

File No. 251227

Committee Item No. 11
Board Item No. 10

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date January 14, 2026
Board of Supervisors Meeting Date January 27, 2026

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 and Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Youth Commission Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Department/Agency Cover Letter and/or Report
<ul style="list-style-type: none">• DPH Memo 10/24/2025• MYR Memo 12/2/2025		
<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"/>	Budget Justification
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input type="checkbox"/>	<input type="checkbox"/>	Contract/Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Form 126 – Ethics Commission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gift Acknowledgement 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)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DPH Gift Questionnaire 7/21/2025</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Health Commission Resolution No. 25-09 8/4/2025</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Test Kits Received</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>State Donations</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DPH Memo on Retroactivity 1/8/2026</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DPH Presentation 1/14/2026</u>
<hr/>		

Completed by: Brent Jalipa Date January 8, 2026
Completed by: Brent Jalipa Date January 22, 2026

1 [Accept and Expend In-Kind Gift - Retroactive - Administration for Strategic Preparedness and
2 Response - California Department of Public Health - COVID-19 Test Kits - \$527,664 -
FY2024-2025]

3

4 **Resolution retroactively authorizing the Department of Public Health to accept and**
5 **expend an in-kind gift of COVID-19 test kits in the total amount of \$527,664 for Fiscal**
6 **Year (FY) 2024-2025, from the Administration for Strategic Preparedness and Response**
7 **through the California Department of Public Health in support of the Department of**
8 **Public Health clinic patients and staff.**

9

10 WHEREAS, The Administration for Strategic Preparedness and Response (ASPR),
11 through the California Department of Public Health (CDPH), has agreed to donate to the
12 Department of Public Health (DPH) an in-kind gift of COVID-19 Test Kits (COVID) valued in
13 the total amount of \$527,664 in support of patients and clinical staff of the Department of
14 Public Health; and

15 WHEREAS, CDPH had gifted test kits throughout the period of July 1, 2024, through
16 June 30, 2025, and the test kits were delivered and installed for DPH's use during that period;
17 and

18 WHEREAS, The accept and expend was not done timely; and

19 WHEREAS, Annual reporting to the Board of Supervisors was not made per San
20 Francisco Administrative Code, Section 10.100-305; now, therefore, be it

21 RESOLVED, That the Board of Supervisors approves the in-kind gift, and authorizes
22 DPH to accept and expend an in-kind gift of the COVID-19 Test Kits valued in the total
23 amount of \$527,664 donated by ASPR through CDPH; and, be it

24 FURTHER RESOLVED, That the proceeds of the in-kind gift by ASPR through CDPH
25 will be accepted and expended consistent with the San Francisco Administrative Code

1 sections governing the acceptance of gifts to the City and County of San Francisco, including
2 the San Francisco Administrative Code, Section 10.100-201; and, be it

3 FURTHER RESOLVED, That the Board of Supervisors extends its gratitude to ASPR
4 for the generous in-kind gift to the City and County of San Francisco in support of DPH.

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File Number: 251227
 (Provided by Clerk of Board of Supervisors)

Gift Resolution Information Form
 (Effective July 2011)

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

The following describes the gift referred to in the accompanying resolution:

1. Gift Title: **COVID-19 Test Kits - FY2024-2025**
2. Department: **Department of Public Health**
3. Contact Person: **Solomon Gebala** Telephone: **628.217.6171**
4. Gift Approval Status (check one):

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

5. Amount of Gift Funding Approved or Applied for: **\$527,664**

- 6a. Matching Funds Required: **\$0**
- b. Source(s) of matching funds (if applicable): **N.A.**

- 7a. Gift Source Agency: **Administration for Strategic Preparedness and Response**
- b. Gift Pass-Through Agency (if applicable): **California Department of Public Health**

8. Proposed Gift Project Summary:

Donations of COVID-19 Test Kits by the Administration for Strategic Preparedness and Response through the California Department of Public Health to the San Francisco Department of Public Health.

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

Start-Date: **July 1, 2024** End-Date: **June 30, 2025**

- 10a. Amount budgeted for contractual services: **\$0**

- b. Will contractual services be put out to bid? **N.A.**
- c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N.A.**
- d. Is this likely to be a one-time or ongoing request for contracting out? **N.A.**

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

- b1. If yes, how much? **\$0**
- b2. How was the amount calculated? **N.A.**
- c1. If no, why are indirect costs not included?
 [] Not allowed by granting agency [X] To maximize use of gift funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **5% of Direct Costs**

12. Any other significant gift requirements or comments:

The gift does not require an ASO amendment and does not create net new positions.

