

Jun 07, 2023

Mark Powell
Forensic Services Director
San Francisco, City & County - Police Department
1995 Evans Avenue
San Francisco, CA 94124-1105

Subject: **Grant Subaward Application Approval**
Paul Coverdell Forensic Science Improvement Program
Grant Subaward #: CQ22 18 0380

Dear Mark Powell:

The California Governor's Office of Emergency Services (Cal OES) has approved your Grant Subaward application in the amount of \$70,549, subject to enactment of applicable State Budget Act. A copy of your approved Grant Subaward is enclosed for your records.

Cal OES will make every effort to process payment requests within 45 days of receipt of your Report of Expenditures & Request for Funds (Cal OES Form 2-201).

This Grant Subaward is subject to the Cal OES Subrecipient Handbook. You are encouraged to read and familiarize yourself with the Cal OES Subrecipient Handbook, which can be viewed on the Cal OES website at www.caloes.ca.gov.

Please contact your Program Specialist Anna Gastelum, at gasteluma@caloes.ca.gov with questions.

Sincerely,

Victim Services Grants Processing Unit

cc: Subrecipient's file Program
Specialist

RW

(Cal OES Use Only)

Cal OES #	075-00000-04	FIPS #	075-00000	VS#		Subaward #	CQ2218930
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**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
GRANT SUBAWARD FACE SHEET**

KL MR

The California Governor's Office of Emergency Services (Cal OES) hereby makes a Grant Subaward of funds to the following:

- 1. Subrecipient: City and County of San Francisco 1a. UEI#: ~~000120802983~~ **SRZKDWN293MW2** MR
- 2. Implementing Agency: ~~San Francisco Police Department~~ City and County of San Francisco — Police Department 2a. UEI#: ~~000120802983~~ **SRZKDWN293MW2** MR
- 3. Implementing Agency Address: 1245 3rd Street, Rm 6100 San Francisco 94158-2134
(Street) (City) (Zip+4)
- 4. Location of Project: 1995 Evans Ave San Francisco 94124-1105
(City) (County) (Zip+4)
- 5. Disaster/Program Title: CQ - Paul Coverdell Forensic Science Improvement Program 6. Performance/Budget Period: 4/1/23 to 6/30/24 ✓
(Start Date) (End Date)
- 7. Indirect Cost Rate: Select N/A Federally Approved ICR (if applicable): _____ %

Item Number	Grant Year 2022	Fund Source FSIA	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Cost
8.	Select	Select		\$70,549					\$70,549
9.	Select	Select							
10.	Select	Select							
11.	Select	Select							
12.	Select	Select							
Total	Project	Cost		\$70,549	\$70,549				\$70,549

13. **Certification** - This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

14. **CA Public Records Act** - Grant applications are subject to the California Public Records Act, Government Code section 6250 et seq. Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

15. **Official Authorized to Sign for Subrecipient:**

Name: William Scott Title: Chief of Police
 Payment Mailing Address: 1245 3rd Street, 6th Floor - Accounting City: San Francisco Zip Code+4: 94158-2134
 Signature: *William Scott* Date: 12/1/22

16. Federal Employer ID Number: 946000417

(FOR Cal OES USE ONLY)

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

Mary Rucker 6/6/2023 Heather Carlson 6/6/2023
 (Cal OES Director) (Date) (Cal OES Director or Designee) (Date)

ENY: 2022-23 Chapter: 43 SL: 18622
 Item: 0690-102-0890 Pgm: 0385
 FAIN #: 15PBJA-22-GG-01941-COVE 10/01/22-09/30/24
 Fund: Federal Trust AL#: 16.742
 Program: Paul Coverdell Forensic Science Improvement Program
 Match Req.: None
 Project ID: OES22FSIA000012
 SC: 2022-18622 Amount: \$ 70,549

DS
JH

ML#768969
 Received on: 12/6/22