

File No. 260456

Committee Item No. 7

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

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date June 3, 2026

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 |
|                                     |                          | • POL Letter 4/23/2026                       |
|                                     |                          | • MYR Memo 4/28/2026                         |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Form 126 – Ethics Commission                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Notice of Award/Award Letter                 |
| <input checked="" 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>Gift Value</u>                               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Acceptance Letters</u>                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>POL Statement on Retroactivity 4/23/2026</u> |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____   |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____   |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____   |
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| <input type="checkbox"/>            | <input type="checkbox"/> | _____   |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____   |

Completed by: Brent Jalipa Date May 28, 2026

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

1 [Accept and Expend In-Kind Gift - Retroactive - Substance Abuse and Mental Health  
2 Services Administration - Department of Health Care Services - Naloxone Distribution  
3 Project - Valued at \$43,200]

4 **Resolution retroactively authorizing the Police Department to accept and expend an**  
5 **in-kind gift of 1,800 units of Naloxone in 2025 valued at \$43,200 through the**  
6 **Naloxone Distribution Project, which is funded by the Substance Abuse and Mental**  
7 **Health Services Administration and administered by the Department of Health Care**  
8 **Services.**

9  
10 WHEREAS, The Police Department applied for a total of 1,800 units of Naloxone  
11 through the Naloxone Distribution Project in 2025, funded by the Substance Abuse and  
12 Mental Health Services Administration and administered by the Department of Health Care  
13 Services to combat opioid overdose-related deaths; and

14 WHEREAS, The Naloxone Distribution Project accepted the applications and  
15 approved shipment of 600 units of Naloxone each on January 29, 2025, May 21, 2025, and  
16 November 19, 2025, totaling 1,800 units of Naloxone valued at \$43,200; now, therefore, be  
17 it

18 RESOLVED, That the Board of Supervisors approves the in-kind gift valued at  
19 \$43,200 and authorizes the Police Department to retroactively accept the 1,800 units of  
20 Naloxone.

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Recommended:

Mayor

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

Department Head

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

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

Controller

**File Number:** 260456  
(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: **1,800 units of Naloxone (in-kind gift), valued at \$43,200**
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: January 27, 2025                      End-Date: December 31, 2025**
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? **N/A**
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:

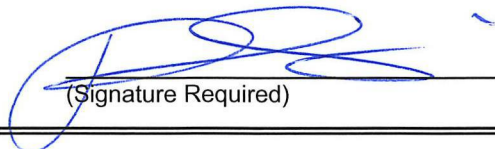
Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Penny Si  
(Name)

Departmental ADA Coordinator  
(Title)

Date Reviewed: 1/14/2026

  
(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Derrick Lew  
(Name)

Chief of Police  
(Title)

Date Reviewed: 01/14/26

  
(Signature Required)

### Naloxone Distribution Project (NDP)

Application Date	Award Date	Date Narcan Received	# of Units Awarded	Public Interest Price Per Unit	Value of Units
1/27/2025	1/29/2025	2/6/2025	600	\$24.00	\$14,400.00
5/16/2025	5/21/2025	5/29/2025	600	\$24.00	\$14,400.00
11/14/2025	11/19/2025	12/8/2025	600	\$24.00	\$14,400.00
			<b>1800</b>		<b>\$43,200.00</b>



Naloxone Distribution Project (NDP) Application

From DHCS SUDCD Naloxone <noreply@qemailserver.com>
Date Mon 1/27/2025 8:47 AM
To Ashpole, Robert (POL) <robert.ashpole@sfgov.org>

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hello,

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. If your application is approved, you will receive an approval letter indicating whether your entity's order will be fulfilled by generic naloxone nasal spray or Narcan naloxone nasal spray.

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

Recipient Data:

Time Finished: 2025-01-27 08:47:31 PST

IP: 208.121.35.49

ResponseID: R\_1PdODKdcNT2rd5G

Link to View Results: Click Here

URL to View Results: https://url.avanan.click/v2/r01/\_\_\_https://aurrahealthgroup.pdx1.qualtrics.com/apps/single-response-reports/reports/pOHGOue1XHKvcw4weS5QQ9nRydldaWwik6r%2Ec0zF3TOe81Cj%2EXIDQQ-i7Jd-ShSJ0bh4oUuhhjpKUEj69WZJURrZrjpdID30v%2E8XedfgoxQLDdkA7Q-nISC7zJJEr0X1Th1z8VRxLFTgXHtuB2E5dSDII3056SPV3hrgOvDkqjQ97xl4EJUg5ZiHBXlbpU5pdpBqPXXCpy2Fi6bxaWB6sCk5drxqW2YV4JzPBjkTsmmcF9cBNm92TyVZMf8mqNdGzj%2EneLw3KyesvSWGWTsnA%2E2O6pyC1Jvq5qOOLsNuyKoMzhkCeWQJ6QH8KnHqz-VwwJK%2EBuFRDF9OqzgOFZg\_\_YXAzOnNmZHQyOmE6bzpiNTg2ZWVjZjzMDlyM2RiMjRmZWJhMDM5NWI4YjI3NT03OmM4OTI6ODVjYWI4MDM4M2E3MTY3MjM3NDg3OTE2ZW11ZGJiZDRiODAwYWEwMTA3OTg0ZTZkNWYyNDA3MmU3OTc0OTdkZjpo0IQ6Tg

