

File No. 110509

Committee Item No. 2

Board Item No. 6

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee PUBLIC SAFETY

Date 5/5/11

Board of Supervisors Meeting

Date 5/17/11

Cmte Board

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Use back side if additional space is needed)

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Completed by: Gail Johnson

Date 4/29/11

Completed by: YJ

Date 5/11/11

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

1 [Accept and Expend Grant - Medical Examiner Accreditation Support - \$116,589]

2 **Resolution authorizing the Office of the Chief Medical Examiner to accept and expend a**
3 **grant in the amount of \$116,589.00 from the Paul Coverdell Forensic Science**
4 **Improvement Grants Program of the California Emergency Management Association**
5 **for accreditation support.**

6
7 WHEREAS, In order to ensure the highest standards of medico-legal services be
8 provided to the citizens of San Francisco, the Office of the Chief Medical Examiner of the City
9 and County of San Francisco (OCME) is required to meet and maintain accreditation by the
10 National Association of Medical Examiner's and the American Board of Forensic Toxicology;
11 and,

12 WHEREAS, In order to meet these accreditation standards, the OCME requires new
13 equipment, computer hardware and software and temporary staffing to perform validation
14 studies and train/certify current employees in the Forensic Laboratory Division of the OCME;
15 and,

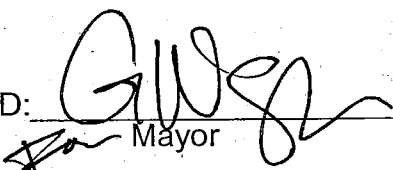
16 WHEREAS, The OCME participated in a competitive process for and was selected to
17 receive a grant from the Paul Coverdell Forensic Science Program to acquire and install Local
18 Access Network (LAN) Interfaces and upgrade kits, a redundant nitrogen generator, a digital
19 x-ray server, upgraded computer hardware and software, as well as staffing for validation
20 studies and training/certification for personnel; and,

21 WHEREAS, The resolution does not require an ASO Amendment; and,

22 WHEREAS, The OCME proposes to maximize use of available grant funds on program
23 expenditures by not including indirect costs in the grant budget; now, therefore, be it

24 **RESOLVED**, That the Board of Supervisors hereby waives inclusion of indirect costs in
25 the grant budget; and, be it

1 FURTHER RESOLVED, That the Board of Supervisors authorizes the Chief Medical
2 Examiner to accept and expend funding in the amount of \$116,589.00 from the Paul Coverdell
3 Forensic Science Improvement Program.

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6 APPROVED: 
7 Mayor

8 APPROVED: 
9 Controller

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13 Recommended:

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15 Department Head

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TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM:

DATE:

SUBJECT: Accept and Expend Ordinance for Subject Grant

GRANT TITLE:

Attached please find the original and 4 copies of each of the following:

Proposed grant ordinance; original signed by Department, Mayor, Controller

Grant information form, including disability checklist

Grant budget

Grant application

Letter of Intent or grant award letter from funding agency

Other (Explain):

Special Timeline Requirements:

Grant expenditure deadline September 2011

Departmental representative to receive a copy of the adopted ordinance:

Name: Richard Vetterli

Phone: 553-1798

Interoffice Mail Address: Richard.vetterli@sfgov.org

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).

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

Grant Information Form
(Effective July 2006)

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

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

1. Grant Title: 2010 California Coverdell Program

2. Department: GSA – Office of the Chief Medical Examiner

3. Contact Person: Richard Vetterli Telephone: 415-553-1798

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$116,589.00

6a. Matching Funds Required: \$ 0

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

7a. Grant Source Agency: Cal E.M.A. – Paul Coverdell Forensic Science Improvement Program

b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary: Acquire, install and operate two LAN interface and upgrade kits, a redundant nitrogen generator and a digital x-ray server. Upgrade computer hardware and software, temporary staffing for validation studies, training and certification of permanent personnel in the Forensic Laboratory Division for the Office of the Chief Medical Examiner.

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

Start-Date: 10/1/2010

End-Date: 8/31/2011

10. Number of new positions created and funded: 0 permanant

11. Explain the disposition of employees once the grant ends? N/A

12a. 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 MBE/WBE requirements? n/a

d. Is this likely to be a one-time or ongoing request for contracting out? n/a

13a. Does the budget include indirect costs? Yes No

b1. If yes, how much? \$

b2. How was the amount calculated?

c. 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):

c2. If no indirect costs are included, what would have been the indirect costs? The OCME does not have an approved indirect rate, but the incremental indirect costs for administering this grant are thought to be minimal.

