

# Application Information Form

**Program:**

*Paul Coverdell - CQ24*

**Grant Subaward Performance Period:**

*04/01/2025*

to

*03/31/2026*

**Subrecipient:**

*City & County San Francisco - Police Department*

**Subrecipient UEI:**

*SRZKDOWN293M2*

**Subrecipient Federal Employer ID:**

*94-6000417*

**Implementing Agency:**

*City & County San Francisco - Police Department*

**Payment Address**

*1245 3RD ST*

*FL 6*

*SAN FRANCISCO*

*California*

*San Francisco County*

*94158-2134*

**Primary Location of Project/Services****Address**

*1995 Evans Ave.*

**City:**

*San Francisco*

**Address 2****County:**

*San Francisco County*

**Zip Code:**

*94124-1105*

# Contact Information Form

**Navigation Instructions:**

- All required fields are marked with an \*.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

**Form Specific Instructions:**

- Individuals identified below will be the official points of contact for the Grant Subaward. For descriptions of these positions see Subrecipient Handbook Section 3.005 or other applicable Program Supplemental guidance.
- The Grant Subaward Director and Financial Officer cannot be the same individual.
- Each individual must have a unique email address.
- Organization Authorized Agents must be denoted as being a Grant Subaward Authorized Agent in order to submit the application.

## Grant Subaward Contacts

**Grant Subaward Director**

**First Name:** Mark  
**Title:** Forensic Services Director  
**Phone:** (415) 671-3141  
**Address:** 1995 Evans Ave.  
**City:** San Francisco

**Last Name:** Powell  
**Email:** mark.powell@sfgov.org  
**State:** CA **Zip Code:** 94124-1105

**Financial Officer**

**Name:** Kimmie  
**Title:** Chief Financial Officer  
**Phone:** (415) 837-7213  
**Address:** 1245 3rd Street, 6th Floor  
**City:** San Francisco

**Last Name:** Wu  
**Email:** kimmie.wu@sfgov.org  
**State:** CA **Zip Code:** 94158-2134

**Programmatic Point of Contact:**

**Name:** Tasha  
**Title:** Crime Lab Manager  
**Phone:** (415) 671-3273  
**Address:** 1995 Evans Ave.  
**City:** San Francisco

**Last Name:** Smith  
**Email:** tasha.smith@sfgov.org  
**State:** CA **Zip Code:** 94124-1105

**Financial Point of Contact:**

**Name:** Fannie  
**Title:** Grants Manager  
**Phone:** (415) 837-7212  
**Address:** 1245 3rd Street, 6th Floor  
**City:** San Francisco

**Last Name:** Yeung  
**Email:** fannie.yeung@sfgov.org  
**State:** CA **Zip Code:** 94158-2134

**Chair of the Governing Body**

**Name:** Rafael  
**Title:** President, San Francisco Board of Supervisors  
**Phone:** (415) 554-6968  
**Address:** 1 Dr. Carlton B. Goodlett Place,  
**City:** San Francisco

**Last Name:** Mandelman  
**Email:** mandelmanstaff@sfgov.org  
**State:** CA **Zip Code:** 94102-4603

**Grant Subaward Authorized Agent**

[X] Fannie Yeung

# Grant Subaward Assurances Form

## Applicable Grant Subaward Assurances

This document is a binding affirmation that the Subrecipient will comply with the assurances required by the federal program/fund source.

Assurance	Acknowledgement
<a href="#">Federal Fund Grant Subaward Assurances - 2024 FSIA.pdf</a>	<input checked="" type="checkbox"/> *
<a href="#">Program Standard Assurance Addendum</a>	<input checked="" type="checkbox"/> *
<a href="#">Standard Certification of Compliance</a>	<input checked="" type="checkbox"/> *

Subrecipients expending \$1,000,000 or more in federal funds annually must comply with the single audit requirement established by the Federal Office of Management and Budget (OMB) Uniform Guidance 2 CFR Part 200, Subpart F and arrange for a single audit by an independent Certified Public Accountant (CPA) firm annually. Audits conducted under this section will be performed using the guidelines established by the American Institute of Certified Public Accountants (AICPA) for such audits. \*

☒ Subrecipient expends \$1,000,000 or more in federal funds annually.

☐ Subrecipient does not expend \$1,000,000 or more in federal funds annually.

