

**File Number:** 241124  
(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: **CDPH PPE Donations**
- 2. Department: **Department of Public Health**
- 3. Contact Person: **Solomon Gebala** Telephone: **628.217.6171**
- 4. Gift Approval Status (check one):  
 Approved by funding agency                       Not yet approved
- 5. Amount of Gift Funding Approved or Applied for: **\$1,372,318.27**
- 6a. Matching Funds Required: **\$0**  
b. Source(s) of matching funds (if applicable): **N.A.**
- 7a. Gift Source Agency: **California Department of Public Health**  
b. Gift Pass-Through Agency (if applicable): **N.A.**

8. Proposed Gift Project Summary:  
**Donations of COVID-19 Test Kits by the California Department of Public Health to the San Francisco Department of Public Health.**

- 9. Gift Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: **July 1, 2023**    End-Date: **June 30, 2024**

- 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 these gifts retroactive to June 19, 2024. The Department received the gifts on June 19, 2024.**

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: 9/26/2024 | 7:44 AM PDT

DocuSigned by:  
Toni Rucker  
A04292F7331F44D...  
(Signature Required)

**Department Head or Designee Approval of Gift Information Form:**

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 9/26/2024 | 4:26 PM PDT

DocuSigned by:  
Jenny Louie for Dr. Colfax  
40CFE25DD8B4404...  
(Signature Required)  
Jenny Louie, COO for