14. Any other significant grant requirements or comments: n/a

****Disability Access Checklist****

15. 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)

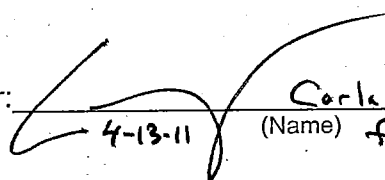
New Site(s)

New Structure(s)

16. The Departmental ADA Coordinator and/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 access laws and regulations and will allow the full inclusion of persons with disabilities; or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental or Mayor's Office of Disability Reviewer:

 Carle Johnson MOD
(Name) for Susan Mizner, Director

Date Reviewed: _____

Department Approval: _____

(Name)

(Title)

(Signature)

BUDGET CATEGORY AND LINE ITEM DETAIL

Grant Recipient:	Grant Number:
A. Personal Services – Salaries/Employee Benefits	COST
Prop F Assistant Forensic Toxicologists (AFTs class 2456) for certification 420 hours @\$48.00 per	\$20,160
ABFT application fees for five AFTs to take certification exams @210.00 each	\$1,050
Prop F AFTs (class 2456) for validation studies 647 hours @\$48.00 per	\$31,058
8 personal computers @ \$1500 each	\$12,000
GC-MS LAN Interfaces and Upgrade Kits	
2 Performance Upgrade Kits @11089.10	
2 LAN kits @ \$702.95	
sales tax @ \$2241.50	
Total grant request	\$16,589
(Total cost of equipment is \$25,824.60. The additional \$9235.00 is being requested in the White Paper Grant request.)	
Additional upgrades for the GC-MS LAN (per above)	\$9,235
Nitrogen generator	\$9,502
Digital X-ray server	\$16,995
PERSONAL SECTION TOTAL	\$116,589

Cal EMA

075-00000

Award # CQ10010380

CALIFORNIA EMERGENCY MANAGEMENT AGENCY
GRANT AWARD FACE SHEET (Cal EMA 2-101)

The California Emergency Management Agency, hereafter designated Cal EMA, hereby makes a grant award of funds to the following:

- 1. Grant Recipient: City and County of San Francisco City and County
hereafter designated Recipient, in the amount and for the purpose and duration set forth in this grant award.
- 2. Implementing Agency: Office of the Chief Medical Examiner
- 3. Project Title: 2010 California Coverdell Program
- 4. Grant Period: 10/01/10 to 08/31/11

*Select the Grant year and fund source(s) from the lists below or type the appropriate acronym in box 9. Enter the amount(s) from each source. Please do not enter both State and Federal fund sources on the same line. Add any cash match(s). Block 10G is the Grant Award total amount.

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
10/11	5. FSIA		\$ 116,589 \$ 16,589				\$0	
Select	6. Select						\$0	
Select	7. Select						\$0	
Select	8. Select						\$0	
Select	9.						\$0	
	10. TOTALS	\$0	\$ 116,589 \$ 16,589	\$ 116,589 \$ 16,589	\$0	\$0	\$0	10G Grand-Total: \$ 116,589 \$ 16,589

11. This grant award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify I am vested with the authority, and have the approval of the City/County Financial Officer, City Manager, County Administrator, or Governing Board Chair, to enter into this grant award agreement; and all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Cal EMA Program Guidelines, the Cal EMA Recipient Handbook, the Federal OJP Financial Guide and Program Guidelines (if applicable), and the Cal EMA audit requirements, as stated in the applicable RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in the applicable RFP or RFA, and agrees that the allocation of funds is contingent on the enactment of the State Budget.

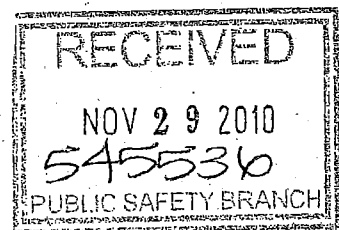
12. Official Authorized to Sign for Applicant/Grant Recipient: Amy P. Hart, M.D. Federal Employer ID Number: 94-6000417
 Name: Amy P. Hart, M.D. Title: Chief Medical Examiner
 Payment Mailing Address: 850 Bryant Street City: San Francisco Zip: 94103
 Telephone: (415) 553-1799 (area code) FAX: (415) 553-1650 (area code) Email: amy.hart@sfgov.org
 Signature: *Amy P. Hart* Date: 11-22-10

(FOR CalEMA USE ONLY)

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

[Signature] 11/28/11 *[Signature]* 11/28/11
 Cal EMA Fiscal Officer Date Cal EMA Director (or designee) Date

Yr / Chapter: 2010-11 / 712 PCA No: 18320
 Item: 0690-102-0890 Fed Cat. # 16.742
 Component: 40.30.523
 Program: Paul Coverdell Forensic Science Improvement program
 Fund: Federal Trust
 Match Req.: None
 Project No.: 10FSIA Amount: \$ 116,589



SPECIAL CONDITION

Grant Award Agreement No. CQ10010380 is hereby approved with the following condition:

- The 2010FSIA Funds in the amount of \$ 116,589. must be expended by August 31, 2011, and the final 2-201 must be received by Cal EMA by August 31, 2011. This Special Condition will reduce the liquidation period to zero days.

Failure to comply with these requirements may result in the withholding and disallowance of grant payments, the reduction or termination of the grant award, and/or the denial of future grant funds.