We respectfully request for approval to accept and expend these gifts retroactive to July 1, 2024. The Department received the in-kind gifts throughout the period of July 1, 2024, through June 30, 2025.

Project Description:

Project ID:

Proposal ID:

Fund ID:

Version ID:

Authority ID:

Activity ID:

****Disability Access Checklist***(Department must forward a copy of all completed Gift Information Forms to the Mayor's Office of Disability)**

13. This Gift is intended for activities at (check all that apply):

<input checked="" type="checkbox"/> Existing Site(s)	<input type="checkbox"/> Existing Structure(s)	<input type="checkbox"/> Existing Program(s) or Service(s)
<input type="checkbox"/> Rehabilitated Site(s)	<input type="checkbox"/> Rehabilitated Structure(s)	<input type="checkbox"/> New Program(s) or Service(s)
<input type="checkbox"/> New Site(s)	<input type="checkbox"/> New Structure(s)	

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

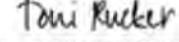
Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: _____ 10/13/2025 | 2:19 PM PDT

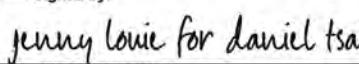
DocuSigned by:

(Signature Required)

Department Head or Designee Approval of Gift Information Form:

Daniel Tsai
(Name)

Director of Health
(Title)

Date Reviewed: _____ 11/3/2025 | 8:46 AM PST

Signed by:

40CFE25DD8B4464...

File 251227: Gift Accept & Expend



**Administration for Strategic Preparedness and Response -
California Department of Public Health:
COVID-19 Test Kits**

BOS Budget & Finance Committee

January 14, 2026

Solomon Gebala, IT Procurement Director, San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



Overview of Gift

Administration for Strategic Preparedness and Response - California Department of Public Health - COVID-19 Test Kits:

- **Amount:** \$527,664
- **Timeline:** July 1, 2024 - June 30, 2025, Fiscal Year (FY) 24-25
- **Donor:** Administration for Strategic Preparedness and Response (ASPR), through California Department of Public Health (CDPH)
- **Gift Summary:**
 - CDPH gifted COVID-19 Test Kits throughout the 24-25 fiscal year.
 - DPH distributed the test kits across the SF Health Network and the San Francisco community.

Retroactivity



We are seeking **retroactive authorization** to accept and expend this gift.

- This gift is retroactive because the accept and expend was not done in a timely manner due to delays with both the Health Commission and City approvals process.
- DPH brought this item as quickly as possible to the BOS after receiving fiscal approval, including Controller's Office review and approval.



Conclusion

**DPH respectfully requests approval of this item.
Thank you!**

San Francisco Department of Public Health (SFDPH)
COVID-19 Test Kits - FY2024-2025

BUDGET JUSTIFICATION
July 1, 2024 to June 30, 2025

A. PERSONNEL

B. MANDATORY FRINGE

TOTAL PERSONNEL:	\$0
C. TRAVEL	\$0
D. EQUIPMENT	\$0
E. SUPPLIES	\$527,664
F. CONTRACTUAL	\$0
G. OTHER	\$0
TOTAL DIRECT COSTS	\$527,664
H. INDIRECT COSTS	\$0
TOTAL BUDGET:	\$527,664



**San Francisco
Department of Public Health**

City and County of San Francisco
Mayor Daniel L. Lurie



Monday, July 21, 2025

**California Department of Public Health
Office of Infectious Disease Preparedness and Response
Medical Countermeasure Unit**

Dear Ms. Marchand:

Thank you for your generous contribution to the San Francisco Department of Public Health (DPH). In order to help DPH comply with the San Francisco Sunshine Ordinance,* we ask that you please complete this form and return it as soon as possible to: Department of Public Health, 101 Grove St #110, San Francisco CA 94102.

Contributor & Contribution Information:

Name: Chloe Le Marchand, Medical Countermeasure Strategy Lead with CID Date: 07/21/25

Phone: 626-436-4456 Address: 850 Marina Bay Pkwy, Richmond CA 94804

Money, Goods, or Services (description): COVID-19 Test Kits (Various brands and pack size) – 87,944 each

Estimated Value: \$527,664

The above address is a: X Business Residence

Financial Interest:

The San Francisco Sunshine Ordinance requires that a department that receives a gift of money, goods, or services worth more than \$100 in the aggregate to report any financial interest that the contributor has involving the City and County of San Francisco (the City). Please check the appropriate box or boxes that describe your financial interest in the City.