Federal Funding Accounting and Transparency Act (FFATA)

**In the preceding year, did the Subrecipient receive:**

Has the Subrecipient received \$25,000,000 or more in federal funds in the preceding fiscal years? \*

☒ Yes ☐ No

Does the amount of federal funds received, equal 80% or more of the Subrecipient's annual gross revenue? \*

☐ Yes ☒ No

# Programmatic Narrative Form

## Navigation Instructions:

- All required fields are marked with an \*.
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## Narrative Questions/Responses

### Question 1 \*

*Describe the plan to implement a program intended to improve the quality and timeliness of forensic science or medical examiner/coroner's office services in the state.*

*The SFPD Crime Lab plans to seek re-accreditation for its Controlled Substances Section in 2025. This re-accreditation will enable the lab to resume in-house testing of controlled substances, eliminating the need to outsource testing to a neighboring facility. Conducting testing internally will enhance the timeliness of results compared to those currently provided by the external vendor. The plan includes completing ongoing instrument validation, continuing staff training, and maintaining laboratory instrumentation. Additionally, the lab will work to validate and implement 3D imaging technology for use in firearms identification. The SFPD laboratory also plans to add digital forensics and latent print examination to our accreditation scope in 2025.*

### Question 2 \*

*Indicate how backlogs will be eliminated in the analysis of forensic science evidence, including, but not limited to, a backlog with respect to firearms examination, latent prints, impression evidence, toxicology, digital evidence, fire evidence, controlled substances, forensic pathology, questioned documents, and trace evidence.*

*Backlogs will be addressed by hiring and training both new and current staff, which will also enable staff to rotate across various disciplines within the laboratory. Additionally, the purchase of equipment and supplies will support the maintenance of accredited disciplines and the development of new disciplines, further aiding in backlog reduction.*

### Question 3 \*

*Describe the plan to employ, train, and assist, forensic laboratory personnel and medicolegal death investigators, as needed, to eliminate backlogs.*

*Staff training will be augmented through external programs offered by organizations such as the California Association of Criminalists, the American Society of Crime Lab Directors, the California Association of Crime Lab Directors, the American Academy of Forensic Sciences, the Association of Firearm and Toolmark Examiners, and the California Criminalistics Institute. Support and funding for certifications in various laboratory disciplines will be sought through CQ funding. Additionally, ongoing requests for increased staffing will be pursued through internal budget proposals.*

### Question 4 \*

*Describe the plan to address any emerging forensic science issues (such as statistics, contextual bias, and uncertainty of measurement) and emerging forensic science technology (such as high-performance automation, statistical software, and new types of instrumentation).*

*Emerging issues related to contextual bias, statistical analysis, and measurement uncertainty will continue to be addressed through annual internal training sessions. When available, such trainings will be supplemented by external training opportunities, where CQ24 funds may be utilized. Additionally, as funding permits, the lab continues to explore and adopt innovative techniques to enhance workflow efficiency and overall quality through the acquisition of new instrumentation.*

### Question 5 \*

*How will forensic pathologists be trained on appropriate protocols?*

*N/A*

### Question 6 \*

*Indicate whether Grant Subaward funds will be utilized to facilitate accreditation of medical examiners' and coroners' offices and certification of medicolegal death investigators?*

*We will not be using grant subaward funds for this purpose.*

# Subrecipient Risk Assessment Form

Per Title 2 CFR § 200.332, Cal OES is required to evaluate the risk of noncompliance with federal statutes, regulations and grant terms and conditions posed by each subrecipient of pass-through funding.

How many years of experience does your current grant manager have managing grants?	<i>&gt;5 years</i>
How many years of experience does your current bookkeeper/accounting staff have managing grants?	<i>&gt;5 years</i>
How many grants does your organization currently receive?	<i>&gt;10 grants</i>
What is the approximate total dollar amount of all grants your organization receives?	<i>\$30,000,000</i>
Are individual staff members assigned to work on multiple grants?	<i>Yes</i>
Do you use timesheets to track the time staff spend working on specific activities/projects?	<i>No</i>
How often does your organization have a financial audit?	<i>Annually</i>
Has your organization received any audit findings in the last three years?	<i>Yes</i>
Do you have a written plan to charge costs to grants?	<i>Yes</i>
Do you have written procurement policies?	<i>Yes</i>
Do you get multiple quotes or bids when buying items or services?	<i>Sometimes</i>
How many years do you maintain receipts, deposits, cancelled checks, invoices?	<i>&gt;5 years</i>
Do you have procedures to monitor grant funds passed through to other entities?	<i>N/A</i>

# Funding Source Allocation

Instructions:

- Please be sure to review page for accuracy.