PROJECT CONTACT INFORMATION

Recipient Office of the Chief Medical Examiner, San Francisco Grant Number CQ10010380
[FOR CALEMA USE ONLY]

Provide the name, title, address, telephone number, and e-mail address for the project contacts named below. **NOTE: If you use a PO Box address, a street address is also required for package delivery and site visit purposes.**

1. The **Project Director** for the project:

Name: Amy P. Hart, M.D. Title: Chief Medical Examiner
Telephone #: 415-553-1799 Fax#: 415-553-1650 Email Address: amy.hart@sfgov.org
Address/City/Zip: 850 Bryant Street, San Francisco, CA 94103

2. The **Financial Officer** for the project:

Name: Richard W. Vetterli Title: Acting Deputy Director / Administrator
Telephone #: 415-553-1798 Fax#: 415-553-1650 Email Address: richard.vetterli@sfgov.org
Address/City/Zip: 850 Bryant Street, San Francisco, CA 94103

3. The **person** having **Routine Programmatic** responsibility for the project:

Name: Nikolas Lemon, Ph.D Title: Forensic Laboratory Director
Telephone #: 415-553-9008 Fax#: 415-553-1650 Email Address: nikolas.lemos@sfgov.org
Address/City/Zip: 850 Bryant Street, San Francisco, CA 94103

4. The **person** having **Routine Fiscal Responsibility** for the project:

Name: Susan Keller Title: Senior Administrative Analyst
Telephone #: 415-553-1699 Fax#: 415-553-1650 Email Address: susan.keller@sfgov.org
Address/City/Zip: 850 Bryant Street, San Francisco, CA 94103

5. The **Executive Director** of a nonprofit organization or the **Chief Executive Officer** (i.e., chief of police, superintendent of schools) of the implementing agency:

Name: Amy P. Hart, M.D. Title: Chief Medical Examiner
Telephone #: 415-553-1799 Fax#: 415-553-1605 Email Address: amy.hart@sfgov.org
Address/City/Zip: 850 Bryant Street, San Francisco, CA 94103

6. The **Official Designated** by the Governing Board to enter into the Grant Award Agreement for the city/county or Community-Based Organization, as stated in Block 14 of the Grant Award Face Sheet:

Name: Amy P. Hart, M.D. Title: Chief Medical Examiner
Telephone #: 415-553-1799 Fax#: 415-553-1650 Email Address: amy.hart@sfgov.org
Address/City/Zip: 850 Bryant Street, San Francisco, CA 94103

7. The **chair** of the **Governing Body** of the recipient:

Name: Amy Brown Title: Acting City Administrator
Telephone #: 415-554-4851 Fax#: 415-554-4849 Email Address: city.administrator@sfgov.org
Address/City/Zip: 1 Carlton B. Goodlett Place, Room 362, San Francisco, CA 94102

SIGNATURE AUTHORIZATION

Grant Award #: CQ10010380

Grant Recipient: City and County of San Francisco

Implementing Agency: Office of the Chief Medical Examiner

***The Project Director and Financial Officer are *REQUIRED* to sign this form.**

***Project Director:** Amy P. Hart, M.D.

Signature: _____

Amy P. Hart, M.D.

Date: _____

March 15, 2011

***Financial Officer:** Richard W. Vetterli

Signature: _____

Richard W. Vetterli

Date: _____

March 15, 2011

The following persons are authorized to sign for the
Project Director

Signature _____

Name _____

Signature _____

Name _____

Signature _____

Name _____

Signature _____

Name _____

Signature _____

Name _____

The following persons are authorized to sign for the
Financial Officer

Signature _____

Name _____

Signature _____

Name _____

Signature _____

Name _____

Signature _____

Name _____

Signature _____

Name _____

CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, Amy P. Hart, M.D. hereby certify that
(official authorized to sign grant award; same person as Section 12 on Grant Award Face Sheet)

RECIPIENT: City and County of San Francisco
IMPLEMENTING AGENCY: Office of the Chief Medical Examiner
PROJECT TITLE: 2010 California Coverdell Program

is responsible for reviewing the *Recipient Handbook* and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by the Cal EMA including, but not limited to, the following areas:

I. Federal Grant Funds

Recipients expending \$500,000 or more in federal grant funds annually are required to secure an audit pursuant to OMB Circular A-133 and are allowed to utilize federal grant funds to budget for the audit costs. See Section 8000 of the *Recipient Handbook* for more detail.

- The above named Recipient receives \$500,000 or more in federal grant funds annually.
 The above named Recipient does not receive \$500,000 or more in federal grant funds annually.

II. Equal Employment Opportunity – (*Recipient Handbook, Section 2151*)

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **Cal EMA-funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.**

Please provide the following information:

Equal Employment Opportunity Officer: Amy P. Hart, M.D.
Title: Chief Medical Examiner
Address: Hall Of Justice, 850 Bryant Street, San Francisco, CA 94103
Phone: 415 553-1799
Email: Amy.hart@sfgov.org

III. Drug-Free Workplace Act of 1990 – (Recipient Handbook, Section 2152)

The State of California requires that every person or organization awarded a grant or contract shall certify it will provide a drug-free workplace.

IV. California Environmental Quality Act (CEQA) – (Recipient Handbook, Section 2153)

The California Environmental Quality Act (CEQA) (*Public Resources Code, Section 21000 et seq.*) requires all Cal EMA-funded projects to certify compliance with CEQA. Projects receiving funding must coordinate with their city or county planning agency to ensure that the project is compliance with CEQA requirements.