<input type="checkbox"/> Contract with City	(Please describe): _____
<input type="checkbox"/> Grant from the City	(Please describe): _____
<input type="checkbox"/> Lease of Space to or from the City	(Please describe): _____
<input type="checkbox"/> City License, Permit, or Entitlement for Use	(Please describe): _____
<input type="checkbox"/> Other Financial Interest	(Please describe): _____
<input type="checkbox"/> Pending Financial Interest	(Please describe): _____
<input checked="" type="checkbox"/> No Financial Interest	(Please describe): _____

*San Francisco Administrative Code Chapter 67 section 67.29-6 (Sources of Outside Funding) provides:

No official or employee or agent of the City shall accept, allow to be collected, or direct or influence the spending of, any money, or any goods or services worth more than one hundred dollars in aggregate, for the purpose of carrying out or assisting any City function unless the amount and source of all such funds is disclosed as a public record and made available on the website for the department to which the funds are directed. When such funds are provided or managed by an entity, and not an individual, that entity must agree in writing to abide by this ordinance. The disclosure shall include the names of all individuals or organizations contributing such money and a statement as to any financial interest the contributor has involving the City.

Signature

7/21/25

Date

1145 Market Street, San Francisco, CA 94103



San Francisco
Department of Public Health
 City and County of San Francisco
 Mayor Daniel L. Lurie

Thursday, July 31, 2025

California Department of Public Health
 Office of Infectious Disease Preparedness and Response
 Medical Countermeasure Unit

Dear Chloe Le Marchand,

Thank you for your contribution of COVID-19 Test Kits received on July 21, 2025. Please keep this written acknowledgement of your gift to the City for your tax records.

Description of Donated Property:

(It is the responsibility of the donor to estimate the fair market value of donated items)

Description of Donated property	Quantity	Cash Value	Financial Interest
COVID-19 Test Kits	87944	\$527,664	None

No goods or services were provided by the City in connection with the gift.

Thank you for your support!

Very truly yours,

DocuSigned by:

Naveena Bobba

52BC3E45CB9439

Daniel Tsai
 Director of Health
 Department of Public Health
 San Francisco CA 94102
 Naveena Bobba, Deputy Director for Daniel Tsai

**Health Commission
City and County of San Francisco
Resolution No. 25-09**

RESOLUTION TO RECOMMEND TO THE BOARD OF SUPERVISORS TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH TO ACCEPT AND EXPEND GIFTS OF \$527,664 FROM THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

WHEREAS, The California Department of Public Health provides for the distribution of Coronavirus disease 2019 (COVID-19) test kits valued in the amount of five hundred twenty-seven thousand six hundred sixty-four (\$527,644) to the Department of Public Health; and

WHEREAS, The California Department of Public Health provides donations to entities that help low income and at-risk populations; therefore, be it

RESOLVED, That the Health Commission recommends that the Board of Supervisor authorize the Department of Public Health accept and expend gifts of COVID-19 test kits valued in the amount of five hundred twenty-seven thousand six hundred sixty-four (\$527,644) to support the goal of helping low income and at-risk populations; and be it

FURTHER RESOLVED, That the gift will be accepted and expended consistent with San Francisco Administrative Code ~~Sections~~ governing the acceptance of gifts to the City and County of San Francisco, including San Francisco Administrative Code Section 10.100-201.

I hereby certify that the San Francisco Health Commission at its meeting on August 4, 2025, adopted the foregoing resolution.

[Redacted]

