agency [] Not yet approved Amount of Grant Funding Approved or Applied for: 600 units of Naloxone (in-kind gift), valued at \$14,400.00 a. Matching Funds Required: N/A b. Source(s) of matching funds (if applicable): N/A a. Grant Source Agency: Substance Abuse and Mental Health Services Administ (SAMHSA) b. Grant Pass-Through Agency (if applicable): Proposed Grant Project Summary: Naloxone from this project will be used to help combat opioid overdose-related deaths. Grant Project Schedule, as allowed in approval documents, or as proposed: Start-Date: August 7, 2024 End-Date: December 31, 2024 a. Amount budgeted for contractual services: N/A 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 Local Busin Enterprise (LBE) requirements? N/A d. Is this likely to be a one-time or ongoing request for contracting out? N/A a. Does the budget include indirect costs? [] Yes [X] No b. 1. If yes, how much? N/A c. 1. If no, why are indirect costs not included? [] Not allowed by granting agency [] To maximize use of grant funds on din [X] Other (please explain): this is an in-kind gift c. If no indirect costs are included, what would have been the indirect costs? If at 10% of the estimated in-kind gift value, the indirect costs would have

12. Any other significant grant requirements or comments: **None**

\$1,440.00.

Disability Access Checklist*(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)						
13. This Grant is intended for activities at (check all that apply):						
[] Existing Site(s) [] Rehabilitated Site(s) [] New Site(s)	[] Existing Structure(s) [] Rehabilitated Structure(s) [] New Structure(s)	[X] Existing Program(s) or Service(s)[] New Program(s) or Service(s)				
14. The Departmental ADA Coordinator 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 disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:						
 Having staff trained in I 	now to provide reasonable modifica	ations in policies, practices and procedures;				
2. Having auxiliary aids a	2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;					
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.						
If such access would be tecl	nnically infeasible, this is described	I in the comments section below:				
Comments:						
Departmental ADA Coordinator or Mayor's Office of Disability Reviewer: Penny Si						
(Name)						
Departmental ADA Coordinator (Title)						
Date Reviewed: 1/7/2025 (Signature Required)						
Department Head or Designee Approval of Grant Information Form:						
William Scott						
Chief of Polic	е					
(Title)						
Date Reviewed: 1 7	25	(Signature Required)				