V. Lobbying – (Recipient Handbook, Section 2154)

Cal EMA grant funds, grant property, or grant-funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

VI. Debarment and Suspension – (Recipient Handbook, Section 2155)

(This applies to federally-funded grants only.)

Cal EMA-funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department or agency.

VII. Eligibility Requirement Certification (pursuant to the Justice for All Act of 2004, Pub.L.No. 108-405, § 311(b) (codified at 42 U.S.C. §3797k).

Coverdell grant recipients must certify with respect to any forensic laboratory system receiving any portion of the grant that a government entity exists and an appropriate written process is in place to conduct independent external investigation into allegations of serious negligence or misconduct by employees or contractors substantially affecting the integrity of forensic results.

VIII. Proof of Authority from City Council/Governing Board

The above-named organization (Applicant) accepts responsibility for, and will comply with, the requirement to obtain written authorization from the City Council/Governing Board in support of this program. The Applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of the Cal EMA, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the Recipient and the authorizing agency. The State of California and the Cal EMA disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from the Cal EMA shall not be used to supplant expenditures controlled by the City Council/Governing Board.

The Applicant is required to obtain written authorization from the City Council/Governing Board that the official executing this agreement is, in fact, authorized to do so. The Applicant is also required to maintain said written authorization on file and readily available upon demand.

All appropriate documentation must be maintained on file by the project and available for the Cal EMA or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the Recipient may be ineligible for award of any future grants if the Cal EMA determines that any of the following has occurred:

(1) The Recipient has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

CERTIFICATION

I, the official named below, am the same individual authorized to sign the Grant Award Agreement [Section 12 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Authorized Official's Signature: Amy P. Hart, M.D.

Authorized Official's Typed Name: Amy P. Hart, M.D.

Authorized Official's Title: Chief Medical Examiner

Date Executed: November 22, 2010

Federal Employer ID #: 94-6000417 Federal DUNS # 070384255

Current Central Contractor Registration Yes No

Executed in the City/County of: San Francisco

AUTHORIZED BY: (not applicable to State agencies)

- | | |
|--|---|
| <input type="checkbox"/> City Financial Officer | <input type="checkbox"/> County Financial Officer |
| <input checked="" type="checkbox"/> City Manager | <input type="checkbox"/> County Manager |
| <input type="checkbox"/> Governing Board Chair | |

Signature: Edwin Lee

Typed Name: Edwin Lee

Title: City Administrator

BUDGET CATEGORY AND LINE ITEM DETAIL

A. Personal Services – Salaries/Employee Benefits	COST
Prop F Assistant Forensic Toxicologists (AFTs class 2456) for certification 420 hours @\$48.00 per	\$20,160
ABFT application fees for five AFTs to take certification exams @ \$210.00 each	\$1,050
Prop F AFTs (class 2456) for validation studies 647 hours @ \$48.00 per	\$31,058
TOTAL	\$52,268

BUDGET CATEGORY AND LINE ITEM DETAIL

B. Operating Expenses	COST
12 personal computers @ \$1,500 each	\$12,000
TOTAL	\$12,000

BUDGET CATEGORY AND LINE ITEM DETAIL

C. Equipment	COST
GC-MS LAN Interfaces and Upgrade Kits 2 Performance Upgrade Kits, @ 11,089.10 2 Lan kits @ 702.95 sales tax @ 2,241.50 Total grant request	\$16,589
(Total cost of equipment is \$25,824.60. The additional \$9,235.00 is being requested in the White Paper Grant request.)	
Additional upgrades for GC-MS LAN (per above)	\$9,235
Nitrogen Generator	\$9,502
Digital X-Ray	\$16,995
TOTAL	\$52,321.00
Total Project Cost*	
	\$116,589

**Same as Block 10G on the Grant Award Face Sheet*

5

LEVS Budget Summary Report

CQ10 Paul Coverdell Forensic Science Improvement Program
 San Francisco, City & County
 2010 California Coverdell Program

Award #: CQ10 01 0380
 Award Period: 10/01/10 - 08/31/11
 Latest Request: , Not Final 201

A. Personal Services - Salaries/Employee Benefits

F/S/L	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
F	10FSIA	52,268	0	52,268	0	52,268
Total A. Personal Services - Salaries/Employee Benefits:		52,268	0	52,268	0	52,268

B. Operating Expenses

F/S/L	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
F	10FSIA	12,000	0	12,000	0	12,000
Total B. Operating Expenses:		12,000	0	12,000	0	12,000

C. Equipment

F/S/L	Funding Source	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
F	10FSIA	52,321	0	52,321	0	52,321
Total C. Equipment:		52,321	0	52,321	0	52,321

	Budget Amount	Paid/Expended	Balance	Pending	Pending Balance
Total Local Match:	0	0	0	0	0
Total Funded:	116,589	0	116,589	0	116,589
Total Project Cost:	116,589	0	116,589	0	116,589

F/S/L (Funding Types): F=Federal, S=State, L=Local Match
 Paid/Expended=posted in ledger w/Claim Schedule, Pending=Processed, but not yet in Claim Schedule

Budget Narrative

Two GC-MS LAN Interfaces and Upgrade Kits (\$25,824). Recognizing the total cost of \$25,824 exceeds the funds available (\$16,589) in the Baseline Grant by \$9,235, a separate White Paper Grant for the excess amount (i.e.) \$9,235 will be filed in order to provide the supplemental funds needed to fully cover the list price of the requested upgrades.