Mark Morewitz, MSW
Health Commission Executive Secretary

F\$P Item #	Description	Qty	Ave. Price
CA1000135	OHC Covid-19 AST (2 pk)	4800	
CA1000136	OHC Covid-19 AST (2 pk)	4800	
CA1000135	OHC Covid-19 AST (2 pk)	2450	
Ca1000137	Carestart AHT (2 pk)	2436	
CA1000136	OHC Covid-19 AST (2 pk)	2450	
CA1000137	Carestart AHT (2 pk)	2436	
CA1000137	Carestart AHT (2 pk)	3774	
CA1000137	Carestart AHT (2 pk)	2726	
CA1000137	Carestart AHT (2 pk)	4408	
CA1000137	Carestart AHT (2 pk)	4246	
CA1000135	OHC Covid-19 AST (2 pk)	2200	
CA1000135	OHC Covid-19 AST (2 pk)	2500	
CA1000135	OHC Covid-19 AST (2 pk)	2450	
CA1000135	OHC Covid-19 AST (2 pk)	2150	
CA1000135	OHC Covid-19 AST (2 pk)	2100	
CA1000135	OHC Covid-19 AST (2 pk)	2600	
CA1000135	OHC Covid-19 AST (2 pk)	2150	
CA1000135	OHC Covid-19 AST (2 pk)	2450	
CA1000135	OHC Covid-19 AST (2 pk)	1950	
CA1000135	OHC Covid-19 AST (2 pk)	350	
CA1000135	OHC Covid-19 AST (2 pk)	600	
CA1000133	InteliSwab OTC (2 pk)	2064	
CA1000133	InteliSwab OTC (2 pk)	336	
CA1000138	Inbios Scov-2 STK	2160	
CA1000139	iHealth Covid-19 ART (5 pk)	3780	
CA1000139	iHealth Covid-19 ART (5 pk)	540	
CA1000133	InteliSwab OTC (2 pk)	2160	
CA1000135	OHC Covid-19 AST (2 pk)	786	
CA1000139	iHealth Covid-19 ART (5 pk)	135	
CA1000140	InteliSwab OTC (2 pk)	2400	
CA1000140	iHealth Covid-19 ART (5 pk)	1872	
CA1000141	CorDx Covid-19AHT	300	
CA1000142	Pilot Covid-19 AHT (4 pk)	2016	
CA1000138	Inbios Scov-2 STK	1920	
CA1000142	Pilot Covid-19 AHT (4 pk)	144	
CA1000138	Inbios Scov-2 STK	2496	
CA1000142	Pilot Covid-19 AHT (4 pk)	288	
CA1000142	Pilot Covid-19 AHT (4 pk)	144	
CA1000139	iHealth Covid-19 ART (5 pk)	2160	
CA1000133	InteliSwab OTC (2 pk)	144	
CA1000143	MaximBio Covid-19 AHT (2 pk)	2272	
CA1000133	InteliSwab OTC (2 pk)	288	
CA1000140	Advin Covid-19 AHT (2 pk)	1152	

CA1000141	CorDx Covid-19AHT	150
CA1000138	Inbios Scov-2 STK	144
CA1000139	iHealth Covid-19 ART (5 pk)	405
CA1000141	CorDx Covid-19AHT	300
CA1000137	Carestart AHT (2 pk)	348
CA1000144	GenBody covid-19 AHT (2 pk)	144
CA1000144	GenBody covid-19 AHT (2 pk)	144
CA1000144	GenBody covid-19 AHT (2 pk)	144
CA1000145	Lifesign Covid-19 Rapid Test (2 pack)	432
CA1000141	CorDx Covid-19AHT	150
		87944 \$ 6.00 \$ 527,664.00

SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Daisy Aguallo, David Lawlor and DPH Logs Chief
 Contact Phone: [REDACTED]
 Contact Email: DPH-DOC Logs Resource <[REDACTED]>

Order Number

7/9/2024

Beginning Summary Date

End Summary Date

Time of Pickup

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	OHC Covid-19 Antigen Self Test (2 pk)	4,800	CA1000135	4,800	\$0.0000	PNDMC-A	

Print Name of Person Who Picked Up Supplies: Kelly DSW # 7-34-74

Signature of Person Who Picked Up Supplies: _____ Date _____ Time _____



RCV
0000777

SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Daisy Aguallo, David Lawlor and DPH Logs Chief
 Contact Phone: [REDACTED]
 Contact Email: DPH-DOC Logs Resource [REDACTED]

Order Number

Beginning Summary Date
 End Summary Date
 Time of Pickup

7/9/2024
 [REDACTED]
 [REDACTED]

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	OHC Covid-19 Antigen Self Test (2 pk)	135	CA1000136	4,800	\$0.0000	PNDMC-A	818

Print Name of Person Who Picked Up Supplies: _____ DSW # _____

Signature of Person Who Picked Up Supplies: _____ Date _____ Time _____



SUPPLY RECEIPT - Donation

Dept. Name:	Department of Public Health (DPH)
Address:	101 Grove Street, San Francisco
Contact Name:	Daisy Aguallo, David Lawlor and DPH Logs Chief
Contact Phone:	██████████
Contact Email:	DPH-DOC Logs Resource: ██████████

