

Naloxone Distribution Project (NDP) Application

Instructions

Complete the application below. Please ensure the person applying is authorized to be the representation of your organization in California to apply for and receive this naloxone distribution. The information submitted in this application should be publicly accessible information and may be subjected to the Public Records Act.

First Name of Authorized Person

Mailing Address

Middle Name

Address Line 2

Last Name

City

Contact Number

Zip

Email

State CA

Organization Name

Service Location Address

Type of Organization

Address Line 2

Community Organization - Specify Type

City

Organization Website

Zip

Organization Phone Number

State CA

Units Order - Minimum Order is 12 units

You must certify and agree to the information in this section to receive the naloxone distribution.

I hereby certify that I have read, understand, and accept all the terms and conditions under which the naloxone distribution is valid for use.

I hereby certify that I have reviewed and undergone training in opioid overdose prevention and treatment training to respond effectively to an opioid-associated overdose emergency.

Review online resources at _____ and _____
_____ to train and respond effectively to an opioid-associated overdose emergency.

If known/available, I hereby agree to maintain and report information via email to _____@dhcs.ca.gov regarding the number of reversals that occurred using the naloxone distributed under this application order.

Terms and Conditions

By submitting the application form, the organization/entity:

1. Certifies that the authorized person, communication and mailing information provided is correct.
2. Will ensure that any of its affiliates or subcontractors apply for their organization.
3. Agrees to provide a copy of a valid and active business license, FEIN number or tax exempt letter.
4. Agrees to provide a copy of a naloxone standing order that can be obtained at _____
5. If the naloxone request is for more than 48 units, the organization/entity will provide a brief and comprehensive summary with the application to validate their request.
6. Agrees to allow the California Department of Health Care Services (DHCS) to contact the organization/entity using the information provided on the application form.
7. Agrees to allow the California DHCS to use the information provided on the application form to track the use of the naloxone distribution and conduct other public health and epidemiological surveillance activities.

Submit supporting documents and application electronically to _____@dhcs.ca.gov

OR Mail supporting documents and the application to

Division
Attn: Naloxone Distribution Project
P.O. Box 997413, MS 2603
Sacramento, CA 95899-7413

NOTE: Some links on this page are documents in Adobe Acrobat Portable Document Format (PDF). PDF documents require Adobe Reader. If you need to install or upgrade to the latest version, click the "[Download Free Reader](#)".



LONDON N. BREED
MAYOR

CITY AND COUNTY OF SAN FRANCISCO
POLICE DEPARTMENT
HEADQUARTERS
1245 3RD Street
San Francisco, California 94158



WILLIAM SCOTT
CHIEF OF POLICE

The San Francisco Police Department (SFPD) would like to apply to receive 600 units of Naloxone through the Naloxone Distribution Project (NDP).

To ensure Naloxone is readily available to officers who need to respond to overdoses, we are applying for additional units to replenish the current supply.

Since 2018, we have had 745 instances involving the deployment of at least one dose of naloxone.

All San Francisco Police Department (SFPD) Field Operations Bureau (FOB) officers on patrol are equipped with trauma kits, which include Naloxone.

SFPD FOB district stations with officers on patrol who have been outfitted with Naloxone include:

- Bayview Station, 105 officers
- Central Station, 121 officers
- Ingleside Station, 107 officers
- Mission Station, 117 officers
- Northern Station, 118 officers
- Park Station, 67 officers
- Richmond Station, 72 officers,
- Southern Station, 118 officers
- Taraval Station, 82 officers
- Tenderloin Station, 142 officers

Naloxone has also been distributed to SFPD members in these areas:

- Police Academy, 44 officers
- Crime Lab, 1 officer
- Healthy Streets Operation Center (HSOC), 23 officers
- Tactical Unit, 62 officers
- Traffic Company, 48 officers
- Airport Bureau, 129 officers

The SFPD Supplies Unit is responsible for receiving, storing, inventorying, and managing the distribution of Naloxone to all SFPD district stations and units.

Officers who already have and need replacement Naloxone, go directly to the SFPD Supplies Unit for replacement units.

FEIN number is 94-6000417

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
City and County of San Francisco

2 Business name/disregarded entity name, if different from above
San Francisco Police Department

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **Government**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1245 - 3rd Street, 6th Floor

6 City, state, and ZIP code
San Francisco, CA 94158-2262

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																					
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>1/3/19</u>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

NARCAN NASAL SPRAY 4mg
Physician/Medical Director Standing Order

NARCAN is indicated for the reversal of opioid overdose induced by natural or synthetic opioids and exhibited by respiratory depression or unresponsiveness. NARCAN is delivered by intranasal administration as indicated.