The Laboratory currently is in possession of two stand-alone, gas chromatographs/mass spectrometers (GC-MS) analytical instruments that are used to confirm and quantify two of this jurisdiction's most frequently-encountered controlled substances: cocaine and amphetamines. These two GC-MS instruments are considered state-of-the-art equipment for these types of toxicological analyses but in their current configurations are unable to communicate with the Local Access Network (LAN) that currently exists in the Laboratory and with the Laboratory Information Management System (LIMS) that the Laboratory is in the process of implementing. These limitations affect both the quality and quantity of information and data (and, therefore, cases) that forensic scientists in this Laboratory may process in an accurate and timely fashion creating an analytical backlog and decrease our case turn around time.

The two GC-MS instruments are in need of LAN interfaces in order to change their configurations to permit the communication needs with the LAN and the LIMS. Information and data will be immediately allowed to travel back and forth from the two instruments without delay and without the risk of human error. This will improve the quality and quantity of information and data processed (and, therefore, cases) improving our average turn-around time.

Currently, the OCME Forensic Laboratory employs one Forensic Laboratory Director/Chief Forensic Toxicologist (class 2458), one Forensic Laboratory Manager/Supervising Forensic Toxicologist (class 0931), five Assistant Forensic Toxicologists (class 24256) and two Forensic Laboratory Technicians (class 2403). Together, the Laboratory processes toxicology cases in approximately 1,500 postmortem cases and 3,000 human performance.

Project Narrative

1. 2010 California Coverdell Program – Baseline Grant

The Office of The Chief Medical Examiner for the City and County of San Francisco provides Medical Examiner services to a workday population in excess of one million people, with a resident population of approximately 800,000, according to the United States census Bureau. The Laboratory, Medical, Investigative and Administrative Divisions of the Office of the Chief Medical Examiner receive approximately 4500 Report of Death calls per year. The Office takes jurisdiction in approximately 1500 postmortem cases coming for the determination of the cause and manner of death in sudden, unexpected, and violent deaths. In addition, the Forensic Laboratory processes approximately 3,000 human performance cases.

1.A. Two GC-MS LAN Interfaces and Upgrade Kits (\$25,824). Recognizing the total cost of \$25,824 exceeds the funds available (\$16,589) in the Baseline Grant by \$9,235, a separate White Paper Grant for the excess amount (i.e.) \$9,235 will be filed in order to provide the supplemental funds needed to fully cover the list price of the requested upgrades.

§1. Problem Statement: The Laboratory currently is in possession of two stand-alone gas chromatographs/mass spectrometers (GC-MS) analytical instruments that are used to confirm and quantify two of this jurisdiction's most frequently-encountered controlled substances: cocaine and amphetamines. These two GC-MS instruments are considered state-of-the-art equipment for these types of toxicological analyses but in their current configurations are unable to communicate with the Local Access Network (LAN) that currently exists in the Laboratory and with the Laboratory Information Management System (LIMS) that the Laboratory is in the process of implementing. These limitations affect both the quality and quantity of information and data (and, therefore, cases) that forensic scientists in this Laboratory may process in an accurate and timely fashion creating an analytical backlog and decreased turnaround time.

§2. Plan: The two GC-MS instruments are in need of LAN interfaces in order to change their configurations to permit the communication needs with the LAN and the LIMS. Information and data will be immediately allowed to travel back and forth from the two instruments without delay and without the risk of human error. This will improve the quality and quantity of information and data processed (and, therefore, cases) improving our average case turn-around time.

§3. Capabilities: Currently, the Forensic Laboratory employs one Forensic Laboratory Director/Chief Forensic Toxicologist (class 2458), one Forensic Laboratory Manager/Supervising Forensic Toxicologist (class 0931), five Assistant Forensic Toxicologists (class 2456) and two Forensic Laboratory Technicians (class 2403). Together, the Laboratory processes toxicology cases in approximately 1,500 postmortem cases and 3,000 human performance cases.

PROJECT SUMMARY

1. GRANT AWARD NO. <u>CQ10010380</u>	3. GRANT PERIOD
2. PROJECT TITLE <u>2010 California Coverdell Program</u>	<u>10/01/10</u> to <u>08/31/11</u>
4. APPLICANT Name: <u>City and County of San Francisco</u> Phone: <u>415 553-1694</u> Address: <u>850 Bryant Street</u> Fax #: <u>415 553-1650</u> City: <u>San Francisco</u> Zip: <u>94103</u>	5. GRANT AMOUNT (this is the same amount as 10G of the Grant Award Face Sheet) <u>\$ 16,589</u> <u>\$ 116,589</u>

6. IMPLEMENTING AGENCY			
Name: <u>Office of The Chief Medical Examiner</u>	Phone: <u>415 553-1694</u>	Fax #: <u>415 553-1650</u>	
Address: <u>850 Bryant Street</u>	City: <u>San Francisco</u>	Zip: <u>94103</u>	

7. PROGRAM DESCRIPTION

The Office of The Chief Medical Examiner for the City and County of San Francisco (OCME) provides Medical Examiner services to a workday population in excess of one million people. According to the United States Census Bureau, there is a resident population of approximately 800,000. The OCME receives approximately 4500 Report of Death calls per year. This results in approximately 1500 postmortem cases coming into the Office for the determination of cause and manner of death. In addition, the OCME Forensic Laboratory processes approximately 3,000 human performance cases each year. The OCME is currently a NAME accredited office in the process of achieving ABFT accreditation for the Forensic Laboratory within the Office.

