		umber: ovided by		rd of Supervisors	3)			
				<u>(</u>	Gift Resolution I (Effective			
		se: Acc d grant		roposed Boar	d of Supervisors	resoluti	ions authorizing a Depart	ment to accept and
The	fo	llowing	describes t	he grant refer	red to in the acco	mpany	ing resolution:	
ļ	1.	Gift Title: Accept and Expend In-Kind Gift – Ripple Labs, Inc. – Estimated Market Value \$2,131,543 and Future Gifts to Support the Real Time Investigation Center						
:	2.	Department: San Francisco Police Department						
;	3.	Contac	ct Person:	Kimmie Wu			Telephone: 415-837	-7211
	4.	Gift Approval Status (check one):						
		[X] Approved by funding agency [] Not yet approved						
	5.	Amount of Gift Funding Approved or Applied for: \$2,131,543						
(6.	a. b.		Funds Require of matching fu	ed: N/A unds (if applicable	e): N/A		
1	7.	a. b.			Ripple Labs, Induction (if applicable)			
8	8.	Proposed Gift Project Summary: Resolution for SFPD to accept and expend an in-kind gift from Ripple Labs, Inc. for office space for the Real Time Investigation Center (RTIC) to utilize, located at 315 Montgomery Street through December 2026.						
Ś	9.	Gift Project Schedule, as allowed in approval documents, or as proposed:						
			Start-Date	e: 4/30/2025	End	l-Date:	12/31/2026	
1	10.	 a. Amount budgeted for contractual services: N/A b. Will contractual services be put out to bid? N/A c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? N/A d. Is this likely to be a one-time or ongoing request for contracting out? N/A 						

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

b. 1. If yes, how much? N/A

2. How was the amount calculated? N/A

c. 1. If no, why are indirect costs not included?
[] Not allowed by granting agency [] To maximize use of grant funds on direct services
[X] Other (please explain): this is an in-kind gift

2. If no indirect costs are included, what would have been the indirect costs? N/A.

12. Any other significant grant requirements or comments: None

**Disability Access Checkl Forms to the Mayor's Office		a copy of all completed Gift Information						
13. This Gift is intended for a	activities at (check all that apply):							
[] Existing Site(s) [] Rehabilitated Site(s) [] New Site(s)	[] Existing Structure(s) [] Rehabilitated Structure(s) [] New Structure(s)	[X] Existing Program(s) or Service(s) [] New Program(s) or Service(s)						
concluded that the project as other Federal, State and local	proposed will be in compliance w	on Disability have reviewed the proposal and ith the Americans with Disabilities Act and all ons and will allow the full inclusion of persons d to:						
1. Having staff trained in h	ow to provide reasonable modifica	tions in policies, practices and procedures;						
2. Having auxiliary aids an	d services available in a timely ma	nner in order to ensure communication access;						
have been inspected and a	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 tech	nically infeasible, this is described	in the comments section below:						
Comments: Departmental ADA Coordina	tor or Mayor's Office of Disability F	Reviewer:						
Penny Si								
(Name)								
Departmental ADA C	oordinator							
Date Reviewed: (6/24/2025 Signature Required)								
Department Head or Designee Approval of Gift Information Form: Paul Yep								
(Name)								
Acting Chief of (Title)	f Police	QUAL 1010						
Date Reviewed:	07/03	(Signature Required)						