File No	250931	Committee Item No1 Board Item No. <u>16</u>	
(		O OF SUPERVISORS	
	Budget and Finance Compervisors Meeting	mittee Date October 2 Date October 2	
Cmte Boar	Motion		
_	Resolution Ordinance Legislative Digest Budget and Legislative A Youth Commission Repolation Form Department/Agency Cov-	rt	
• MYR	Memo 9/9/2025 MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Form 126 – Ethics Comm Award Letter Application Public Correspondence	ission	
OTHER	(Use back side if addition	al space is needed)	
	POL Memo on Retroactive Presidential Action Memo	ity 9/3/2025 — Temporary Membership 10/2	21/2025

 Date
 October 16, 2025

 Date
 October 23, 2025

Completed by: Brent Jalipa
Completed by: Brent Jalipa

1	[Accept and Expend Grant - Retroactive - California Governor's Office of Emergency Services - Paul Coverdell Forensic Science Improvement Program - \$63,254]
2	Taur Coverage Parameter Colonial Colonial Improvement Pagnam Colonial Colon
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.
19	
20	
21	
22	
23	
24	
25	

1	Recommended:	Approved:	/s/	_
2			Daniel Lurie, Mayor	
3	<u> </u>			
4	Paul Yep, Interim Chief of Police	Approved:	<u>/s/</u>	
5		(	Greg Wagner, Controller	
6				
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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	recolution:
THE	DIIIWOIIO	describes	the dram	reierrea	to in the	accompanying	resolution.

1	Grant Title:	Paul Coverdell Forensic Science Improvement Program - FY 2	24
	Grant Title.	radi coverden i ciclisto colence improvement i rogiam – i i z	-

2. Department: San Francisco Police Department

3. Contact Person: Kimmie Wu / Fannie Yeung Telephone: 415-837-7212

4. Grant Approval Status (check one):

[X] Approved by funding agency [] Not yet approved

Amount of Grant Funding Approved or Applied for: \$63,254

6. a. Matching Funds Required: \$0

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 [X] No

b. 1. If yes, how much? \$

How was the amount calculated?

c. 1. If no, why are indirect costs not included?

[] Not allowed by granting agency [X] To maximize use of grant funds on direct services

[] Other (please explain):

b.

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 complete Forms to the Mayor's Office of Disability)	d Grant Information
13. This Grant is intended for activities at (check all that apply):	
[] Existing Site(s) [] Existing Structure(s) [X] Existing Program [] Rehabilitated Site(s) [] Rehabilitated Structure(s) [] New Program(s) [] New Site(s) [] New Structure(s)	
14. The Departmental ADA Coordinator or the Mayor's Office on Disability have review concluded that the project as proposed will be in compliance with the Americans with other Federal, State and local disability rights laws and regulations and will allow the few with disabilities. These requirements include, but are not limited to:	Disabilities Act and all
1. Having staff trained in how to provide reasonable modifications in policies, practic	ces and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure	communication access;
<ol> <li>Ensuring that any service areas and related facilities open to the public are archit have been inspected and approved by the DPW Access Compliance Officer or the N Disability Compliance Officers.</li> </ol>	
If such access would be technically infeasible, this is described in the comments section	on below:
Comments:	
Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:	
Penny Si	
(Name)	
Departmental ADA Coordinator (Title)	
Date Reviewed: (0/25/2025 (Signature Required)	z'
Department Head or Designee Approval of Grant Information Form:  Paul Yep (Name)  Interim Chief of Police (Title) Date Reviewed: 325  (Signature Required)	m-

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		\$9,483 each x 1 unit	\$9,483	\$9,483
processing in consubstances	Jiliolled			

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 03/31/2026

Subrecipient:

City & County San Francisco - Police Department

**Subrecipient UEI:** SRZKDWN293M2

**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** 

Address 2

1995 Evans Ave.

County:

Zip Code: City: San Francisco San Francisco County 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 Last Name: Powell

**Title:** Forensic Services Director

Address: 1995 Evans Ave.

City: San Francisco State: CA Zip Code: 94124-1105

Financial Officer

Name: Kimmie Last Name: Wu

Title: Chief Financial Officer

Phone: (415) 837-7213 Email: kimmie.wu@sfgov.org

Address: 1245 3rd Street, 6th Floor

City: San Francisco State: CA Zip Code: 94158-2134

**Programmatic Point of Contact:** 

Name: Tasha Last Name: Smith

Title: Crime Lab Manager

Address: 1995 Evans Ave.

