

File No. 250380

Committee Item No. 9

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date July 9, 2025

Board of Supervisors Meeting Date \_\_\_\_\_

#### Cmte Board

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

#### OTHER (Use back side if additional space is needed)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Application Acceptance Letter 7/29/2024</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Donor Disclosure Form 8/7/2024</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Gift Value</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>POL Commission Resolution No. 25-10 2/5/2025</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>POL Statement on Retroactivity 7/2/2025</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
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Completed by: Brent Jalipa Date July 2, 2025

Completed by: Brent Jalipa Date \_\_\_\_\_

1 [Accept and Expend Grant - Retroactive - Substance Abuse and Mental Health Services  
2 Administration - Naloxone Distribution Project - Valued at \$14,400]

3 **Resolution retroactively authorizing the Police Department to accept and expend an**  
4 **in-kind gift of 600 units of Naloxone valued at \$14,400 through the Naloxone**  
5 **Distribution Project, which is funded by the Substance Abuse and Mental Health**  
6 **Services Administration and administered by the Department of Health Care**  
7 **Services, for the grant period of August 7, 2024, through December 31, 2024.**

8  
9 WHEREAS, The Police Department applied for 600 units of Naloxone through the  
10 Naloxone Distribution Project, funded by the Substance Abuse and Mental Health Services  
11 Administration and administered by the Department of Health Care Services to combat  
12 opioid overdose-related deaths; and

13 WHEREAS, The Naloxone Distribution Project accepted our application on July 25,  
14 2024, and approved shipment of 600 units of Naloxone valued at \$14,400; now, therefore,  
15 be it

16 RESOLVED, That the Board of Supervisors approves the in-kind gift valued at  
17 \$14,400 and authorizes the Police Department to retroactively accept the 600 units of  
18 Naloxone.

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Recommended:

Approved: /s/\_\_\_\_\_

Mayor

/s/\_\_\_\_\_

Chief William Scott

Approved: /s/\_\_\_\_\_

Controller

**File Number:** 250380  
(Provided by Clerk of Board of Supervisors)

**Grant Resolution Information Form**  
(Effective July 2011)

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: **In-Kind Gift through Naloxone Distribution Project (NDP)**
2. Department: **San Francisco Police Department**
3. Contact Person: **Kimmie Wu / Robert Ashpole** Telephone: **415-837-7211**
4. Grant Approval Status (check one):  
☒ Approved by funding agency ☐ Not yet approved
5. Amount of Grant Funding Approved or Applied for: **600 units of Naloxone (in-kind gift), valued at \$14,400.00**
6. a. Matching Funds Required: **N/A**  
b. Source(s) of matching funds (if applicable): **N/A**
7. a. Grant Source Agency: **Substance Abuse and Mental Health Services Administration (SAMHSA)**  
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: **Naloxone from this project will be used to help combat opioid overdose-related deaths.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
**Start-Date: August 7, 2024                      End-Date: December 31, 2024**
10. 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 Business Enterprise (LBE) requirements? **N/A**  
d. Is this likely to be a one-time or ongoing request for contracting out? **N/A**
11. a. Does the budget include indirect costs? ☐ Yes ☒ No  
b. 1. If yes, how much? **N/A**  
2. How was the amount calculated? **N/A**  
c. 1. 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): **this is an in-kind gift**  
2. If no indirect costs are included, what would have been the indirect costs? **If calculated at 10% of the estimated in-kind gift value, the indirect costs would have been \$1,440.00.**
12. Any other significant grant requirements or comments: **None**

**\*\*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):

- |  |   |   |
|--|---|---|
| <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 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:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
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 technically infeasible, this is described 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  
(Name)

\_\_\_\_\_  
Chief of Police  
(Title)

Date Reviewed: 1/7/25

William Scott  
(Signature Required)



July 29, 2024

NOTICE OF ACCEPTANCE OF NALOXONE DISTRIBUTION PROJECT (NDP)  
APPLICATION

Dear Applicant:

This letter is in response to the NDP application received for san francisco police department on July 25, 2024 requesting 600 units of Naloxone. The application has been reviewed and is approved as submitted.

