

File No. 250931

Committee Item No. 1

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date October 22, 2025

Board of Supervisors Meeting Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| ☐ | ☐ | Motion |
| ☒ | ☐ | Resolution |
| ☐ | ☐ | Ordinance |
| ☐ | ☐ | Legislative Digest |
| ☐ | ☐ | Budget and Legislative Analyst Report |
| ☐ | ☐ | Youth Commission Report |
| ☐ | ☐ | Introduction Form |
| ☒ | ☐ | Department/Agency Cover Letter and/or Report |
| • POL Letter 9/3/2025 | | |
| • MYR Memo 9/9/2025 | | |
| ☐ | ☐ | MOU |
| ☒ | ☐ | Grant Information Form |
| ☒ | ☐ | Grant Budget |
| ☐ | ☐ | Subcontract Budget |
| ☐ | ☐ | Contract/Agreement |
| ☐ | ☐ | Form 126 – Ethics Commission |
| ☒ | ☐ | Award Letter |
| ☒ | ☐ | Application |
| ☐ | ☐ | Public Correspondence |

OTHER (Use back side if additional space is needed)

- | | | |
|-------------------------------------|--------------------------|---|
| ☒ | ☐ | <u>POL Memo on Retroactivity 9/3/2025</u> |
| ☐ | ☐ | _____ |
| ☐ | ☐ | _____ |
| ☐ | ☐ | _____ |
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Completed by: Brent Jalipa Date October 16, 2025

Completed by: Brent Jalipa Date _____

1 [Accept and Expend Grant - Retroactive - California Governor's Office of Emergency
2 Services - Paul Coverdell Forensic Science Improvement Program - \$63,254]

3 **Resolution retroactively authorizing the Police Department to accept and expend a**
4 **grant in the amount of \$63,254 from the California Governor's Office of Emergency**
5 **Services for the Paul Coverdell Forensic Science Improvement Program to train and**
6 **procure equipment for the Criminology Laboratory with the project period beginning**
7 **on April 1, 2025, through March 31, 2026.**

8
9 WHEREAS, The Administrative Code requires City departments to obtain Board of
10 Supervisors' approval to accept or expend any grant funds; and

11 WHEREAS, The Board of Supervisors provided in the administrative provisions of
12 the Fiscal Year (FY) 2024-2025 Annual Appropriation Ordinance that approval of recurring
13 grant funds contained in departmental budget submissions and approved in the FY2024-
14 2025 budget are deemed to meet the requirements of the Administrative Code regarding
15 grant approvals; and

16 WHEREAS, The California Governor's Office of Emergency Services that provides
17 grant funds to the Police Department requires documentation of the Board's approval of
18 their specific grant funds (Paul Coverdell Forensic Science Improvement Program Grant);
19 and

20 WHEREAS, The Police Department (SFPD) applied for funding from the California
21 Governor's Office of Emergency Services (Cal OES) for the Criminology Laboratory; and

22 WHEREAS, On May 27, 2025, the California Governor's Office of Emergency Services
23 (Cal OES) approved SFPD's application in the amount of \$63,254 to pay for training and
24 procure equipment for the Criminology Laboratory for the project period beginning on
25 April 1, 2025, through March 31, 2026; and

1 WHEREAS, The adopted budget for FY2024-2025 is \$72,275; and

2 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment;

3 and

4 WHEREAS, The SFPD proposes to maximize use of available grant funds on
5 program expenditures by not including indirect costs in the grant budget; now, therefore, be
6 it

7 RESOLVED, That the Board of Supervisors retroactively authorizes SFPD to accept
8 and expend the grant of \$63,254 from the California Governor's Office of Emergency
9 Services (Cal OES); and, be it

10 FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of
11 indirect costs in the grant budget; and, be it

12 FURTHER RESOLVED, That the Board of Supervisors authorizes the Chief of
13 Police, or his designee, to enter into agreement on behalf of the City and County of San
14 Francisco, as well as execute extensions and amendments for this grant; and, be it

15 FURTHER RESOLVED, That the Board of Supervisors authorizes the Chief of
16 Police, or his designee, to submit, accept, and amend all Cal OES Grant Subawards on
17 behalf of the City and County of San Francisco, as well as execute extensions and
18 amendments for the Paul Coverdell Forensic Science Improvement Program.