City: San Francisco State: CA Zip Code: 94124-1105

**Financial Point of Contact:** 

Name: Fannie Last Name: Yeung

Address: 1245 3rd Street, 6th Floor

City: San Francisco State: CA Zip Code: 94158-2134

Chair of the Governing Body

Name: Rafael Last Name: Mandelman

Title: President, San Francisco Board of Supervisors

Phone: (415) 554-6968 Email: mandelmanstaff@sfgov.org

Address: 1 Dr. Carlton B. Goodlett Place,

Fannie Yeung

City: San Francisco State: CA Zip Code: 94102-4603

**Grant Subaward Authorized Agent** 

[X]

# **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	Ac	cknowledgement
Federal Fund Grant Subaward Assurances - 2024 FSIA.pdf		[×]*
Program Standard Assurance Addendum		[X]*
Standard Certification of Compliance	<u> </u>	[X]*

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.\*

[X]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? \*

Does the amount of federal funds received, equal 80% or more of the Subrecipient's annual gross revenue? \*

[X]Yes []No

[]Yes [X]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?

#### 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?	>5 years
How many years of experience does your current bookkeeper/accounting staff have managing grants?	>5 years
How many grants does your organization currently receive?	>10 grants
What is the approximate total dollar amount of all grants your organization receives?	\$30,000,000
Are individual staff members assigned to work on multiple grants?	Yes
Do you use timesheets to track the time staff spend working on specific activities/projects?	No
How often does your organization have a financial audit?	Annually
Has your organization received any audit findings in the last three years?	Yes
Do you have a written plan to charge costs to grants?	Yes
Do you have written procurement policies?	Yes
Do you get multiple quotes or bids when buying items or services?	Sometimes
How many years do you maintain receipts, deposits, cancelled checks, invoices?	>5 years
Do you have procedures to monitor grant funds passed through to other entities?	N/A

# **Funding Source Allocation**

#### Instructions:

• Please be sure to review page for accuracy.

# **Funding Source Allocation**

Funding Source Name	Fisca Yea	IVDE	Amount Available	Total Match Amour Require	Avail Tunc	ling R	Funding equested	Cash Match Amount	In Kind Match Amount	Total Project Costs
2024 FSIA	2024 F	ederal	\$63,254	\$0	\$63,254	\$63,25	4	\$0 \$	<b>\$63,254</b>	\$
		\$	63,254	\$0	\$63,254	\$63,254	1 5	\$0 \$	0 \$63,254	

# **Budget Cost Categories**

# Cost Form Selection(s)

[]Personnel Costs

[]Volunteer Costs

[]Contractor/Consultant Costs

[]Rent Costs

[X]Travel Costs

[] Equipment Costs

[]Financial Assistance For Client's Costs

[]Second-Tier Subward Costs

[]Audit Costs

[]Indirect Costs

[X]Other Operating Costs

#### **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)

[X]In State

/ /Out of State

Staff Traveling \* Travel Cost Per Staff \*

Calculation Total \*

2 \$2,375.00 \$4,750.00

## **Funding Source Allocations**

- 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.

	unding ource Name	Fiscal Year	Туре	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Mato	te Funds Jsed to ch Federal Match uirements	Fund
20	024 FSIA 20	024 Fed	eral	\$4,750	\$ \$	<b>\$0</b> \$4,75	50 \$		Not Ap	plicable
					\$4,750		\$0	\$0	\$0	\$4,750

#### **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 \*

Trave

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

/X/Out of State

Staff Traveling \* Travel Cost Per Staff \*

Calculation Total \*

1 \$3,865.00 \$3,865.00

### Out-of-State Travel Request

Purpose of Travel \*

Location of Travel (TBD is okay) \*

Robert F. Borkenstein Alcohol and Highway Safety Course Bloom

Bloomington, Indiana

Are you non-profit/for profit? \*

[]Yes

[X]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

*IXI*No

If no, please explain: \*

There are no gran-funded personnel in the subaward.