8. PROBLEM STATEMENT

The OCME Forensic Laboratory currently is in possession of two stand-alone gas chromatographs/mass spectrometers (GC-MS) analytical instruments that are used to confirm and quantify two of this jurisdiction's most frequently-encountered controlled substances: cocaine and amphetamines. These two GC-MS instruments in their current configurations are unable to communicate with the Local Access Network (LAN) that currently exists in the Laboratory and with the Laboratory Information Management System (LIMS). These limitations affect both the quality and quantity of information and data (and, therefore, cases) that forensic scientists in the OCME Forensic Laboratory may process in an accurate and timely fashion creating an analytical backlog and decrease in case turn around time.

9. OBJECTIVES

The two GC-MS instruments are in need of LAN interfaces in order to change their configurations to permit the communication needs with the LAN and the LIMS. Information and data will be immediately allowed to travel back and forth from the two instruments without delay and without the risk of human error. This will improve the quality and quantity of information and data processed (and, therefore, cases) improving our average case turn-around time.

10. ACTIVITIES

Currently, the OCME Forensic Laboratory employs one Forensic Laboratory Director/Chief Forensic Toxicologist (class 2458), one Forensic Laboratory Manager/Supervising Forensic Toxicologist (class 0931), five Assistant Forensic Toxicologists (class 2456) and two Forensic Laboratory Technicians (class 2403). Together, the OCME Forensic Laboratory processes toxicology cases in approximately 1,500 postmortem cases and 3,000 human performance cases.

11. EVALUATION (if applicable)

The OCME Forensic Laboratory division has a performance measure of completing 90% of the cases within 90 calendar days.

12. NUMBER OF CLIENTS

(if applicable)

13. PROJECT BUDGET

(these are the same amounts as on Budget Pages)

	Personal Services	Operating Expenses	Equipment	TOTAL
Two GC-MS LAN Interfaces and Upgrade Kits (\$25,824). Recognizing the total cost of \$25,824 exceeds the funds available (\$16,589) in the Baseline Grant by \$9,235, a separate White Paper Grant for the excess amount (i.e.) \$9,235 will be filed in order to provide the supplemental funds needed to fully cover the list price of the requested upgrades.	52,268	12,000	(RS) 52,321 \$16,589	(RS) 116,589 \$16,589
				\$0
				\$0
				\$0
				\$0
				\$0
(RS) Totals:	\$ 52,268 \$0	12,000 \$0	\$ 52,321 \$16,589	116,589 \$16,589

California Emergency Management Agency
2010 California Coverdell Program

Office of the Chief Medical Examiner (OCME), CCSF

Performance Measures as of October 1, 2010

The Office of the Chief Medical Examiner (OCME) for the City and County of San Francisco use standards set by the National Association of Medical Examiners (NAME) to measure performance in our Forensic Toxicology Laboratory. The OCME measures positive Toxicology results completed within 90 calendar days, with a target of 90%. As of October 1, 2010, of 441 positive Toxicology cases, 327 were completed within 90 calendar days, for a performance measure of 74%.

NONCOMPETITIVE BID REQUEST CHECKLIST

Has the applicant/recipient met the following requirements of the *Recipient Handbook*:

Check appropriate box: Yes No

Section 3511

Do conditions exist that require a sole/single-source contract?

Section 3521.1

Is a brief description of the program or project included?

Section 3521.2

Was it necessary to contract noncompetitively?

Did the contractor submit his/her qualifications?

Is the reasonableness of the cost justified?

Were cost comparisons made with differences noted for similar services?

Is a justification provided regarding the need for contract?

Section 3521.3

Is an explanation provided for the uniqueness of the contract?