Response Summary:

Product Selection Select which products your organization would like to order in this application...
Naloxone only

Authorized Representative

First Name Robert
Last Name Ashpole
Phone Number (required) 4158377211
Email Address (required) robert.ashpole@sfgov.org

Organization Information Please provide the following information about your organization.

Organization Name san francisco police department
Organization

Website https://url.avanan.click/v2/r01/\_\_\_www.sanfranciscopolice.org\_\_YXAzOnNmZHQyOmE6bzpiNTg2ZWVjZjzMDlyM2RiMjRmZWJhMDM5NWI4YjI3NT03OmY1ODAwNTNiZDQxMGUyMjllYjVjVjZDVjODFhZmU3OTc0OTdkZjpo0IQ6Tg
Organization Phone Number 4158377210

Select the category that best describes your organization:

Law enforcement

What type of law enforcement agency is your organization?

City police

What county is your organization located in?

San Francisco

Business License, W9, Tax-Exempt Letter, or FEIN You may either (1) upload a copy of your active...

Type in a nine-digit FEIN or a Tax ID

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

946000417

Delivery Address Please enter a business address where shipments of naloxone and/or fentanyl test...

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

If you would like additional individuals to receive shipment information for approved orders, ple...

brian.j.donohue@sfgov.org; robert.ashpole@sfgov.org

Is the delivery location able to accept pallet shipments?

Yes

Naloxone Selection Select the formulation of naloxone that you are requesting, either intranasal...

INTRANASAL NALOXONE (nasal spray)

Enter the quantity of requested INTRANASAL NALOXONE (nasal spray) units. Minimum unit request is...

600

Naloxone Policies and Procedures Please provide a document outlining your organization's policies...

https://url.avanan.click/v2/r01/\_\_\_https://aurrerahealthgroup.qualtrics.com/WRQualtricsControlPanel/File.php?
F=F\_1YsyZ5iktVa0LgR\_\_\_YXAzOnNmZHQyOmE6bzpiNTg2ZWWVjZjIzMDIyM2RiMjRmZWJhMDM5NWl4YjI3NT03OmlYm2Q6NGVjODM0MGViMDAxMDd
mZjg3NWQ1MDZkMTEwMDc4ZTgxNzk2M2QzYzJkM2I3NWVlMGRkNzg5NmEyZWQ1MDdlZjpo0lQ6Tg

Naloxone Order Justification If your request is for more than 240 units of naloxone, provide a co...

https://url.avanan.click/v2/r01/\_\_\_https://aurrerahealthgroup.qualtrics.com/WRQualtricsControlPanel/File.php?
F=F\_2XbnxJR8Vw7tlfH\_\_\_YXAzOnNmZHQyOmE6bzpiNTg2ZWWVjZjIzMDIyM2RiMjRmZWJhMDM5NWl4YjI3NT03Ojk4OTY6OTE3ODRmN2QwNmI5YzU0Z
DkyYTk2NGVIMzE1ODgxZjg2NzQzN2JhM2M3YTdmOTgxMzRmODlkMTM5MDNhY2JiZDp0lQ6Tg

Reversal Information Has your organization received naloxone from the Naloxone Distribution Proje...

Yes

When did you last request naloxone from the Naloxone Distribution Project? If you don't recall, p...

7/17/24

How many kits of naloxone from your previous order have been distributed? If you don't know, plea...

600

How many reversals (lives saved) from your previous order were reported? If it is in your policie...

56

I hereby certify that I have read, understand, and accept all the terms and conditions under whic...

I certify the above is true.

If known/available, I hereby agree to maintain and report information regarding the number of rev...

I certify the above is true.

I hereby certify that I have received training in opioid overdose prevention and treatment to res...

I certify the above is true.