Order Number

Beginning Summary Date
End Summary Date
Time of Pickup

7/23/2024

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	OMC Covid-19 Antigen Self Test (2 pk)	2,450	CA1000135	2,450	\$0.0000	PNDMC-A	0000775
EA	Test Kit Carestart Antigen Home (2pk)	2,436	CA1000137	2,436	\$0.0000	PNDMC-A	0000776

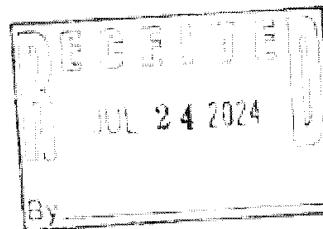
Print Name of Person Who Picked Up Supplies Kelly

DSW # 7-24-24

Signature of Person Who Picked Up Supplies _____

Date 7-24-24

Time 00:00:00



SUPPLY RECEIPT - Donation

Dept. Name:	Department of Public Health (DPH)
Address:	101 Grove Street, San Francisco
Contact Name:	Daisy Aguallo, David Lawlor and DPH Logs Chief
Contact Phone:	[REDACTED]
Contact Email:	DPH-DOC Logs Resource [REDACTED]

Order Number	[REDACTED]
Beginning Summary Date	7/23/2024
End Summary Date	[REDACTED]
Time of Pickup	[REDACTED]

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

Itemize Materials and Supplies for Pickup by the Department

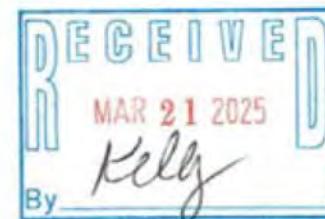
PSFT Inventory Transactions

RCV0000

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	OHC Covid-19 Antigen Self Test (2 pk)	135	CA1000136	2,450	\$0.0000	PNDMC-A	819
EA	Test Kit Carestart Antigen Home (2pk)	137	CA1000137	2,436	\$0.0000	PNDMC-A	820

Print Name of Person Who Picked Up Supplies: _____ DSW # _____

Signature of Person Who Picked Up Supplies: _____ Date _____ Time _____



SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Daisy Aquino, David Lawler and DPH Logs Chief
 Contact Phone: [REDACTED]
 Contact Email: DPH-DOC Logs Resource [REDACTED]

Order Number
 Beginning Summary Date
 End Summary Date
 Time of Pickup

8/5/2024
 [REDACTED]
 [REDACTED]

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

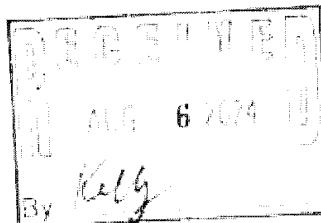
Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	Test Kit Carestart Antigen Home (2pk)	3,774	CA1000137	3,774	\$0.0000	PNDMC-A	

Print Name of Person Who Picked Up Supplies _____ DSW # _____

Signature of Person Who Picked Up Supplies _____ Date _____ Time _____



SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Daisy Aquilio, David Lawlor and DPH Logs Chief
 Contact Phone:
 Contact Email: DPH-DOC Logs Resource

Order Number
 Beginning Summary Date
 End Summary Date
 Time of Pickup

8/15/2024

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

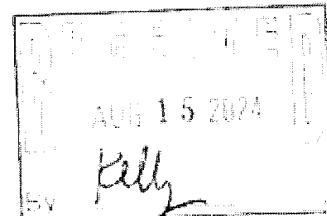
Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

UnitType	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	Test Kit CareStart Antigen Home (2pk)	2,726	CA1000137	2,726	\$0.0000	PNDMC-A	

Print Name of Person Who Picked Up Supplies _____ DSW # _____

Signature of Person Who Picked Up Supplies _____ Date _____ Time _____



SUPPLY RECEIPT - Donation

Dept. Name:	Department of Public Health (DPH)
Address:	101 Grove Street, San Francisco
Contact Name:	Danny Aquilino, David Taylor and DPH Logs Chair
Contact Phone:	
Contact Email:	DPH-DOC Logs Resource