Section 3521.4

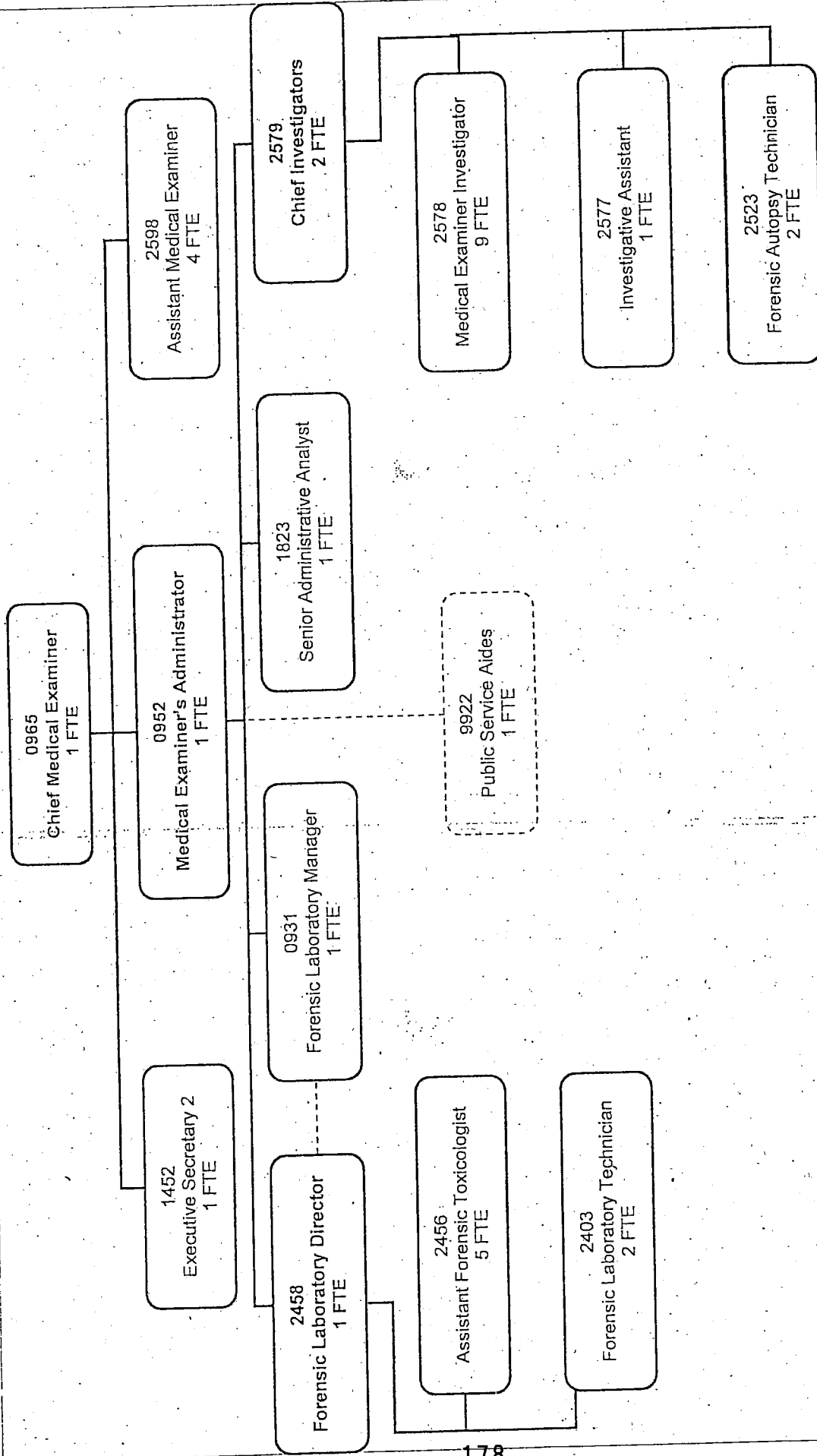
Are there time constraints impacting the project?

Were comparisons made to identify the time required for another contractor to reach the same level of competence?

2010 California Coverdell Program
Office of the Chief Medical Examiner
City and County of San Francisco

Application Appendices

Office of the Chief Medical Examiner
 City and County – San Francisco
 Organizational Chart – Fiscal Year 2010-2011



PROJECT SERVICE AREA INFORMATION

1. COUNTY OR COUNTIES SERVED: Enter the name(s) of the county or counties served by the project. Put an asterisk where the project's principal office is located.

San Francisco County

2. U.S. CONGRESSIONAL DISTRICT(S): Enter the number(s) of the U.S. Congressional District(s) which the project serves. Put an asterisk for the district where the project's principal office is located.

8th Congressional District *
12th Congressional District

3. STATE ASSEMBLY DISTRICT(S): Enter the number(s) of the State Assembly District(s) which the project serves. Put an asterisk for the district where the project's principal office is located.

12th Assembly District
13th Assembly District *

4. STATE SENATE DISTRICT(S): Enter the number(s) of the State Senate District(s) that the project serves. Put an asterisk for the district where the project's principal office is located.

3rd Senate District *
8th Senate District

5. POPULATION OF SERVICE AREA: Enter the total population of the area served by the project.

According to 2009 U.S. Census Bureau information, the County residential population was approximately 815,000, swelling to more than 1 million during weekdays.

OTHER FUNDING SOURCES

Complete this form to report the total funds available to support the activities related to accomplishing the goals and objectives of the Grant Award Agreement. In the "Grant Funds" column, report the CalEMA funds requested by category. In the "Other Funds" column, report all other funds available to support the project by category and then calculate the totals by category in the "Program Total" column. Total each column to arrive at the total program funds available.