This standing order covers the possession and distribution of NARCAN Nasal Spray 4mg.

Trained staff of San Francisco Police may possess and distribute NARCAN Nasal Spray 4mg to 1) a person at risk of experiencing an opioid-related overdose or 2) a family member, friend, or other person(s) in a position to assist a person at risk of experiencing an opioid-related overdose.

Administration of NARCAN Nasal Spray 4mg to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

Use NARCAN Nasal Spray for known or suspected opioid overdose in adults and children. Important: For use in the nose only.

- Do not remove or test the NARCAN Nasal Spray until ready to use.
- Each NARCAN Nasal Spray has 1 dose and cannot be reused.
- You do not need to prime NARCAN Nasal Spray.

How to use NARCAN nasal spray:

- Step 1. Lay the person on their back to receive a dose of NARCAN Nasal Spray.
- Step 2. Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.
- Step 3. Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
- Step 4. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.
- Step 5. Press the plunger firmly to give the dose of NARCAN Nasal Spray.
- Step 6. Remove the NARCAN Nasal Spray from the nostril after giving the dose.
- Step 7. Get emergency medical help right away. • Move the person on their side (recovery position) after giving NARCAN Nasal Spray. • Watch the person closely. • If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available. • Repeat Steps 2 through 6 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, Steps 2 through 6 may be repeated every 2 to 3 minutes until the person responds or emergency medical help is received.
- Step 8. Put the used NARCAN Nasal Spray back into its box.
- Step 9. Throw away (dispose of) the used NARCAN Nasal Spray in a place that is away from children.

QTY: 58 REFILLS: 0 SIG: As per as directed

DATE 9/30/2016 Dr. Signature [Signature]

Print Dr. Name and contact information: Richard Martin MD - Phone 415-837-7226

Police Headquarters
SFPD 1245 3rd St.
San Francisco, CA 94158-2134

Co: 643723
DEA: FM4417297

San Francisco Police Department
Medical Liaison Unit
1245 3rd Street, 5th Floor, Rm 5170
1-415-837-7726

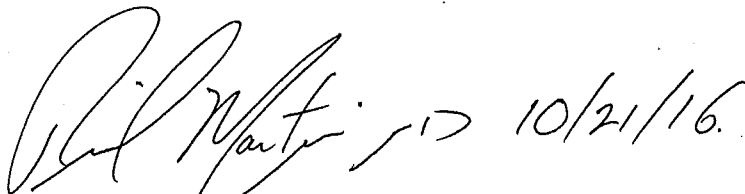
10/21/2016

FAX to 614-652-7919

Adapt Pharma Inc – Specialty Pharm Srvc
ATTN: Customer Service
15 Ingram Blvd.
LaVergne, TN 37086

I, Richard Martin, M.D., am the responsible person for purchases made by the San Francisco Police Department, City and County of San Francisco California, under my state license number G43723 issued by the State of California

I will notify Adapt Pharma– Specialty Pharm Srvc immediately if my responsibility status and/or relationship with this facility is changed or terminated.


Richard Martin M.D. 10/21/16.

Terms and Conditions Narcan® Nasal Spray at Public Interest Price
 (Please email or fax a signed copy of these Terms and Conditions)
 Email: customerservice@adaptpharma.com Fax: 484.367.7815

The undersigned ("Customer") hereby acknowledges and agrees that NARCAN® Nasal Spray (Naloxone Hcl) 4mg (the "Product") made available by Adapt Pharma, Inc. ("Adapt Pharma") to the Customer at the Public Interest Price is conditioned upon Customer making the following certification. Customer hereby represents and warrants to Adapt Pharma and agrees that:

1. The Customer is a Qualified Purchaser of the Product at the Public Interest Price. A "Qualified Purchaser" means (a) a First Responder, State or Local Government Agency, School, Community-based organization, (b) a government funded organization, (c) an entity that has received a grant for the purchase of the Product, or (d) an entity that is purchasing the Product on behalf of a government entity or community members by acting as a naloxone distribution program or community based organization. Notwithstanding the foregoing, the Customer shall be subject to Adapt Pharma's final approval in its sole discretion.
2. The Customer shall purchase, receive and use the Product in accordance with all applicable laws, rules and regulations. The Customer has presented to Adapt Pharma a valid pharmacy license or standing order for purchase and use of the Product. The Product may only be used by the Customer, or a Qualified Purchaser authorized by the Customer, and may not be submitted for reimbursement of any type, including, without limitation, private pay, commercial, government authority, agency or otherwise.
3. The Product is not returnable or refundable. Minimum order quantity is 48 units (4 cases).
4. An invoice will be sent to the Customer at its billing address. Unless otherwise specified on the invoice, all invoices for Product supplied are payable in full within thirty (30) days from the date of invoice. The Customer agrees to review invoices upon receipt and to notify Adapt Pharma in writing of any disputes within twenty (20) days of receipt of invoice. If such written notice is not received by Adapt Pharma, the invoice will be deemed to be final and payable in full.
5. Adapt Pharma shall have the right and is authorized to request information from the Customer and third parties to confirm Qualified Purchaser status and/or credit status prior to accepting an order, and the Customer shall fully cooperate with any such request.
6. Adapt Pharma reserves the right to audit the Customer to ensure the Product is used as outlined in the Terms and Conditions and as otherwise required by Adapt Pharma.
7. All orders are subject to acceptance by Adapt Pharma. Adapt Pharma may fulfill or refuse or otherwise limit orders at its sole discretion.
8. All of the information provided by the Qualified Purchaser is true, complete and accurate.
9. Adapt Pharma warrants that at the time of delivery, the Product (a) shall be free from any defects in design, material, or workmanship, (b) shall not be adulterated or misbranded within the meaning of the U.S. Food, Drug and Cosmetic Act, and (c) shall conform to laws, rules and regulations of the FDA. In the event that the Product delivered to Customer fails to conform to the warranties in this paragraph, Customer may reject such Product by giving written notice within thirty (30) days after delivery. If Customer fails to reject the Product in accordance with this paragraph within the thirty (30) day period, Customer shall be deemed to have accepted the shipment. Adapt Pharma makes no other warranties, whether expressed or implied, with respect to the Product, including, without limitation, any warranty of merchantability or fitness for a particular purpose.
10. Adapt Pharma's sole obligation under any warranty shall be to replace or refund defective Products. Neither Customer nor Adapt Pharma shall be liable for any indirect, incidental, consequential, or special damages or losses, including lost profits, even if advised of the possibility thereof.
11. Customer has reviewed, and made available to its distributees, the instructions for use, storage, handling, and other information with respect to the Product in accordance with the FDA approved prescribing information, and Customer and its distributees will comply with such instructions and information. Customer shall be responsible for the negligent acts and omissions of its employees, agents, representatives and distributees.
12. The Terms and Conditions and Customer's credit application, constitute the entire agreement and understanding of the parties with respect to the subject matter hereof. No changes to the Terms and Conditions will be binding upon Adapt Pharma unless made in writing and signed by Adapt Pharma. In the event of any conflict between these Terms and Conditions and any other agreement or purchase order of Customer, these Terms and Conditions shall govern.
13. Failure of Adapt Pharma to enforce a right does not waive it. If a court of competent jurisdiction finds that any provision of the Terms and Conditions is invalid or unenforceable, the other provisions of these Terms and Conditions will remain in full force and effect.

Please describe the intended use of NARCAN® Nasal Spray:

Opioid Overdose

Richard Martin MD
 Name of Authorized Representative

SFPD
 Name of Organization

Police Physician Specialist
 Title

(a) First Responder
 Type of Qualified Entity (please select from list above)

[Signature]
 Signature

9/18/2017
 Date

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Instructions

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First Name of Authorized Person

Mailing Address

Middle Name

Address Line 2

Last Name

City

Contact Number

Zip

Email

State CA

Organization Name

Service Location Address

Type of Organization

Address Line 2

Community Organization - Specify Type

City

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Units Order - Minimum Order is 12 units

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- Tactical Unit, 61 officers
- Traffic Company, 45 officers
- MUNI Muni Enforcement Team 7 officers
- Airport Bureau, 124 officers

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City and County of San Francisco

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San Francisco Police Department

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Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

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Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1245 - 3rd Street, 6th Floor

6 City, state, and ZIP code
San Francisco, CA 94158-2262

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
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Sign Here	Signature of U.S. person ▶	Date ▶ <u>1/3/19</u>
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- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

NARCAN NASAL SPRAY 4mg
Physician/Medical Director Standing Order

NARCAN is indicated for the reversal of opioid overdose induced by natural or synthetic opioids and exhibited by respiratory depression or unresponsiveness. NARCAN is delivered by intranasal administration as indicated.

This standing order covers the possession and distribution of NARCAN Nasal Spray 4mg.

Trained staff of San Francisco Police may possess and distribute NARCAN Nasal Spray 4mg to 1) a person at risk of experiencing an opioid-related overdose or 2) a family member, friend, or other person(s) in a position to assist a person at risk of experiencing an opioid-related overdose.

Administration of NARCAN Nasal Spray 4mg to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

Use NARCAN Nasal Spray for known or suspected opioid overdose in adults and children. Important: For use in the nose only.