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Recommended: Approved: _____/s/_____
Daniel Lurie, Mayor
_____/s/_____
Paul Yep, Interim Chief of Police Approved: _____/s/_____
Greg Wagner, Controller

File Number: 250931
(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: **Paul Coverdell Forensic Science Improvement Program – FY 24**
2. Department: **San Francisco Police Department**
3. Contact Person: **Kimmie Wu / Fannie Yeung** Telephone: **415-837-7212**
4. Grant Approval Status (check one):
☒ Approved by funding agency ☐ Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$63,254**
6. a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable):
7. a. Grant Source Agency: **OJP Bureau Justice Assistance (BJA)**
b. Grant Pass-Through Agency (if applicable): **California Governor's Office of Emergency Services (Cal OES)**
8. Proposed Grant Project Summary: **Funds will be used to pay for training and procure equipment for the Criminology Laboratory.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **4/1/25** End-Date: **3/31/26**
10. a. Amount budgeted for contractual services: **\$0**
b. Will contractual services be put out to bid?
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements?
d. Is this likely to be a one-time or ongoing request for contracting out?
11. a. Does the budget include indirect costs?
☐ Yes ☒ No
b. 1. If yes, how much? \$
2. How was the amount calculated?
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):
c. 2. If no indirect costs are included, what would have been the indirect costs? **\$0**
12. Any other significant grant requirements or comments: **No.**

****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):

- | | | |
|--|---|---|
| ☐ Existing Site(s) | ☐ Existing Structure(s) | ☒ Existing Program(s) or Service(s) |
| ☐ Rehabilitated Site(s) | ☐ Rehabilitated Structure(s) | ☐ New Program(s) or Service(s) |
| ☐ New Site(s) | ☐ 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: 6/25/2025
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Paul Yep
(Name)

Interim Chief of Police
(Title)

Date Reviewed: 7/3/25
(Signature Required)

TRAVEL COSTS

2024 FSIA

Line Item Identifier	Description	Out of State	Calculation	FS	Match	Total
1	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, airfares, baggage fees, lodging, ground transportation and per diem.	N		\$4,750		\$4,750
2	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, airfares, baggage fees, lodging, ground transportation and per diem.	Y		\$7,229		\$7,229
3	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, airfare, baggage fee, lodging, ground transportation and per diem.	Y		\$3,865		\$3,865
4	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, airfares, baggage fees, lodging, ground transportation and per diem.	Y		\$5,230		\$5,230
5	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, airfare, baggage fee, lodging, ground transportation and per diem.	Y		\$2,645		\$2,645

6	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, airfares, baggage fees, lodging, ground transportation and per diem.	N		\$2,544		\$2,544
7	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, mileage and per diem.	N		\$3,978		\$3,978
8	One person to attend Tri-Tech Forensics Blood Stain Pattern Analysis training in Pleasanton, CA for continuing education and training to meet accreditation requirements. Date to be determined. Costs will include registration fee and mileage.	N		\$1,124		\$1,124

OTHER OPERATING COSTS

2024 FSIA

Line Item Identifier	Description		Calculation	FS	Match	Total
1	Desktop computers for casework processing in firearms, trace, forensic chemistry and general criminalistics.		\$2,292 each x 3 units	\$6,876		\$6,876
2	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.		\$806.75 each x 4 units	\$3,227		\$3,227
3	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.		\$1,628 each x 2 units	\$3,256		\$3,256
4	HEPA hood filters to replace used ones to allow for proper ventilation of fumes during casework processing.		\$481.10 each x 10 units	\$4,811		\$4,811
5	Hood prefilters to replace used ones to allow for proper ventilation of fumes during casework processing.		\$22.53 each x 13 units	\$293		\$293
6	Analytical balance for forensic chemistry for the accurate weighing of controlled substances evidence.		\$3,943 each x 1 unit	\$3,943		\$3,943