OTHER FUNDING SOURCES			
(Enter numbers without \$ or decimal points.)			
BUDGET CATEGORY	GRANT FUNDS <i>(Use only the grant funds identified in the preceding budget pages.)</i>	OTHER FUNDS	PROGRAM TOTAL
AS Personal Services	\$ 52,268		\$0
BS Operating Expenses	12,000		\$0
CS Equipment	52,321 16,589		\$16,589
DL TOTAL	\$ 116,589 16,589	\$0	\$ 116,589 16,589

This form does not become part of the grant award.

PRIOR, CURRENT AND PROPOSED OES FUNDING

List all currently funded CalEMA projects and all CalEMA grants awarded to the applicant during the last five fiscal years. Include the fiscal year of operation, the grant number and the amount of CalEMA funding. For current and proposed grants that include positions funded by more than one CalEMA grant, list these personnel by title and the percentage of the position funded by CalEMA. The percentage of funding must not exceed 100 per cent for any one individual.

Example				
FISCAL YEAR	GRANT NUMBER	GRANT AMOUNT	PERSONNEL BY TITLE	PERCENTAGE PAID BY OES
2005-06	DC05160010	\$50,000	Project Director	25%
2005-06	CE05089504	\$67,000	Project Director	25%
2005-06	MS05040550	\$68,000	Project Director	50%

PRIOR, CURRENT AND PROPOSED CalEMA FUNDING				
FISCAL YEAR	GRANT NUMBER	GRANT AMOUNT	PERSONNEL BY TITLE	% OF CalEMA FUNDING
				0%
				0%
				0%
				0%
				0%
				0%
				0%
				0%
				0%

CALIFORNIA EMERGENCY MANAGEMENT AGENCY
PUBLIC SAFETY AND VICTIM SERVICES

FY 2010 Paul Coverdell Forensic Science Improvement Grants Program

Certification as to External Investigations

On behalf of the applicant agency named below, I certify the following to the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice and to the California Emergency Management Agency:

A government entity exists and an appropriate process is in place to conduct independent external investigations into allegations of serious negligence or misconduct substantially affecting the integrity of the forensic results committed by employees or contractors of any forensic laboratory system, medical examiner's office, coroner's office, law enforcement storage facility, or medical facility in the State that will receive a portion of the grant award.

I agree to notify Cal EMA Coverdell Program Staff at the *initiation, duration of, and at the conclusion* of any and all complaints and/or allegations of serious negligence and/or misconduct substantially affecting the integrity of forensic results committed by employees or contractors of the forensic laboratory system.

I have personally read and reviewed the section entitled "Eligibility" in the FY 2010 program announcement for the Coverdell Forensic Science Improvement Grants Program. I acknowledge that a false statement in this certification or in the application that it supports may be subject to criminal prosecution, including under 18 U.S.C. §1001. I also acknowledge that the Office of Justice Programs and/or California Emergency Management Agency grants, including certifications provided in connection with such grants, are subject to review by the Office of Justice Programs, Department of Justice, Office of the Inspector General, and the California Emergency Management Agency.

I have authority to make this certification on behalf of the applicant agency (that is, the agency applying directly to the California Emergency Management Agency).

Amy P. Harris
Signature of Certifying Official

Chief Medical Examiner
Title of Certifying Official
Chief Medical Examiner

Office of the Chief Medical Examiner,
City and County of San Francisco
Name of Applicant Agency

Date November 22, 2010

City and County of San Francisco,
District Attorney's Office
Name of External Investigative Agency

Contact at External Investigative Agency

David Pfeifer
Title

Assistant District Attorney

Phone # 415 551-9547

JERRY BROWN
GOVERNOR



Cal E·M·A

CALIFORNIA EMERGENCY
MANAGEMENT AGENCY

MIKE DAYTON
ACTING SECRETARY

11 FEB - 2 PM 12: 26
SAN FRANCISCO
MEDICAL EXAMINER

January 31, 2011

Amy P. Hart, M.D., Chief Medical Examiner
San Francisco, City & County
850 Bryant Street
San Francisco, CA 94103

Dear Dr. Hart, M.D.:

Subject: **NOTIFICATION OF APPLICATION APPROVAL**
Paul Coverdell Forensic Science Improvement Program
Award #: CQ10 01 0380, Cal EMA ID: 075-00000

Congratulations! The California Emergency Management Agency (Cal EMA) has approved your application in the amount of \$116,589, subject to Budget approval. A copy of your approved subgrant is enclosed for your records.

Cal EMA will make every effort to process payment requests within 60 days of receipt.

This subgrant is subject to the Cal EMA Recipient Handbook. You are encouraged to read and familiarize yourself with the Cal EMA Recipient Handbook, which can be viewed on Cal EMA's website at www.calema.ca.gov.

Any funds received in excess of current needs, approved amounts, or those found owed as a result of a close-out or audit, must be refunded to the State within 30 days upon receipt of an invoice from Cal EMA.

Should you have questions on your subgrant, please contact your Program Specialist.

PSVS Grant Processing

Enclosure

c: Recipient's file

3650 SCHRIEVER AVENUE • MATHER, CALIFORNIA 95655
PUBLIC SAFETY AND VICTIM SERVICES PROGRAMS DIVISION
TELEPHONE: (916) 324-9200 • FAX: (916) 324-9179