- Do not remove or test the NARCAN Nasal Spray until ready to use.
- Each NARCAN Nasal Spray has 1 dose and cannot be reused.
- You do not need to prime NARCAN Nasal Spray.

How to use NARCAN nasal spray:

- Step 1. Lay the person on their back to receive a dose of NARCAN Nasal Spray.
- Step 2. Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.
- Step 3. Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
- Step 4. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.
- Step 5. Press the plunger firmly to give the dose of NARCAN Nasal Spray.
- Step 6. Remove the NARCAN Nasal Spray from the nostril after giving the dose.
- Step 7. Get emergency medical help right away. • Move the person on their side (recovery position) after giving NARCAN Nasal Spray. • Watch the person closely. • If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available. • Repeat Steps 2 through 6 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, Steps 2 through 6 may be repeated every 2 to 3 minutes until the person responds or emergency medical help is received.
- Step 8. Put the used NARCAN Nasal Spray back into its box.
- Step 9. Throw away (dispose of) the used NARCAN Nasal Spray in a place that is away from children.

QTY: 58 REFILLS: 0 SIG: As per as directed

DATE 9/30/2016 Dr. Signature [Signature]

Print Dr. Name and contact information: Richard Martin MD - Phone 415-837-7226

Police Headquarters
SFPD 1245 3rd St.
San Francisco, CA 94158-2134

Co: 643723
DEA: FM4417297

San Francisco Police Department
Medical Liaison Unit
1245 3rd Street, 5th Floor, Rm 5170
1-415-837-7726


10/21/2016

FAX to 614-652-7919

Adapt Pharma Inc – Specialty Pharm Srvc
ATTN: Customer Service
15 Ingram Blvd.
LaVergne, TN 37086

I, Richard Martin, M.D., am the responsible person for purchases made by the San Francisco Police Department, City and County of San Francisco California, under my state license number G43723 issued by the State of California

I will notify Adapt Pharma– Specialty Pharm Srvc immediately if my responsibility status and/or relationship with this facility is changed or terminated.

 10/21/16.
Richard Martin M.D.

Terms and Conditions Narcan® Nasal Spray at Public Interest Price
 (Please email or fax a signed copy of these Terms and Conditions)
 Email: customerservice@adaptpharma.com Fax: 484.367.7815

The undersigned ("Customer") hereby acknowledges and agrees that NARCAN® Nasal Spray (Naloxone Hcl) 4mg (the "Product") made available by Adapt Pharma, Inc. ("Adapt Pharma") to the Customer at the Public Interest Price is conditioned upon Customer making the following certification. Customer hereby represents and warrants to Adapt Pharma and agrees that:

1. The Customer is a Qualified Purchaser of the Product at the Public Interest Price. A "Qualified Purchaser" means (a) a First Responder, State or Local Government Agency, School, Community-based organization, (b) a government funded organization, (c) an entity that has received a grant for the purchase of the Product, or (d) an entity that is purchasing the Product on behalf of a government entity or community members by acting as a naloxone distribution program or community based organization. Notwithstanding the foregoing, the Customer shall be subject to Adapt Pharma's final approval in its sole discretion.
2. The Customer shall purchase, receive and use the Product in accordance with all applicable laws, rules and regulations. The Customer has presented to Adapt Pharma a valid pharmacy license or standing order for purchase and use of the Product. The Product may only be used by the Customer, or a Qualified Purchaser authorized by the Customer, and may not be submitted for reimbursement of any type, including, without limitation, private pay, commercial, government authority, agency or otherwise.
3. The Product is not returnable or refundable. Minimum order quantity is 48 units (4 cases).
4. An invoice will be sent to the Customer at its billing address. Unless otherwise specified on the invoice, all invoices for Product supplied are payable in full within thirty (30) days from the date of invoice. The Customer agrees to review invoices upon receipt and to notify Adapt Pharma in writing of any disputes within twenty (20) days of receipt of invoice. If such written notice is not received by Adapt Pharma, the invoice will be deemed to be final and payable in full.
5. Adapt Pharma shall have the right and is authorized to request information from the Customer and third parties to confirm Qualified Purchaser status and/or credit status prior to accepting an order, and the Customer shall fully cooperate with any such request.
6. Adapt Pharma reserves the right to audit the Customer to ensure the Product is used as outlined in the Terms and Conditions and as otherwise required by Adapt Pharma.
7. All orders are subject to acceptance by Adapt Pharma. Adapt Pharma may fulfill or refuse or otherwise limit orders at its sole discretion.
8. All of the information provided by the Qualified Purchaser is true, complete and accurate.
9. Adapt Pharma warrants that at the time of delivery, the Product (a) shall be free from any defects in design, material, or workmanship, (b) shall not be adulterated or misbranded within the meaning of the U.S. Food, Drug and Cosmetic Act, and (c) shall conform to laws, rules and regulations of the FDA. In the event that the Product delivered to Customer fails to conform to the warranties in this paragraph, Customer may reject such Product by giving written notice within thirty (30) days after delivery. If Customer fails to reject the Product in accordance with this paragraph within the thirty (30) day period, Customer shall be deemed to have accepted the shipment. Adapt Pharma makes no other warranties, whether expressed or implied, with respect to the Product, including, without limitation, any warranty of merchantability or fitness for a particular purpose.
10. Adapt Pharma's sole obligation under any warranty shall be to replace or refund defective Products. Neither Customer nor Adapt Pharma shall be liable for any indirect, incidental, consequential, or special damages or losses, including lost profits, even if advised of the possibility thereof.
11. Customer has reviewed, and made available to its distributees, the instructions for use, storage, handling, and other information with respect to the Product in accordance with the FDA approved prescribing information, and Customer and its distributees will comply with such instructions and information. Customer shall be responsible for the negligent acts and omissions of its employees, agents, representatives and distributees.
12. The Terms and Conditions and Customer's credit application, constitute the entire agreement and understanding of the parties with respect to the subject matter hereof. No changes to the Terms and Conditions will be binding upon Adapt Pharma unless made in writing and signed by Adapt Pharma. In the event of any conflict between these Terms and Conditions and any other agreement or purchase order of Customer, these Terms and Conditions shall govern.
13. Failure of Adapt Pharma to enforce a right does not waive it. If a court of competent jurisdiction finds that any provision of the Terms and Conditions is invalid or unenforceable, the other provisions of these Terms and Conditions will remain in full force and effect.