Order Number	
Beginning Summary Date	9/3/2024
End Summary Date	
Time of Pickup	

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

Itemize Materials and Supplies for Pickup by the Department

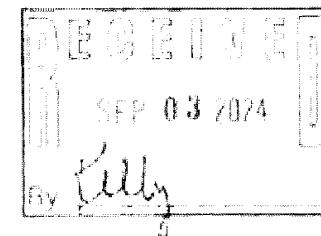
PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	Test Kit Carestart Antigen Home (2pk)	4,408	CA1000137	4,408	\$0.0000	PNDMC-A	

Print Name of Person Who Picked Up Supplies: _____ DSW # _____

Signature of Person Who Picked Up Supplies: _____ Date: _____ Time: _____

Receipt No: RCV/37500750



SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Easy Aguado, David Lawler and Ditch Legs Client
 Contact Phone: [REDACTED]
 Contact Email: DPH-DSOG-Legs-Berkeley@[REDACTED]

Order Number

[REDACTED]
9/6/2024

Beginning Summary Date
 End Summary Date
 Time of Pickup

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock
Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	Lead Kit (Current Art Antenna Name) (J34)	4,246	CA1000137	4,246	\$0.0000	PNDMC-A	

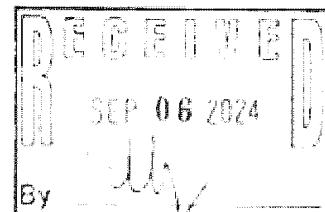
Print Name of Person Who Picked Up Supplies:

DSW #

Signature of Person Who Picked Up Supplies

Date

Time



Receipt # RCV0000782

SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Daisy Aguillo, David Lawlor and DPH Logs Chief
 Contact Phone: [REDACTED]
 Contact Email: DPH-DOH-Logs-Routine@[REDACTED]

Order Number
 Beginning Summary Date
 End Summary Date
 Time of Pickup

[REDACTED]
 9/13/2024

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock
 Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	DPH, Covid-19 Antigen Self Test Kit	2,200	CA1000135	2,200	\$0.0000	PNDMC-A	

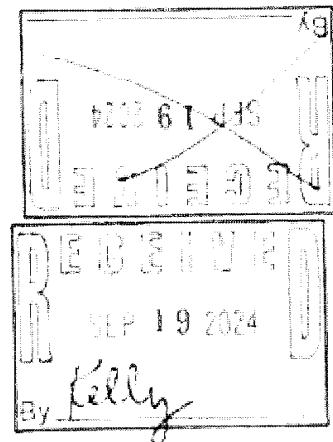
Print Name of Person Who Picked Up Supplies _____ DSW # _____

Signature of Person Who Picked Up Supplies _____ Date _____ Time _____

SENT TO DW

9-13-24

JUST RENT
9-19-24



SUPPLY RECEIPT - Donation

Dept. Name:	Department of Public Health (DPH)	Order Number	<input type="text"/>
Address:	101 Grove Street, San Francisco	Beginning Summary Date	<input type="text"/>
Contact Name:	Daisy Aguilar, Davis, Lawler and DPH Legs Chief	End Summary Date	<input type="text"/>
Contact Phone:	<input type="text"/>	Time of Pickup	<input type="text"/>
Contact Email:	DPH-DOC-Lens Resource <input type="text"/>		

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

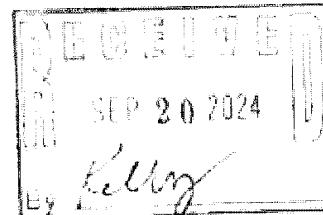
Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	OMC Covid-19 Antigen Self Test Kit	2,500	CA1000135	2,500	\$0.0000	PNDMC-A	

Print Name of Person Who Picked Up Supplies DSW #

Signature of Person Who Picked Up Supplies Date Time



Receipt No RCV0000784

SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Daisy Aquaflo, David Lawlor and DPH Logs Chair
 Contact Phone: [REDACTED]
 Contact Email: DPH-DOG Logs Resource [REDACTED]

Order Number
 Beginning Summary Date
 End Summary Date
 Time of Pickup

9/20/2024

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

Itemize Materials and Supplies for Pickup by the Department

Unit/Type	Product Description
EA	10HC Covid-19 Antigen Self Test Kit

PSFT Inventory Transactions				
Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location
2,450	CA1000136	2,450	\$0.0000	PNDMC-A

