

File Number: _____
(Provided by Clerk of Board of Supervisors)

Gift Resolution Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend gift funds.

The following describes the gift referred to in the accompanying resolution:

1. Gift Title: **Donation of Wastewater-Based Epidemiology Services**

2. Department: **Department of Public Health
Behavioral Health Services**

3. Contact Person: **Jeffrey Hom** Telephone: **415-255-3737**

4. Gift Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Gift Funding Approved or Applied for: **\$87,000**

6a. Matching Funds Required: **\$0**

b. Source(s) of matching funds (if applicable): **N.A.**

7a. Gift Source Agency: **Biobot Analytics**

b. Gift Pass-Through Agency (if applicable): **N.A.**

8. Proposed Gift Project Summary:

The donor will be providing wastewater analysis for substances associated with adverse health consequences to track trends and inform response activities.

9. Gift Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: **07/01/2026** End-Date: **06/30/2027**

10a. Amount budgeted for contractual services: **\$0**

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.**

11a. Does the budget include indirect costs? Yes No

b1. If yes, how much? **\$0**

b2. How was the amount calculated? **N.A.**

c1. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of gift funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **5% of Direct Costs**

12. Any other significant gift requirements or comments:

The gift does not require an ASO amendment and does not create net new positions.

We respectfully request for approval to accept and expend this donation of in-kind services from July 1, 2026. The Department received the award on June 9, 2026.

Project Description:

Project ID:

Proposal ID:

Fund ID:

Version ID:

Authority ID:

Activity ID:

****Disability Access Checklist***(Department must forward a copy of all completed Gift Information Forms to the Mayor's Office of Disability)**

13. This Gift is intended for activities at (check all that apply):

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input 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:

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 6/17/2026 | 10:25 AM PDT

Signed by:

9A008B8F0D5245C...
 (Signature Required)
 Aman Lail, CAO, Ambulatory Services


Division for Toni Rucker

Department Head or Designee Approval of Gift Information Form:

Daniel Tsai
(Name)

Director of Health
(Title)

Date Reviewed: 6/17/2026 | 3:11 PM PDT

Signed by:

40CFE25DD8E44264...
 (Signature Required)