Please describe the intended use of NARCAN® Nasal Spray:

Opioid Overdose

Richard Martin MD
 Name of Authorized Representative

SFPD
 Name of Organization

Police Physician Specialist
 Title

(a) First Responder
 Type of Qualified Entity (please select from list above)

[Signature]
 Signature

9/18/2017
 Date



Naloxone Distribution Project (NDP) Application

About the Naloxone Distribution Project (NDP)

The Naloxone Distribution Project (NDP) provides free naloxone to eligible organizations. To check if your organization is eligible, please see the [Department of Health Care Services \(DHCS\) NDP webpage](#). Individuals requesting naloxone do not qualify for this program. Only organizations are eligible.

If you have additional questions about the NDP, please view the [NDP FAQ](#). If your questions are not addressed in the FAQ, please contact the NDP Team by email at Naloxone@dhcs.ca.gov.

Required Supplemental Documents

In addition to completing this application form, there are several supplemental documents required as part of the NDP application. Note that a standing order for Narcan nasal spray is no longer required due to the over-the-counter status. These documents must be submitted with every NDP application regardless if you've applied before. Please have these documents prepared and ready to upload prior to completing this online NDP application form.

The following documents are required of **all** applicants:

1. A copy of a valid and active business license, FEIN number, employer W-9, or tax-exempt letter.

The following documents are required of **some** applicants:

1. If your organization is one of the following:

- An emergency department or hospital
- A federally qualified health center (FQHC) or community clinic
- A Substance Use Recovery Facility (inpatient, outpatient, residential, sober living homes)

Then you must submit a document detailing policies and procedures for naloxone distribution. The document should include:

- Separate storage of naloxone received through the program from other medications that may be billed to patient insurance;
- The inventory and tracking for naloxone received through the program;
- A distribution plan for naloxone received through the program

2. If your organization is requesting more than 204 units of naloxone, then you must submit a document that both:

- Includes a comprehensive justification for the amount of naloxone you are requesting, and
- Outlines your policies and procedures for naloxone distribution including (1) your process for Inventory and tracking of naloxone received through the program and (2) your distribution plan for naloxone received through the program.

3. If your organization provides services to unhoused individuals, you must complete this [certification of services for unhoused individuals form](#).

4. If your organization is a Substance Use Recovery Facility (inpatient, outpatient, residential, sober living homes), you must include a copy of the program's DHCS license and/or certification, if applicable.

5. If your organization is requesting intramuscular naloxone, a standing order is required.

- If your organization does not have a standing order, one can be obtained from [the California Department of Public Health \(CDPH\) website](#). (When you submit your request for a standing order to the Department of Public Health and click the submit button, a document will be generated that can be saved as either a PDF or Word document.)