7	Microscope for casework processing in controlled substances		\$9,483 each x 1 unit	\$9,483		\$9,483
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Budget Total	\$63,254		\$63,254
Allocation Plan Total	\$63,254	\$0	\$63,254
Over/Under	\$0	\$0	\$0

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
Federal Fund Grant Subaward Assurances - 2024 FSIA.pdf	☒ *
Program Standard Assurance Addendum	☒ *
Standard Certification of Compliance	☒ *

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 *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

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>>5 years</i>
How many years of experience does your current bookkeeper/accounting staff have managing grants?	<i>>5 years</i>
How many grants does your organization currently receive?	<i>>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>>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

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 *

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:

- 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 *

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:

- 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 *

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

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 *

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

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 *

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

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 *

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 *****.
- 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.**
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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:

- 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 *

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:

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

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.
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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

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
GRANT SUBAWARD FACE SHEET

This Grant Subaward Face Sheet summarizes the Grant Subaward for **CQ24030401**

The full Grant Subaward includes all application information provided by the Subrecipient, all attestations, and requirements included in the Program Supplemental. Subrecipients can access, download, and print the full Grant Subaward in the Grants Central System.

1. **Subrecipient** City & County San Francisco - Police Department **1a. UEI#:** SRZKDWN293M2
2. **Implementing Agency:** City & County San Francisco - Police Department
3. **Location of Project/Services:** San Francisco San Francisco County 94124-1105
(City) (County) (Zip+4)
4. **Program:** Paul Coverdell - CQ24
5. **Grant Subaward Performance Period/Period of Performance:** 4/1/2025 to 3/31/2026
6. **Indirect Cost Use:** **Federally Approved ICR (if applicable): %**

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Cost
2024	2024 FSIA		\$63,254	\$63,254	\$0	\$0	\$0	\$63,254
	Total Project Cost		\$63,254	\$63,254	\$0	\$0	\$0	\$63,254

Authorized Agent

Federal Employer Identification #: 94-6000417

<u>Fannie Yeung</u>	<u>Grants Manager</u>	<u>Fannie Yeung</u>	<u>2/25/2025</u>
Name	Title	Signature	Date
<u>1245 3RD ST FL 6</u>	<u>SAN FRANCISCO</u>	<u>94158-2134</u>	
Payment Mailing Address	City	ZIP Code	

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

<u>Jennifer McIntire</u>	<u>5/27/2025</u>	<u>Mary Rucker</u>	<u>5/27/2025</u>
Cal OES Fiscal Officer	Date	Cal OES Director or Designee	Date

Special Conditions
2024 FSIA funds cannot be expended until Cal OES has access to the funds. Cal OES will send a notification when this condition is removed.

Awarding Official Contact - Cal OES			
Name	Title	Address	Phone
Nancy Ward	Director	3650 Schriever Avenue, Mather CA 95655	916-845-8506

Program Description
The 2024 Paul Coverdell Forensic Sciences Improvement Grant affords qualifying forensic laboratories in California an opportunity to improve their efficiency and effectiveness to provide forensic science services through the improvement of the quality and timeliness of forensic services, the reduction of backlogged cases, accreditation of forensic science labs, and address emerging forensic science issues.

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
GRANT SUBAWARD FACE SHEET

This Grant Subaward Face Sheet summarizes the Grant Subaward for **CQ24030401**

The full Grant Subaward includes all application information provided by the Subrecipient, all attestations, and requirements included in the Program Supplemental. Subrecipients can access, download, and print the full Grant Subaward in the Grants Central System.