## Funding Source Allocation

Funding Source Name	Fiscal Year	Type	Amount Available	Total Match Amount Required	Available Funding Total	Funding Requested	Cash Match Amount	In Kind Match Amount	Total Project Costs
2024 FSIA	2024	Federal	\$63,254	\$0	\$63,254	\$63,254	\$0	\$0	\$63,254
			\$63,254	\$0	\$63,254	\$63,254	\$0	\$0	\$63,254

# Budget Cost Categories

## Cost Form Selection(s)

- ☐ Personnel Costs
- ☐ Volunteer Costs
- ☐ Contractor/Consultant Costs
- ☐ Rent Costs
- ☒ Travel Costs
- ☐ Equipment Costs
- ☐ Financial Assistance For Client's Costs
- ☐ Second-Tier Subward Costs
- ☐ Audit Costs
- ☐ Indirect Costs
- ☒ Other Operating Costs

# Travel Budget Category Form

## Navigation Instructions:

- All required fields are marked with an **\***.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

## Form Specific Instructions

- If you have selected that the travel will be Out of State, please be sure to complete the required Out-of-State travel Request fields.

## Travel Costs

### Travel Cost Type \*

Travel

### Budget/Project Line-Item \*

AFTE Annual Training (non-opioid related)

### Description \*

Two people to attend the Association of Fireman and Toolmark Examiners Annual Training in Anaheim, CA on May 11-16, 2025 for continuing education and training to meet accreditation requirements. Costs will include:

registration fees - \$1,250

airfares & baggage fees - \$616

lodging - \$1,910

ground transportation - \$774

per diem - \$200

(non-opioid)

☒ In State

☐ Out of State

### Staff Traveling \* Travel Cost Per Staff \*

2 \$2,375.00

### Calculation Total \*

\$4,750.00

## Funding Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 FSIA	2024	Federal	\$4,750	\$	\$0	\$4,750	\$	Not Applicable	
				\$4,750	\$0		\$0	\$0	\$4,750



# Travel Budget Category Form

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- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

## Form Specific Instructions

- If you have selected that the travel will be Out of State, please be sure to complete the required Out-of-State travel Request fields.

## Travel Costs

### Travel Cost Type \*

Travel

### Budget/Project Line-Item \*

Alcohol & Hwy Safety Course (non-opioid related)

### Description \*

One person to attend the Robert F. Borkenstein Alcohol and Highway Safety Course in Bloomington, Indiana in May or December 2025 for continuing education and training to meet accreditation requirements. Costs will include:

registration fee - \$1,800

airfare & baggage fee - \$600

lodging - \$834

ground transportation - \$150

per diem - \$481

(non-opioid)

☐ In State

☒ Out of State

### Staff Traveling \* Travel Cost Per Staff \*

1 \$3,865.00

### Calculation Total \*

\$3,865.00

## Out-of-State Travel Request

### Purpose of Travel \*

Robert F. Borkenstein Alcohol and Highway Safety Course

### Location of Travel (TBD is okay) \*

Bloomington, Indiana

### Are you non-profit/for profit? \*

☐ Yes

☒ No

### Description of how travel supports the intent of the Program: \*

The course covers breath alcohol testing and interpretation with a primary emphasis on alcohol chemistry, pharmacology and physiology in relation to traffic safety. It provides criminalists with expert training from world renowned and published researchers and contributors to the science of forensic alcohol analysis and interpretation. This is the only course of this magnitude offered.

### Are all travelers included in personnel? \*

☐ Yes

☒ No

### If no, please explain: \*

There are no gran-funded personnel in the subaward.

## Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 FSIA	2024	Federal	\$3,865	\$	\$0	\$3,865	\$	Not Applicable	
				\$3,865		\$0	\$0	\$0	\$3,865

# Travel Budget Category Form

## Navigation Instructions:

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- Use the **SAVE** button at least every 30 minutes to avoid losing data.
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- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

## Form Specific Instructions

- If you have selected that the travel will be Out of State, please be sure to complete the required Out-of-State travel Request fields.