Additional Information Required

If your organization has previously received naloxone from the Naloxone Distribution Project (NDP), you will be asked to provide the following additional information:

1. Date of last request for naloxone from NDP
2. Number of kits from your previous order that have been distributed
3. Number of reversals (lives saved) from naloxone from your previous order

Instructions

1. Complete the application survey on the following pages. The application may take 5-15 minutes to complete.
2. Fill out the application and upload supplemental documents as required.
3. The person completing this application must be authorized to represent your organization in California to apply for and receive this naloxone distribution.
4. Check the application for accuracy before submitting.
5. The information submitted in this application may be subjected to the Public Records Act and available to public viewing in the future.

Next page

Authorized Representative

The person completing this application must be authorized to represent your organization in California to apply for and receive this naloxone distribution. This person will also be contacted via email about the application's status. **Please ensure the email address provided is accurate.**

* First Name

Brian

Middle Name (optional)

* Last Name

Donohue

Phone Number (required)

415-837-7210

Email Address (required)

brian.j.donohue@sfgov.org

Organization Information

Please provide the following information about your organization.

* Organization Name

San Francisco Police Department

Organization Website

<http://sanfranciscopolice.org/>

Organization Phone Number

415-837-7210

* Select the category that best describes your organization:

- Community organization
- County health agency
- Community clinic or federally qualified health center (FQHC)
- Emergency department or hospital
- Fire or emergency medical services

- Harm reduction
- Law enforcement
- Local city agency
- School or college
- Service to unhoused individuals/community
- Substance use recovery facility
- Tribal
- Other

*What type of law enforcement agency is your organization?

- City police
- Transit police
- University police
- Sheriff
- Jail
- Probation
- California Department of Corrections and Rehabilitation (CDCR)
- Other

*What county is your organization located in?

Next page

FedEx Delivery Address

Please enter a business address where shipments of naloxone can be received. Your naloxone shipment will arrive via FedEx delivery. **The address cannot be a personal address or a P.O. Box.**

* Address Line 1

San Francisco Police Department

Address Line 2 (optional)

850 Bryant St, Basement, Room G22

* City

San Francisco

Zip Code

94103

State

CA

Take a moment to double check the shipping address that you entered. **Any mistakes in your shipping address, such as an incorrect zip code, may result in delayed shipment of naloxone if your application is approved.**

If you would like additional individuals to receive shipment information for approved orders, please list their email(s) below.

fannie.yeung@sfgov.org, daniel.gertsikov@sfgov.org

If you have special delivery instructions, please write them below.

* Is the delivery location able to accept pallet shipments?

Yes

No

*

Naloxone Selection

Select the formulation of naloxone that you are requesting, either intranasal **OR** intramuscular.

- **INTRANASAL NALOXONE (Narcan):** Narcan is a nasal spray formulation of naloxone. Narcan is best suited for law enforcement entities, schools, and general community distribution.
- **INTRAMUSCULAR NALOXONE (injectable):** Intramuscular naloxone is an injectable formulation of naloxone. Intramuscular naloxone is best suited for harm reduction organizations or those comfortable with using needles.

INTRANASAL NALOXONE (Narcan)

INTRAMUSCULAR NALOXONE (injectable)



Next page

*Enter the quantity of requested INTRANASAL NALOXONE (Narcan) units.

- Minimum unit request is 12 and the maximum is 2400.
- Request must be a multiple of 12 (24, 36, etc.).
- Each unit comes with two 4mg nasal spray devices.

Next page

ⓘ There are 2 issues to fix.

Go to first issue >

Required Supplemental Documents

There are several supplemental documents required as a part of the NDP application. You will upload these required documents on this page.

The following documents are required of **all** applicants:

1. A copy of a valid and active business license, FEIN number, employer W-9, or tax-exempt letter.

The following documents are required of **some** applicants:

1. If your organization is one of the following:
 - An emergency department or hospital
 - A federally qualified health center (FQHC) or community clinic
 - A Substance Use Recovery Facility (inpatient, outpatient, residential, sober living homes)

Then you must submit a document detailing policies and procedures for naloxone distribution. The document should include:

- Separate storage of naloxone received through the program from other medications that may be billed to patient insurance;
 - The inventory and tracking for naloxone received through the program;
 - A distribution plan for naloxone received through the program
2. If your organization is requesting more than 204 units of naloxone, then you must submit a document that both:
 - Includes a comprehensive justification for the amount of naloxone you are requesting, and
 - Outlines your policies and procedures for naloxone distribution including (1) your process for Inventory and tracking of naloxone received through the program and (2) you distribution plan for naloxone received through the program.
 3. If your organization provides services to unhoused individuals, you must complete this [certification of services for unhoused individuals form](#).
 4. If your organization is a Substance Use Recovery Facility (inpatient, outpatient, residential, sober living homes), you must include a copy of the program's DHCS license and/or certification, if applicable.
 5. If your organization is requesting intramuscular naloxone, a standing order is required.
 - If your organization does not have a standing order, one can be obtained from [the California Department of Public Health \(CDPH\) website](#). (When you submit your request for a standing order to the Department of Public Health and click the submit button, a document will be generated that can be saved as either a PDF or Word document.)