- 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	Туре	Allocation	ish Match Amount	In Kir Mato Amou	ch ,	Match Amount	Total	Mato	te Funds Ised to th Federal Match uirements	Fund
2024 FSIA 20	024 Fede	eral	\$3,865	\$ \$	<b>\$0</b> \$	3,865	\$			Not Ap	plicable
				\$3,865			\$0		\$0	\$0	\$3,865

#### **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 \*

Trave

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 Staff Traveling \* Travel Cost Per Staff \* /X/Out of State

4-22

\$3,614.50 \$7,229.00

### Out-of-State Travel Request

Purpose of Travel \*

Location of Travel (TBD is okay) \*

American Society of Crime Lab Directors Annual Meeting Denver

Are you non-profit/for profit? \*

Denver, Colorado

[]Yes

*[X]*No

Calculation Total \*

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

*[X]*No

If no, please explain: \*

There are no grant funded personnel in the subaward.

## **Funding Source Allocations**

- 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	Туре	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	Mato	te Funds Jsed to ch Federal Match uirements	Fund
2024 FSIA 20	24 Fed	eral	\$7,229	\$ \$	<b>\$0</b> \$7,22	29 \$			Not Ap	plicable
		·		\$7,229		\$0	•	\$0	\$0	\$7,229

#### **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\*** 

Blood Stain Analysis Training (non-opioid related)

**Description**\*

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 - \$799

mileage - \$325 (non-opioid)

[X]In State

[]Out of State

Staff Traveling \* Travel Cost Per Staff \* Calculation Total \*

1 \$1,124.00 \$1,124.00

### **Funding Source Allocations**

- 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	Туре	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	Mato	te Funds Ised to th Federal Match uirements	Federal Fund
2024 FSIA 2	024 Fede	eral	\$1,124	\$ \$	<b>\$0</b> \$1,12	24 \$		•	Not Ap	plicable
	·			\$1,124		\$0		\$0	\$0	\$1,124

#### **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 \*

Trave

**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)

[X]In State

/ Out of State

Staff Traveling \* Travel Cost Per Staff \*

Calculation Total \*

2 \$1,272.00 \$2,544.00

### **Funding Source Allocations**

- 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	Туре	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	L Mate	te Funds Ised to ch Federal Match uirements	Fund
2024 FSIA 20	24 Fed	eral	\$2,544	\$ \$	<b>\$0</b> \$2,54	4 \$			Not Ap	plicable
	·	·	·	\$2,544		\$0		\$0	\$0	\$2,544

#### **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 \*

Trave

**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

3

per diem - \$1,419

(opioid and non-opioid)

[X]In State

[]Out of State

Staff Traveling \* Travel Cost Per Staff \*

Calculation Total \*

\$1,326.00 \$3,978.00

### **Funding Source Allocations**

- 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	Туре	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	Matc	te Funds Ised to th Federal Match uirements	Federal Fund
2024 FSIA 20	24 Fed	eral	\$3,978	\$ \$	<b>\$0</b> \$3,97	78 \$			Not Ap	plicable
				\$3,97	8	\$0		\$0	\$0	\$3,978

#### **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 \*

Trave

**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 Staff Traveling \* Travel Cost Per Staff \* /X/Out of State

Calculation Total \*

2 \$2,615.00 \$5,230.00

### Out-of-State Travel Request

Purpose of Travel \*

Location of Travel (TBD is okay) \*

International Association of Chemical Testing Annual Meeting

Las Vegas, Nevada

Are you non-profit/for profit? \*

[]Yes

*[X]*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

IXINo

If no, please explain: \*

There are no grant-funded personnel in the subaward.

## **Funding Source Allocations**

- 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	Туре	Allocation	sh Match Amount	In Kin Match Amou		Total	Mato	te Funds Ised to ch Federal Match uirements	Fund
2024 FSIA 20	024 Fede	eral	\$5,230	\$ \$	<b>\$0</b> \$5	5,230 \$			Not Ap	plicable
		·		\$5,230		\$0		\$0	\$0	\$5,230

#### **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 \*

Trave

**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 Staff Traveling \* Travel Cost Per Staff \* /X/Out of State

Calculation Total \*

1 \$2.645.00 \$2.645.00

### Out-of-State Travel Request

Purpose of Travel \*

Location of Travel (TBD is okay) \*

Forensic Pieces IAI Crime Scene Preparation and Certification Course

Baltimore, Maryland

Are you non-profit/for profit? \*

[]Yes

*[X]*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

*[X]*No

If no, please explain: \*

There are no grant-funded personnel in subaward.

