

**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 grant funds.

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

1. Gift Title: **Accept and Expend In-Kind Gift – San Francisco Police Community Foundation – Estimated Market Value of \$7,250,028 to Support the Real Time Investigation Center**
2. Department: **San Francisco Police Department**
3. Contact Person: **Kimmie Wu** Telephone: **415-837-7211**
4. Gift Approval Status (check one):  
☒ Approved by funding agency ☐ Not yet approved
5. Amount of Gift Funding Approved or Applied for: **\$7,250,028**
6. a. Matching Funds Required: **N/A**  
b. Source(s) of matching funds (if applicable): **N/A**
7. a. Gift Source Agency: **San Francisco Police Community Foundation**  
b. Gift Pass-Through Agency (if applicable): **N/A**
8. Proposed Gift Project Summary: **Resolution for SFPD to accept and expend an in-kind gift from the San Francisco Police Community Foundation to support the installation of equipment and parking fees for the Real Time Investigation Center's new location of 315 Montgomery Street.**
9. Gift Project Schedule, as allowed in approval documents, or as proposed:  
**Start-Date: 4/30/2025 End-Date: N/A**
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 Gift Information Forms to the Mayor's Office of Disability)**

13. This Gift 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:

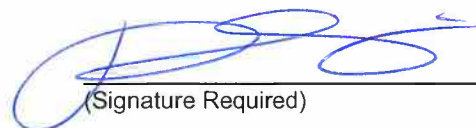
Comments:

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

Penny Si  
(Name)

Departmental ADA Coordinator  
(Title)

Date Reviewed: 6/24/2025

  
(Signature Required)

Department Head or Designee Approval of Gift Information Form:

Paul Yep  
(Name)

Acting Chief of Police  
(Title)

Date Reviewed: 6/24/25

  
(Signature Required)