The Department's acceptance of the NDP application is based on the organizations' certification to comply by the terms and conditions stated in the application.

If you have any questions, please contact DHCS via email at [Naloxone@dhcs.ca.gov](mailto:Naloxone@dhcs.ca.gov).

Sincerely,

NDP Team



## DONOR DISCLOSURE/GIFT ACKNOWLEDGEMENT FORM

Thank you for your generous contribution to San Francisco Police Department.

In order to help the San Francisco Police Department comply with San Francisco's Sunshine Ordinance,\* we ask that you please complete this form and return it as soon as possible to: 1245 3<sup>rd</sup> Street San Francisco, CA 94158 **Attention: Donor Disclosure.**

Thank you again for contributing to San Francisco Police Department.

Donor: Substance Abuse and Mental Health Services Administration Date: 8/7/24

Gift: 600 units of Naloxone Estimated Value: \$14,400.00

(For Gifts other than cash gifts)

### Contact Information:

Name: NDP Team

Address: PO Box 997413

Telephone:

Street Apt.

Sacramento, CA 95899

City, State, Zip Code

The above contact information is:

☒ Business

☐ Residence

Financial Interest: The sunshine Ordinance requires that a department that receives a gift of money, goods or services worth \$100 or more report any financial interest that the donor has involving the San Francisco City government. Please check the appropriate box or boxes below that describe your financial interest(s) in the City.

- |                                     |  |                    |
|-------------------------------------|--|--------------------|
| <input type="checkbox"/>            | Contract with City   | (Please describe): |
| <input type="checkbox"/>            | Grant from the City  | (Please describe): |
| <input type="checkbox"/>            | Lease of Space to or from the City   | (Please describe): |
| <input type="checkbox"/>            | City License, Permit or Entitlement for Use  | (Please describe): |
| <input type="checkbox"/>            | Pending request for a City Contract, Grant, Lease, License,,<br>Permit or Other Entitlement for Use. | (Please describe): |
| <input type="checkbox"/>            | Other Financial Interest   | (Please describe): |
| <input checked="" type="checkbox"/> | No Financial Interest  |                    |

\*The San Francisco Sunshine Ordinance (San Francisco Administrative Code Chapter 67), as approved by the San Francisco voters in 1999, provides that:

### SEC. 67.29-6. Sources of Outside Funding

No official or employee or agent of the city shall accept, allow to be collected, or direct or influence the spending of , any money, or any goods or services worth more than one hundred dollars in aggregate, for the purpose of carrying out or assisting any City function unless the amount and source of all such funds is disclosed as public record and made available on the website for the department to which the funds are directed. When such funds are provided or managed by an entity, and not an individual, that entity must agree in writing to abide by this ordinance. The disclosure shall include the names of all individuals or organizations contributing such money and a statement as to any financial interest the contributor has involving the City

**SAN FRANCISCO POLICE DEPARTMENT**

**Naloxone Distribution Project (NDP)**

Application Date	Award Date	Date Narcan Received	# of Units Awarded	Public Interest Price Per Unit	Value of Units
7/25/2024	8/1/2024	8/7/2024	600	\$24.00	\$14,400
			<b>600</b>		<b>\$14,400</b>





# The Police Commission

## CITY AND COUNTY OF SAN FRANCISCO

February 6, 2025

**AMENDED**

Honorable Board of Supervisors  
City Hall, Room 244  
#1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102

Dear Honorable Supervisors:

At the meeting of the Police Commission on Wednesday, February 5, 2025, the following resolution was adopted:

### **RESOLUTION NO. 25-10**

**APPROVAL TO ADOPT A RESOLUTION URGING THE BOARD OF SUPERVISORS TO RETROACTIVELY AUTHORIZE THE POLICE DEPARTMENT TO ACCEPT AND EXPEND AN IN-KIND GIFT OF 600 UNITS OF NALOXONE VALUED AT \$14,400 THROUGH THE NALOXONE DISTRIBUTION PROJECT (NDP), WHICH IS FUNDED BY THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION AND ADMINISTERED BY THE DEPARTMENT OF HEALTH CARE SERVICES. NALOXONE FROM THIS PROJECT WILL BE USED TO HELP COMBAT OPIOID OVERDOSE-RELATED DEATHS;**