## Travel Costs

### Travel Cost Type \*

Travel

### Budget/Project Line-Item \*

ASCLD Annual Meeting (non-opioid related)

### Description \*

Two people to attend the American Society of Crime Lab Directors Annual Meeting in Denver, CO on April 3-8, 2025 for continuing education and training to meet accreditation requirements. Costs will include:

registration fees - \$2,550

airfares & baggage fees - \$1,180

lodging - \$2,580

ground transportation - \$200

per diem - \$719

(non-opioid)

☐ In State

☒ Out of State

Staff Traveling \* Travel Cost Per Staff \*

2 \$3,614.50

Calculation Total \*

\$7,229.00

## Out-of-State Travel Request

### Purpose of Travel \*

American Society of Crime Lab Directors Annual Meeting

### Location of Travel (TBD is okay) \*

Denver, Colorado

### Are you non-profit/for profit? \*

☐ Yes

☒ No

### Description of how travel supports the intent of the Program: \*

The ASCLD Annual Meeting provides a forum for laboratory management and staff to meet and exchange ideas, innovative technologies, new trends and challenges in forensic science casework, as well as discuss relevant legislation changes and updates that affect Forensic Scientist's ability to perform their job duties. This symposium places an emphasis on training laboratory management to better support, lead, and advocate for their laboratory teams through innovation and leadership development.

### Are all travelers included in personnel? \*

☐ Yes

☒ No

### If no, please explain: \*

There are no grant funded personnel in the subaward.

# Funding Source Allocations

## Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 FSIA	2024	Federal	\$7,229	\$	\$	\$0	\$7,229	\$	
				\$7,229		\$0		\$0	
						\$0		\$0	
								\$0	\$7,229

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund	
2024 FSIA	2024	Federal	\$1,124	\$	\$	\$0	\$1,124	\$		Not Applicable
\$1,124					\$0		\$0		\$0	\$1,124

# Travel Budget Category Form

## Navigation Instructions:

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- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

## Form Specific Instructions

- If you have selected that the travel will be Out of State, please be sure to complete the required Out-of-State travel Request fields.

## Travel Costs

### Travel Cost Type \*

Travel

### Budget/Project Line-Item \*

CACLD Annual Meeting (non-opioid related)

### Description \*

Two people to attend the California Association of Crime Lab Directors Annual Meeting in Ventura, CA on September 9-10, 2025 for continuing education and training to meet accreditation requirements. Costs will include:

registration fees - \$550

airfares & baggage fees - \$500

lodging - \$764

ground transportation - \$300

per diem - \$430

(non-opioid)

☒ In State

☐ Out of State

### Staff Traveling \* Travel Cost Per Staff \*

2 \$1,272.00

### Calculation Total \*

\$2,544.00

## Funding Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 FSIA	2024	Federal	\$2,544	\$	\$0	\$2,544	\$	Not Applicable	
				\$2,544		\$0	\$0	\$0	\$2,544

# Travel Budget Category Form

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## Form Specific Instructions

- If you have selected that the travel will be Out of State, please be sure to complete the required Out-of-State travel Request fields.

## Travel Costs

### Travel Cost Type \*

Travel

### Budget/Project Line-Item \*

CCI Trainings (opioid & non-opioid related)

### Description \*

Three people to attend the California Criminalistics Institute trainings in Sacramento, CA for continuing education and training to meet accreditation requirements. Dates to be determined. Costs will include:

lodging - \$2,250

mileage - \$309

per diem - \$1,419

(opioid and non-opioid)

☒ In State

☐ Out of State

### Staff Traveling \* Travel Cost Per Staff \*

3

\$1,326.00

### Calculation Total \*

\$3,978.00

## Funding Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 FSIA	2024	Federal	\$3,978	\$	\$	\$0	\$3,978	\$	Not Applicable
				\$3,978		\$0		\$0	\$3,978

# Travel Budget Category Form

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## Form Specific Instructions

- If you have selected that the travel will be Out of State, please be sure to complete the required Out-of-State travel Request fields.