Naloxone Distribution Project (NDP) Application

From DHCS SUDCD Naloxone <noreply@qemailserver.com>
Date Fri 5/16/2025 9:06 AM
To Ashpole, Robert (POL) <robert.ashpole@sfgov.org>

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hello,

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. If your application is approved, you will receive an approval letter indicating whether your entity's order will be fulfilled by generic naloxone nasal spray or Narcan naloxone nasal spray.

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

Recipient Data:

Time Finished: 2025-05-16 09:06:29 PDT

IP: 208.121.35.49

ResponseID: R\_7Fd0Z0velDo5B9n

Link to View Results: Click Here

URL to View Results: https://url.avanan.click/v2/r01/\_\_\_https://aurrerahealthgroup.pdx1.qualtrics.com/apps/single-response-reports/reports/qccRZaCTgPOE\_YCqQhAYkqipajUxg0q5lySfpz-fCXVIYnTei-coUnKZnn8YsNHHZI-u27eOzxKbQbQ5KdSsiDZmO8lk\_AvqBROMwuiA0B2xcft6njaa24kdDE9UT5LvpeMw2jpNb\_5yjFIGu2fEC61EbvcaufJJsSI0sgBCTvFs7zCY-\_p812UbCA8KGNs\_RRp6dsr8ADf5UE0hrr2Lnscs\_30xHITvtRvb1gaYM8kaoVhwyoD8ltr7GnH8-yLzLM90oBc6kK\_EXsTHbFnuGU8wTZcmCzxLVzYI8eP6KIX7CurtZDm1rhRdYG9kTNj5uqTqxJ6fqCGvUOS2PsUFg\_\_\_YXAzOnNmZHqyOmE6bzozYjIINTIjOGQ0MDgwY2UxMzQ2ZGQxZDE5M2U1MTRhODo3OjhjZTA6OWI0Zjc0NzJiNThhYmUxNzA2YTE0NTMwMGRjODJhYjlxY2RhN2JiOGFhOTg5ZDc4ZjIwYjdhZDhjMmQ4NWQyZTp0OIQ6Tg

Response Summary:

Product Selection Select which products your organization would like to order in this application...

Naloxone only

Authorized Representative

First Name robert
Last Name ashpole
Phone Number (required) 4158377211
Email Address (required) robert.ashpole@sfgov.org

Organization Information Please provide the following information about your organization.

Organization Name san francisco police department
Organization

Website https://url.avanan.click/v2/r01/\_\_\_www.sanfranciscopolice.org\_\_\_YXAzOnNmZHqyOmE6bzozYjIINTIjOGQ0MDgwY2UxMzQ2ZGQxZDE5M2U1MTRhODo3OmE2ZDA6YTFkNGU5OGEyYzgzMWEyZDAwYzJmMDImODg3ZWNmZjM5NWQzZjk3MWUzODZkYjA4MThkY2ZmMWJkMjAwYTA5Nzp0OIQ6Tg

Organization Phone Number 415-837-7000

Select the category that best describes your organization:

Law enforcement

What type of law enforcement agency is your organization?

City police

What county is your organization located in?

San Francisco

Business License, W9, Tax-Exempt Letter, or FEIN You may either (1) upload a copy of your active...  
Type in a nine-digit FEIN or a Tax ID

Submit a nine-digit FEIN or Tax ID for your organization here.  
946000417

Delivery Address Please enter a business address where shipments of naloxone and/or fentanyl test...  
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

If you would like additional individuals to receive shipment information for approved orders, ple...  
brian.j.donohue@sfgov.org; robert.ashpole@sfgov.org

Is the delivery location able to accept pallet shipments?  
Yes

Naloxone Selection Select the formulation of naloxone that you are requesting, either intranasal...  
INTRANASAL NALOXONE (nasal spray)

Enter the quantity of requested INTRANASAL NALOXONE (nasal spray) units. Minimum unit request is...  
600

Naloxone Policies and Procedures Please provide a document outlining your organization's policies...  
[https://url.avanan.click/v2/r01/\\_\\_\\_https://aurrerhealthgroup.qualtrics.com/WRQualtricsControlPanel/File.php?F=F\\_2urrahAuCSYbFdNk\\_\\_\\_YXAzOnNmZHQyOmE6bzozYjllINTljOGQ0MDgwY2UxMzQ2ZGQxZDE5M2U1MTRhODo3Ojg2MGM6ZTU3NDFkZTYzNTU1MWNhNmVjMjU1MWEwYWU5ODJlMjliYzZlZGNmYWZkNDVmZjNiODhINTlyOTNiY2MzYjRhNz00IQ6Tg](https://url.avanan.click/v2/r01/___https://aurrerhealthgroup.qualtrics.com/WRQualtricsControlPanel/File.php?F=F_2urrahAuCSYbFdNk___YXAzOnNmZHQyOmE6bzozYjllINTljOGQ0MDgwY2UxMzQ2ZGQxZDE5M2U1MTRhODo3Ojg2MGM6ZTU3NDFkZTYzNTU1MWNhNmVjMjU1MWEwYWU5ODJlMjliYzZlZGNmYWZkNDVmZjNiODhINTlyOTNiY2MzYjRhNz00IQ6Tg)