2024 FSIA	
State/Federal	Federal
ENY	2024
Chapter #	22
Service Location	18624
Item #	0690-102-0890
State Budget Program #	523
FAIN	15PBJA-24-GG-03214-COVE
Performance Period	10/01/24 - 09/30/26
State Budget Fund	Federal Trust Fund
Assistance Listing	16.742
Program	Paul Coverdell - CQ24
Mach Required	No
Project ID	OES24FSIA000012
Amount	\$63,254
Speed Chart	2024-18624
Grantor	Bureau of Justice Assistance
Federal Award Date	09/27/2024
Research & Development Program	No



DANIEL LURIE
MAYOR

CITY AND COUNTY OF SAN FRANCISCO
POLICE DEPARTMENT
HEADQUARTERS
1245 3RD Street
San Francisco, California, 94158



PAUL YEP
INTERIM CHIEF OF POLICE

TO: Board of Supervisors Budget and Finance Committee

DATE: September 3, 2025

SUBJECT: Accept and Expend Grant - Retroactive - California Governor's Office of Emergency Services - Paul Coverdell Forensic Science Improvement Program - \$63,254

The San Francisco Police Department (SFPD) is submitting a retroactive resolution for the Paul Coverdell Forensic Science Improvement Program grant in the amount of \$63,254 from the Governor's Office of Emergency Services (Cal OES) to pay for training and procure equipment for the Criminology Laboratory, with the project period beginning on April 1, 2025, through March 31, 2026. The grant provides funding for the Crime Lab to maintain accreditation for forensic services and reduce case backlogs.

SFPD applied for the Coverdell grant on February 25, 2025, and Cal OES approved SFPD's application on May 27, 2026. While SFPD budgets each Coverdell grant in the Annual Appropriation Ordinance and the award is usually less than \$100,000, we are seeking retroactive approval because the state requires Proof of Authority as a grant condition.

SFPD respectfully requests retroactive approval to accept and expend the Cal OES Coverdell grant.



DANIEL LURIE
MAYOR

CITY AND COUNTY OF SAN FRANCISCO
POLICE DEPARTMENT
HEADQUARTERS
1245 3RD Street
San Francisco, California 94158



PAUL YEP
INTERIM CHIEF OF POLICE

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: San Francisco Police Department
DATE: September 3, 2025
SUBJECT: Accept and Expend Resolution for Subject Grant
GRANT TITLE: Paul Coverdell Forensic Science Improvement Program – FY 24

Attached please find the original* and 1 copy of each of the following:

- X **01** - Proposed grant resolution; original* signed by Department, Mayor, Controller
- X **02** - Grant information form, including disability checklist
- X **03** - Grant budget
- X **04** - Grant application
- N/A Ethics Form 126 (if applicable)
- N/A Contracts, Leases/Agreements (if applicable)
- N/A Other (Explain):

Special Timeline Requirements: Grant end date is March 31, 2026

Departmental representative to receive a copy of the adopted resolution:

Name: **Kimmie Wu / Fannie Yeung** Phone: **415-837-7212**

Interoffice Mail Address: **SFPD Fiscal, 1245 3rd Street, 6th Floor**

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: Adam Thongsavat, Liaison to the Board of Supervisors
RE: Accept and Expend Grant - Retroactive - California Governor's Office of Emergency Services -
Paul Coverdell Forensic Science Improvement Program - \$63,254
DATE: September 9, 2025

Resolution retroactively authorizing the Police Department to accept and expend a grant in the amount of \$63,254 from the California Governor's Office of Emergency Services for the Paul Coverdell Forensic Science Improvement Program to train and procure equipment for the Criminology Laboratory with the project period beginning on April 1, 2025, through March 31, 2026.

Should you have any questions, please contact Adam Thongsavat at adam.thongsavat@sfgov.org