### **Funding Source Allocations**

- 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	Туре	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	Mato	te Funds Ised to ch Federal Match uirements	Fund
2024 FSIA 20	024 Fede	eral	\$2,645	\$ \$	<b>\$0</b> \$2,64	15 \$			Not Ap	plicable
		·		\$2,645	5	\$0		\$0	\$0	\$2,645

#### **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\*** 

Analytical Balance (opioid related)

**Description/Justification\*** 

Analytical balance for forensic chemistry for the accurate weighing of controlled substances evidence. (opioid)

Calculation Description \*

Calculation Total \*

\$3,943 each x 1 unit \$3,943

## **Funding Source Allocations**

- 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	Туре	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	Mato	te Funds Ised to ch Federal Match uirements	Fund
2024 FSIA 20	)24 Fede	eral	\$3,943	\$ \$	<b>\$0</b> \$3,94	3 \$			Not Ap	plicable
·			·	\$3,943	3	\$0		\$0	\$0	\$3,943

#### **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 \*

Calculation Total \*

\$6,876

\$2,292 each x 3 units

### **Funding Source Allocations**

- 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	Туре	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	Matc	te Funds Ised to th Federal Match uirements	Federal Fund
2024 FSIA 20	24 Fed	eral	\$6,876	\$ \$	<b>\$0</b> \$6,87	76 \$			Not Ap	plicable
				\$6,876	6	\$0		\$0	\$0	\$6,876

#### **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\*** 

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 \*

Calculation Total \*

\$481.10 each x 10 units \$4,811

### **Funding Source Allocations**

- 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	Туре	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	Matc	te Funds Ised to ch Federal Match uirements	Federal Fund
2	2024 FSIA 20	24 Fede	eral	\$4,811	\$ \$	<b>\$0</b> \$4,81	1 \$			Not Ap	plicable
					\$4,811		\$0		\$0	\$0	\$4,811

#### **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\*** 

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 \*

Calculation Total \*

\$22.53 each x 13 units \$293

### **Funding Source Allocations**

- 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	Туре	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	L Mato	te Funds Jsed to ch Federal Match uirements	Federal Fund
4	2024 FSIA 20	24 Fede	eral	\$293	\$ \$	<b>\$0</b> \$293	3 \$		Not Ap	olicable
					\$293		\$0	\$0	\$0	\$293

#### **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 \*

Calculation Total \*

\$9,483 each x 1 unit \$9,483

### **Funding Source Allocations**

- 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	Туре	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	Mato	te Funds Jsed to ch Federal Match uirements	Fund
2024 FSIA 20	024 Fede	eral	\$9,483	\$ \$	<b>\$0</b> \$9,48	3 \$			Not Ap	plicable
				\$9,483	8	\$0		\$0	\$0	\$9,483

#### **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\*** 

Calculation Total \*

\$1,628 each x 2 units

\$3,256

### **Funding Source Allocations**

- 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	Туре	Allocation	sh Match mount	In Kind Match Amount	Match Amount	Total	U Matc	te Funds sed to th Federal Match uirements	Federal Fund
2024 FSIA 20	24 Fed	eral	\$3,256	\$ \$	<b>\$0</b> \$3,25	56 \$			Not Ap	plicable
				\$3,256		\$0		\$0	\$0	\$3,256

#### **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 \*

Calculation Total \*

\$806.75 each x 4 units

\$3,227

### **Funding Source Allocations**

- 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	уре	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	Mato	te Funds Ised to ch Federal Match uirements	Fund
2024 FSIA 20	24 Federa	a/	\$3,227	\$ \$	<b>\$0</b> \$3,22	7 \$			Not Ap	plicable
				\$3,227		\$0		\$0	\$0	\$3,227

# **Application Signatures Form**

### Assurances/Signatures

#### Proof of Authority/Governing Body Resolution \*

[X]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 \*

[X]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 \*

[X]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. Applicat/Subrecipient agrees to repay funds in the event there is a violation of grant assurances.

#### **Grant Subaward Assurances \***

[X]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 \*

[X]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 YeungTitle:Grants ManagerSignature:Fannie YeungDate: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.