Naloxone Order Justification If your request is for more than 240 units of naloxone, provide a co...  
[https://url.avanan.click/v2/r01/\\_\\_\\_https://aurrerhealthgroup.qualtrics.com/WRQualtricsControlPanel/File.php?F=F\\_3oEM4I5xXA7nkVO\\_\\_\\_YXAzOnNmZHQyOmE6bzozYjllINTljOGQ0MDgwY2UxMzQ2ZGQxZDE5M2U1MTRhODo3OjI4YTI6ZGQ2ZjA1YjZlYmEzYjUxM2ZmYzZmZTc1N2M5MWRmMTVkyZg4MjUzZmY4NzAyZDlmN2YzZjFjYjYzZm3ODk1ZDp00IQ6Tg](https://url.avanan.click/v2/r01/___https://aurrerhealthgroup.qualtrics.com/WRQualtricsControlPanel/File.php?F=F_3oEM4I5xXA7nkVO___YXAzOnNmZHQyOmE6bzozYjllINTljOGQ0MDgwY2UxMzQ2ZGQxZDE5M2U1MTRhODo3OjI4YTI6ZGQ2ZjA1YjZlYmEzYjUxM2ZmYzZmZTc1N2M5MWRmMTVkyZg4MjUzZmY4NzAyZDlmN2YzZjFjYjYzZm3ODk1ZDp00IQ6Tg)

Reversal Information Has your organization received naloxone from the Naloxone Distribution Proje...  
Yes

When did you last request naloxone from the Naloxone Distribution Project? If you don't recall, p...  
1/16/25

How many kits of naloxone from your previous order have been distributed? If you don't know, plea...  
600

How many reversals (lives saved) from your previous order were reported? If it is in your policie...  
58





I hereby certify that I understand that DHCS may revoke the organization/entity's eligibility to participate in the NDP, investigate, refer investigations, or require the organization/entity to make changes related to their distribution of products received from the NDP if the organization violates any of the terms and conditions, submitted documentation, allowable uses, and purpose of products obtained through the NDP based on the nature and extent of the violations.

I hereby certify that I have read, understand, and accept all of the terms and conditions and agree to comply with these terms and conditions, including, but not limited to, distribution and storage requirements and other requirements as specified in this application.



January 29<sup>th</sup>, 2025

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 January 27<sup>th</sup>, 2025 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



May 21<sup>st</sup>, 2025

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 May 16<sup>th</sup>, 2025 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



November 19<sup>th</sup>, 2025

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 November 14<sup>th</sup>, 2025 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



**DANIEL LURIE**  
MAYOR

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



**DERRICK LEW**  
CHIEF OF POLICE

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

FROM: Kimmie Wu, Chief Financial Officer

DATE: April 23, 2026

SUBJECT: [Accept and Expend In-Kind Gift – Retroactive – Naloxone Distribution Project - Naloxone Valued at \$43,200]

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The San Francisco Police Department is proposing a resolution retroactively authorizing the Department to accept and expend in-kind gift of a total of 1,800 units of Naloxone valued at \$43,200 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) in 2025.

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 a 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



**DERRICK LEW**  
CHIEF OF POLICE

**TO: Angela Calvillo, Clerk of the Board of Supervisors**  
**FROM: San Francisco Police Department**  
**DATE: April 23, 2026**  
**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
- X 4. Three (3) Applications
- X 5. Three (3) Acceptance Letters
- 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).

OFFICE OF THE MAYOR  
SAN FRANCISCO



DANIEL LURIE  
MAYOR

TO: Angela Calvillo, Clerk of the Board of Supervisors  
FROM: Dexter Darmali, Legislative & Ethics Secretary  
RE: Accept and Expend In-Kind Gift – Retroactive – Substance Abuse and Mental Health Services -  
Naloxone Distribution Project - Valued at \$43,200  
DATE: April 28, 2026

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Resolution retroactively authorizing the Police Department to accept and expend an in-kind gift of 1,800 units of Naloxone in 2025 valued at \$43,200 through the Naloxone Distribution Project, which is funded by the Substance Abuse and Mental Health Services Administration and Administered by the Department of Health Care Services.

Should you have any questions, please contact Adam Thongsavat at [adam.thongsavat@sfgov.org](mailto:adam.thongsavat@sfgov.org)