### Travel Costs

#### Travel Cost Type \*

Travel

#### Budget/Project Line-Item \*

*IACT Annual Meeting (non-opioid related)*

#### Description \*

*Two people to attend the International Association of Chemical Testing Annual Meeting in Las Vegas, NV on April 6-11, 2025 for continuing education and training to meet accreditation requirements. Costs will include:*

*registration fees - \$1,700*

*airfares & baggage fees - \$600*

*lodging - \$1,512*

*ground transportation - \$300*

*per diem - \$1,118*

*(non-opioid)*

☐ In State

☒ Out of State

#### Staff Traveling \* Travel Cost Per Staff \*

2 \$2,615.00

#### Calculation Total \*

\$5,230.00

### Out-of-State Travel Request

#### Purpose of Travel \*

*International Association of Chemical Testing Annual Meeting*

#### Location of Travel (TBD is okay) \*

*Las Vegas, Nevada*

#### Are you non-profit/for profit? \*

☐ Yes

☒ No

#### Description of how travel supports the intent of the Program: \*

*The meeting is essential for staying updated on advancements in chemical testing methodologies and regulations. It offers access to expert insights and workshops, enhancing testing accuracy and compliance. The knowledge gained will improve public safety and benefit our performance.*

#### Are all travelers included in personnel? \*

☐ Yes

☒ No

#### If no, please explain: \*

*There are no grant-funded personnel in the subaward.*

### Funding Source Allocations



Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 FSIA	2024	Federal	\$5,230	\$	\$0	\$5,230	\$		Not Applicable
				\$5,230		\$0	\$0	\$0	\$5,230

# Travel Budget Category Form

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- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

## Form Specific Instructions

- If you have selected that the travel will be Out of State, please be sure to complete the required Out-of-State travel Request fields.

## Travel Costs

### Travel Cost Type \*

Travel

### Budget/Project Line-Item \*

IAI Crime Scene Course (non-opioid related)

### Description \*

One person to attend the Forensic Pieces IAI Crime Scene Preparation and Certification Course in Baltimore, MD on April 21-25, 2025 for continuing education and training to meet accreditation requirements. Costs will include:

registration fee - \$465

airfare & baggage fee - \$822

lodging - \$735

ground transportation - \$150

per diem - \$473

(non-opioid)

☐ In State

☒ Out of State

### Staff Traveling \* Travel Cost Per Staff \*

1 \$2,645.00

### Calculation Total \*

\$2,645.00

## Out-of-State Travel Request

### Purpose of Travel \*

Forensic Pieces IAI Crime Scene Preparation and Certification Course

### Location of Travel (TBD is okay) \*

Baltimore, Maryland

### Are you non-profit/for profit? \*

☐ Yes

☒ No

### Description of how travel supports the intent of the Program: \*

The course prepares for the certification critical for ensuring professionalism, credibility, and consistent standards in forensic investigations, ultimately bolstering public trust in the work performed. It signifies expertise, enhances credibility in court and with the public, promotes adherence to standardized practices to minimize contamination and procedural errors, keeps skills current through ongoing education and testing requirements, and and fosters accountability among professionals

### Are all travelers included in personnel? \*

☐ Yes

☒ No

### If no, please explain: \*

There are no grant-funded personnel in subaward.

## Funding Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 FSIA	2024	Federal	\$2,645	\$	\$0	\$2,645	\$	Not Applicable	
				\$2,645		\$0	\$0	\$0	\$2,645

# Other Operating Budget Category Form

## Navigation Instructions:

- All required fields are marked with an **\***.
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## Other Operating Costs

### Budget/Project Line-Item \*

*Analytical Balance (opioid related)*

### Description/Justification \*

*Analytical balance for forensic chemistry for the accurate weighing of controlled substances evidence. (opioid)*

### Calculation Description \*

*\$3,943 each x 1 unit*

### Calculation Total \*

*\$3,943*

## Funding Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 FSIA	2024	Federal	\$3,943	\$	\$0	\$3,943	\$	Not Applicable	
				\$3,943		\$0	\$0	\$0	\$3,943

# Other Operating Budget Category Form

## Navigation Instructions:

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## Other Operating Costs

### Budget/Project Line-Item \*

*Desktop Computers (opioid & non-opioid related)*

### Description/Justification \*

*Desktop computers for casework processing in firearms, trace, forensic chemistry and general criminalistics. (opioid and non-opioid)*

### Calculation Description \*

*\$2,292 each x 3 units*

### Calculation Total \*

*\$6,876*

## Funding Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 FSIA	2024	Federal	\$6,876	\$	\$0	\$6,876	\$	Not Applicable	
				\$6,876		\$0	\$0	\$0	\$6,876

# Other Operating Budget Category Form

## Navigation Instructions:

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## Other Operating Costs

### Budget/Project Line-Item \*

HEPA Hood Filters (non-opioid related)

### Description/Justification \*

HEPA hood filters to replace used ones to allow for proper ventilation of fumes during casework processing. (non-opioid)