	Supplemental.	Subrecipients can	access, download,	and print the fu	ıll Grant Subaward	in the Grants Ce	entral System.			
1. Subreci	ipient	City & County S	San Francisco - Polic	ce Department	1a.	UEI#: SRZKD\	VN293M2			
2. Implem	enting Agency:	City & County S	San Francisco - Polic	ce Department						
3. Locatio	n of Project/Services:	San Francisco			- San Francisco Co	unty 94124-1	105			
	•	(City)	City) (			(Zip+4)				
4. Progran	n:	Paul Coverdell	Coverdell - CQ24							
5. Grant S	Subaward Performance	Period/Period of	Performance: 4/1/	/ <u>2025</u> to <u>3/31/20</u>	<u>)26</u>					
6. Indirect	Cost Use:				Federally Approv	ed ICR (if appl	icable): %			
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		
Authorize	ed Agent				Federal Employer	dentification	#: 94-6000417			
Fannie Yeur	ng		Grants Manager		Fannie Yeung		2/25/2025			
Name			Title		Signature		Date			
1245 3RD S	ST FL 6		SAN FRANCISCO		94158-2134					
Payment Ma	ailing Address		City		ZIP Code					
I hereby cer	tify upon my personal kn	owledge that bud	geted funds are ava	ailable for the pe	eriod and purposed	of this expendit	ure stated above.			
Jennifer Mc	Intire	5/27/2025		Mary I	Rucker		5/27/2025			
Cal OES Fi	scal Officer	Date		Cal O	ES Director or Des	signee	Date			
			Spe	cial Condition	S					
2024 FSIA 1	funds cannot be expend	ded until Cal OE	S has access to the	e funds. Cal O	ES will send a not	ification when	this condition is	removed.		
			Awarding Of	ficial Contact	- Cal OES					
	Name		Title		Address		Phon	e		
	Nancy Ward		Director	3650	Schriever Avenue, CA 95655	Mather	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



# POLICE DEPARTMENT HEADQUARTERS

1245 3<sup>RD</sup> Street San Francisco, California, 94158



**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.

# President, District 8 BOARD of SUPERVISORS



# City Hall 1 Dr. Carlton B. Goodlett Place, Room 244 San Francisco, CA 94102-4689

Tel. No. 554-6968 Fax No. 554-5163 TDD/TTY No. 544-5227

### RAFAEL MANDELMAN

	PRESIDENTIAL ACTION						
Date:	10/21/25						
То:	To: Angela Calvillo, Clerk of the Board of Supervisors						
Madam Cle Pursuant to	rk, Board Rules, I am hereby:						
□ Waivin	ng 30-Day Rule (Board Rule No. 3.23)						
File		_					
Title	(Primary Sponsor)						
☐ Transfe	erring (Board Rule No 3.3)						
File	No. (Primary Sponsor)	<del></del>					
Title	\ , <u>1</u> ,						
Fro	m:	_Committee					
То:		_ Committee					
☑ Assigni	ng Temporary Committee Appointment (Board Rule No. 3.1)						
Superv	isor: Chen Replacing Supervisor:						
	For: 10/22/25 Budget & Finance	Meeting					
C+	(Date) (Committee)						
1 er	nporary Assignment: O Partial	^					
	(W)						

Rafael Mandelman, President

Board of Supervisors



# CITY AND COUNTY OF SAN FRANCISCO POLICE DEPARTMENT HEADQUARTERS

1245 3<sup>RD</sup> Street San Francisco, California 94158



TO:	Angela Calvillo, Clerk o	of the Board of Supervisors						
FROM:	San Francisco Police D	epartment						
DATE:	September 3, 2025	September 3, 2025						
SUBJECT:	Accept and Expend Re	solution for Subject Grant						
GRANT TITLE:	Paul Coverdell Forensi	Paul Coverdell Forensic Science Improvement Program – FY 24						
Attached please fi	nd the original* and 1 copy	of each of the following:						
X   02 - Grant in   X   03 - Grant bu   X   04 - Grant ap   N/A   Ethics Form	formation form, including di udget oplication 126 (if applicable) eases/Agreements (if applic	•						
Special Timeline	Requirements: Grant	end date is March 31, 2026						
Departmental rep	presentative to receive a c	copy of the adopted resolution:						
Name: <b>Kimm</b> i	e Wu / Fannie Yeung	Phone: 415-837-7212						
Interoffice Mail Ad	dress: SFPD Fiscal, 1245	3 <sup>rd</sup> Street, 6 <sup>th</sup> Floor						
Certified copy req	uired 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

Description returns at its post post post part and a result in the part

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