You may either (1) upload a copy of your active business license, employer W9, or tax-exempt letter, or (2) enter your organization's nine-digit FEIN (Federal Employer Identification Number) or Tax ID (Federal Tax Identification Number). Please select one of the options below.

Upload a document of an active business license, employer W9, or tax-exempt letter

Type in a nine-digit FEIN or a Tax ID

* Submit a nine-digit FEIN or Tax ID for your organization here.

946000417

ⓘ Response required

* **Policies and Procedures**

Please provide a document outlining your organization's policies and procedures for naloxone distribution including:

- Separate storage of naloxone received through the program from other medications that may be billed to patient insurance; (required if your organization is an emergency department or hospital, FQHC or community clinic, OR a substance use recovery treatment center);
- Storage of naloxone received through the program;
- Inventory and tracking of naloxone received through the program;
- Distribution plan for naloxone received through the program

Please combine all documents regarding policies and procedures into one file to upload.

DN 23-190.pdf 

[Go to next issue >](#)

ⓘ Response required

* **Order Justification**

If your request is for more than 204 units of naloxone, provide a comprehensive summary justifying your need.

Request Validation.pdf 

[Go to end of page >](#)

Additional Documents

If your organization provides services to unhoused individuals, please upload a completed and signed certification of service provision for unhoused individuals.

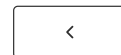


Select a file or drag here

Do you have any additional documents to upload?

Yes

No



Next page



DEPARTMENT NOTICE

23-190

Published: 11/09/23

Expires: 11/09/26

Opiate Overdose Prevention and Treatment - Naloxone Hydrochloride (Update to DN 20-173)

The San Francisco Police Department, partnered with the Department of Public Health (DPH), provides members with intranasal applications of Naloxone Hydrochloride (Naloxone). Similar to Automated External Defibrillators, the program intends to provide first responders with another tool that may potentially save lives.

Training

All current members have received training, and training will be provided for Recruits during the Basic Recruit Class. The training includes an overview of the laws allowing law enforcement officers to use Naloxone, causes of opiate overdose, victim assessment (e.g., signs/symptoms of overdose), universal precautions, rescue breathing, contacting appropriate emergency medical services, and the proper way to administer the intranasal Naloxone application.

The training has been incorporated in all AO/CPT cycles since January 2015. Additionally, the Video Production Unit produced a training video explaining and demonstrating the administering of Naloxone. Link: [Naloxone video](#)

Deployment

Units not currently in receipt of Naloxone Hydrochloride may request issuance through Department Memorandum along with Supply Requisition form SFPD-95B. Submit these documents through the chain of command to your commanding officer for approval and forward to the Storeroom Supervisor at the Hall of Justice.

Procedure

When a member arrives at the scene of a medical emergency prior to the arrival of EMS/paramedics, the member shall take the following steps:

- Ensure that the scene is safe,
- Use universal precautions,
- Assess the need for medical treatment of the person consistent with Department policies, procedures and training, including taking statements from witnesses and/or family members regarding drug use,
- Request an ambulance,
- Provide first aid to the person consistent with first responder training, and
- Continue to observe and provide first aid until the ambulance arrives.

If a member determines that the person is suffering from an opiate overdose, the member is authorized to administer Naloxone consistent with the training provided by the San Francisco

Page 1 of 2

Police Academy and DPH. **Only members trained in the use of the Naloxone are authorized to administer the medication.**

Upon arrival of EMS/paramedics, the administering member shall inform EMS/paramedics that they have administered Naloxone. The member shall give the used intranasal Naloxone device to EMS/paramedics for disposal.

Reporting Requirements/Commendation Recommendations

If Naloxone is administered, the member shall submit an incident report in Crime Data Warehouse or ILEADS using at least one type of incident entitled: **Aided Case – Naloxone Deployment (51050)**.

The incident report shall detail the nature of the incident (on-view or dispatched, type of call, etc.), the care the person received, how it was determined that there was a suspected opiate overdose, the fact that the Naloxone was administered, the number of doses, the outcome of the application, and the name and identification number of the EMS/paramedic provider who took control of the used intranasal Naloxone vial.

The Commanding Officer shall evaluate for an appropriate commendation recommendation (Life Saving Award, Captain's Comp, etc.).