RESOLVED, that the Police Commission hereby urges the Board of Supervisors to retroactively authorize the Police Department to accept and expend an in-kind gift of 600 units of Naloxone valued at \$14,400 through the Naloxone Distribution Project (NDP), which is funded by the Substance Abuse and Mental Health Services Administration and administered by the Department of Health Care Services. Naloxone from this project will be used to help combat opioid overdose-related deaths.

AYES: Commissioners Clay, Yanez (remotely), Benedicto, Yee, Vice President  
Carter-Oberstone and President Elias

Very truly yours,

Sergeant Stacy Youngblood  
Secretary  
THE POLICE COMMISSION

1211/ks

cc: CFO Kimmie Wu/Fiscal  
Manager Li Wu/Fiscal  
Grants Manager Fannie Yeung/Fiscal  
Grants Analyst Robert Ashpole/Fiscal

CINDY ELIAS  
President

MAX CARTER-OBERSTONE  
Vice President

LARRY YEE  
Commissioner

JESUS YÁÑEZ  
Commissioner

KEVIN BENEDICTO  
Commissioner

C. DON CLAY  
Commissioner

Sergeant Stacy Youngblood  
Secretary




**DANIEL LURIE**  
MAYOR

CITY AND COUNTY OF SAN FRANCISCO  
**POLICE DEPARTMENT**  
HEADQUARTERS  
1245 3<sup>RD</sup> Street  
San Francisco, California 94158



**PAUL YEP**  
INTERIM CHIEF OF POLICE

TO: Supervisor Connie Chan, Chair, Budget & Finance Committee

FROM: Kimmie Wu, Chief Financial Officer 

DATE: July 2, 2025

SUBJECT: [Accept and Expend In-Kind Gift – Retroactive – Naloxone Distribution Project - Naloxone Valued at \$14,400]

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The San Francisco Police Department is proposing a resolution retroactively authorizing the Department to accept and expend an in-kind gift of 600 units of Naloxone valued at \$14,400 through the Naloxone Distribution Project, which is funded by the Substance Abuse and Mental Health Services Administration and administered by the California Department of Health Care Services (DHCS).

This resolution is retroactive because we have already received the units of naloxone. The gift is provided by DHCS's Naloxone Distribution Project and the State automatically sends out the units once the request has been reviewed and approved. Please let me know if you would like additional information. Thank you for considering this item.



**DANIEL LURIE**  
MAYOR

CITY AND COUNTY OF SAN FRANCISCO  
**POLICE DEPARTMENT**  
HEADQUARTERS  
1245 3<sup>RD</sup> Street  
San Francisco, California 94158



**WILLIAM SCOTT**  
CHIEF OF POLICE

**TO:** Angela Calvillo, Clerk of the Board of Supervisors  
**FROM:** San Francisco Police Department  
**DATE:** April 8<sup>th</sup>, 2025  
**SUBJECT:** Accept and Expend Resolution for In-Kind Gift  
**GIFT TITLE:** In-Kind Gift through Naloxone Distribution Project

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The following documents are attached to this memo:

- X** 1. Proposed Gift Resolution
- X** 2. Grant/Gift Information Form, including disability checklist
- X** 3. Value of In-Kind Gift
- N/A** 4. One (1) Application
- X** 5. One (1) Acceptance Letter
- N/A** Ethics Form 126 (if applicable)
- N/A** Contracts, Leases/Agreements (if applicable)
- N/A** Other (Explain):

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: **Kimmie Wu / Robert Ashpole** Phone: **415-837-7211**

Interoffice Mail Address: **SFPD Fiscal Division**  
**1245 3<sup>rd</sup> Street, 6<sup>th</sup> Floor, SF, CA 94158**

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).