### Calculation Description \*

\$481.10 each x 10 units

### Calculation Total \*

\$4,811

## Funding Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Requirements	Federal Fund
2024 FSIA	2024	Federal	\$4,811	\$	\$0	\$4,811	\$		Not Applicable
				\$4,811		\$0	\$0	\$0	\$4,811

# Other Operating Budget Category Form

## Navigation Instructions:

- All required fields are marked with an **\***.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

## Other Operating Costs

### Budget/Project Line-Item \*

*Hood Prefilters (non-opioid related)*

### Description/Justification \*

*Hood prefilters to replace used ones to allow for proper ventilation of fumes during casework processing. (non-opioid)*

### Calculation Description \*

\$22.53 each x 13 units

### Calculation Total \*

\$293

## Funding Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 FSIA	2024	Federal	\$293	\$	\$0	\$293	\$		Not Applicable
				\$293		\$0	\$0	\$0	\$293

# Other Operating Budget Category Form

## Navigation Instructions:

- All required fields are marked with an **\***.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

## Other Operating Costs

### Budget/Project Line-Item \*

*Microscope (opioid related)*

### Description/Justification \*

*Microscope for casework processing in controlled substances. (opioid)*

### Calculation Description \*

*\$9,483 each x 1 unit*

### Calculation Total \*

*\$9,483*

## Funding Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 FSIA	2024	Federal	\$9,483	\$	\$0	\$9,483	\$	Not Applicable	
				\$9,483		\$0	\$0	\$0	\$9,483



# Other Operating Budget Category Form

## Navigation Instructions:

- All required fields are marked with an **\***.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

## Other Operating Costs

### Budget/Project Line-Item \*

*Multi-CH Pipettes (opioid & non-opioid related)*

### Description/Justification \*

*Multi-channel pipette repeaters for use in casework processing in controlled substances, forensic alcohol, and biology requiring the use of accurate and precisely measured volumes. (opioid and non-opioid)*

### Calculation Description \*

*\$1,628 each x 2 units*

### Calculation Total \*

*\$3,256*

## Funding Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 FSIA	2024	Federal	\$3,256	\$	\$0	\$3,256	\$		Not Applicable
				\$3,256		\$0	\$0	\$0	\$3,256

# Other Operating Budget Category Form

## Navigation Instructions:

- All required fields are marked with an **\***.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. **WARNING: This action cannot be undone.**
- When done, click the **SAVE** button.

## Other Operating Costs

### Budget/Project Line-Item \*

*Single CH Pipettes (opioid & non-opioid related)*

### Description/Justification \*

*Single channel multi pipette repeaters for use in casework processing in controlled substances, forensic alcohol, and biology requiring the use of accurate and precisely measured volumes. (opioid and non-opioid)*

### Calculation Description \*

*\$806.75 each x 4 units*

### Calculation Total \*

*\$3,227*

## Funding Source Allocations

### Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2024 FSIA	2024	Federal	\$3,227	\$	\$0	\$3,227	\$		Not Applicable
				\$3,227		\$0	\$0	\$0	\$3,227

# Application Signatures Form

## Assurances/Signatures

### Proof of Authority/Governing Body Resolution \*

☒ 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.

### Upload Proof of Authority/Governing Body Resolution

*Proof of Authority Extension Request\_signed.pdf*

### Standard Certification of Compliance \*

☒ By checking this box, I certify the Subrecipient will comply with the requirements of the Standard Certification of Compliance. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

### Program Standard Assurance Addendum \*

☒ The undersigned represents that he/she is authorized to enter into this Addendum for and on behalf of the Applicant/Subrecipient. Applicant/Subrecipient understands that failure to comply with this Addendum or any of the assurances may result in suspension, termination, reduction, or de-obligation of funding. Applicant/Subrecipient agrees to repay funds in the event there is a violation of grant assurances.

### Grant Subaward Assurances \*

☒ By checking this box, I certify I have read all applicable Grant Subaward Assurances and the Subrecipient will comply with the requirements. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

### California Public Records Act \*

☒ I understand the Grant Subaward applications are subject to the California Public Records Act, Government Code section 7920.000 et seq.

Additional information: 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.

### Upload California Public Records Act Exemption

#### Authorized Agent

Name: Fannie Yeung  
Signature: Fannie Yeung

Title: Grants Manager  
Date: 02/25/2025