In addition to the normal procedure for submitting reports, the OIC shall ensure that a copy of the report is emailed to the Health & Safety Manager in the Medical Liaison Unit at: jim.barrios@sfgov.org.

Maintenance/Replacement

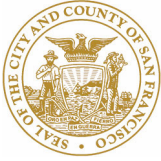
Station facility coordinators are responsible for the maintenance and upkeep of the Naloxone kits and shall report any missing, damaged, expired or used Naloxone kits to the Staff Services Division at (415) 837-7226 for replacement.

Members with questions about the Naloxone program may contact the Police Academy staff at (415) 401-4600.



WILLIAM SCOTT
Chief of Police

Per DN 23-152, all sworn & non-sworn Members shall electronically acknowledge this Department document in PowerDMS within (30) thirty calendar days of issuance. Members whose duties are relevant to this document shall be held responsible for compliance. Any questions regarding this policy should be sent to sfpd.writtendirectives@sfgov.org, who will provide additional information.



LONDON N. BREED
MAYOR

CITY AND COUNTY OF SAN FRANCISCO
POLICE DEPARTMENT
HEADQUARTERS
1245 3RD Street
San Francisco, California 94158



WILLIAM SCOTT
CHIEF OF POLICE

The San Francisco Police Department (SFPD) would like to apply to receive 600 units of Naloxone through the Naloxone Distribution Project (NDP).

To ensure Naloxone is readily available to officers who need to respond to overdoses, we are applying for additional units to replenish the current supply.

Since 2018, we have had 899 instances involving the deployment of at least one dose of naloxone.

All San Francisco Police Department (SFPD) Field Operations Bureau (FOB) officers on patrol are equipped with trauma kits, which include Naloxone.

SFPD FOB district stations with officers on patrol who have been outfitted with Naloxone include:

- Bayview Station, 101 officers
- Central Station, 114 officers
- Ingleside Station, 97 officers
- Mission Station, 117 officers
- Northern Station, 119 officers
- Park Station, 69 officers
- Richmond Station, 70 officers,
- Southern Station, 101 officers
- Taraval Station, 80 officers
- Tenderloin Station, 129 officers

Naloxone has also been distributed to SFPD members in these areas:

- Police Academy, 34 officers
- Crime Lab, 1 officer
- Healthy Streets Operation Center (HSOC), 14 officers
- Tactical Unit, 61 officers
- Traffic Company, 45 officers
- MUNI Muni Enforcement Team 7 officers
- Airport Bureau, 124 officers

The SFPD Supplies Unit is responsible for receiving, storing, inventorying, and managing the distribution of Naloxone to all SFPD district stations and units. Station facility coordinators are responsible for the maintenance and upkeep of Naloxone kits at district stations.

Certification

You must certify and agree to the information in this section to receive the naloxone distribution.

* I hereby certify that I have read, understand, and accept all the terms and conditions under which the naloxone distribution is valid for use.

I certify the above is true.

* I hereby certify that I have reviewed and undergone training in opioid overdose prevention and treatment training to respond effectively to an opioid-associated overdose emergency.

I certify the above is true.

Review online resources at the [GetNaloxoneNow](#) website and the [Harm Reduction Coalition's overdose response](#) website to train and respond effectively to an opioid-associated overdose emergency.

* If known/available, I hereby agree to maintain and report information via email to naloxone@dhcs.ca.gov regarding the number of reversals that occurred using the naloxone distributed under this application order.

I certify the above is true.

Terms and Conditions

By submitting the application form, the organization/entity:

1. Certifies that the authorized person, communication, and mailing information is correct.
2. Will ensure that any of its affiliates or subcontractors apply for their organization.
3. Agrees to provide a copy of a valid and active business license, FEIN number or tax-exempt letter.
4. Agrees to provide a copy of a naloxone standing order that can be obtained at the California Department of Public Health's standing order application or a physician's prescription.
5. If the naloxone request is for more than 204 units, the organization/entity will provide a comprehensive summary with the application to validate their request.
6. Agrees to allow the California Department of Health Care Services (DHCS) to contact the organization/entity using the information provided on the application form.
7. Agrees to allow the California DHCS to use the information provided on the application form to track the use of the naloxone distribution and conduct other public health and epidemiological surveillance activities.

Please click the "Next page >" button at the bottom-right to complete and submit your Naloxone Distribution Project application.



Next page



We have received your application. DHCS is currently experiencing a large volume of applications and is approving applications based on current available funding. We anticipate providing a response to your application in approximately 1-2 weeks. A response to your application will be sent via email to the Authorized Person from naloxone@dhcs.ca.gov.

Thank you and please email naloxone@dhcs.ca.gov if you have any questions.