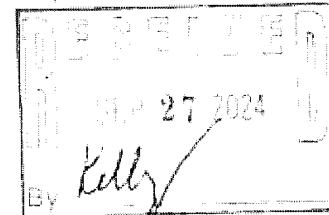
Print Name of Person Who Picked Up Supplies _____

DSW # _____

Signature of Person Who Picked Up Supplies _____

Date _____ Time _____

Rept No RCV0000785



SUPPLY RECEIPT - Donation

Dept. Name:	Department of Public Health (DPH)
Address:	101 Grove Street, San Francisco
Contact Name:	Daisy Aquillo, David Lawlor and DPH Logs Chief
Contact Phone:	
Contact Email:	DPH-DOC Logs Resource [REDACTED]

Order Number
 Beginning Summary Date
 End Summary Date
 Time of Pickup

10/4/2024

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

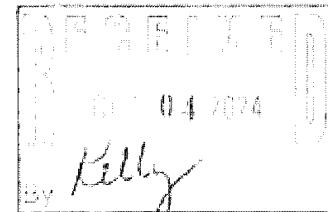
Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	OHC Covid-19 Antigen Self Test Kit	2,150	CA1000135	2,150	\$0.0000	PNDMC-A	

Print Name of Person Who Picked Up Supplies: _____ DSW # _____

Signature of Person Who Picked Up Supplies: _____ Date: _____ Time: _____



Receipt No RCV/0000786

SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Daisy Aguirre, David Lawlor and DPH Logs Chief
 Contact Phone: [REDACTED]
 Contact Email: DPH-DOC-Logs-Resource@[REDACTED]

Order Number

10/11/2024
 [REDACTED]

Beginning Summary Date
 End Summary Date
 Time of Pickup

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	DHC Covid-19 Antigen Self Test Kit	2,100	CA1000135	2,100	\$0.0000	PNDMC-A	

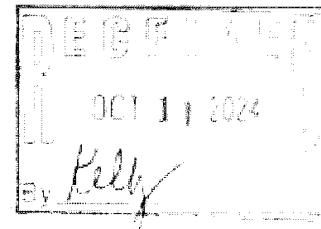
Print Name of Person Who Picked Up Supplies

DSW #

Signature of Person Who Picked Up Supplies

Date

Time



SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Gassy Aquillo, David Lawler and DPH Logs Chief
 Contact Phone: [REDACTED]
 Contact Email: DPH-DOC Logs Resource [REDACTED]

Order Number
 Beginning Summary Date
 End Summary Date
 Time of Pickup

[REDACTED]
 10/18/2024
 [REDACTED]

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock
 Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	OHG Covid-19 Antigen Self Test Kit	2,600	CA1000135	2,600	\$0.0000	PNDMC-A	

Print Name of Person Who Picked Up Supplies: _____ DSW #: _____

Signature of Person Who Picked Up Supplies: _____ Date: _____ Time: _____

10/18/2024
 10/18/2024
 Kelly

SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Basy Aguillo, David Lawler and DPH Logs Chief
 Contact Phone: [REDACTED]
 Contact Email: DPH-GOC Logs Resource [REDACTED]

Order Number
 Beginning Summary Date
 End Summary Date
 Time of Pickup

[REDACTED]
 10/25/2024
 [REDACTED]

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

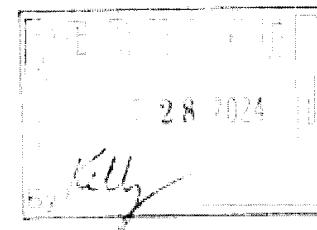
Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	One Covid-19 Antigen Self Test Kit	2.150	CA1000135	2.150	\$0.0000	PNOMC-A	

Print Name of Person Who Picked Up Supplies _____ DSW # _____

Signature of Person Who Picked Up Supplies _____ Date _____ Time _____



SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Daisy Aquilino, David Fowler and DPH Logs Chair
 Contact Phone: [REDACTED]
 Contact Email: DPH DDC Logs Requests [REDACTED]

Order Number
 Beginning Summary Date
 End Summary Date
 Time of Pickup

[REDACTED]
 11/1/2024
 [REDACTED]

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock
 Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	OHC Covid-19 Antigen Self Test Kit	2,450	CA1000135	2,450	\$0.0000	PNDMC-A	

First Name of Person Who Picked Up Supplies _____ DSW # _____

Signature of Person Who Picked Up Supplies _____ Date _____ Time _____

NOV 01 2024
 By Kelly

SUPPLY RECEIPT - Donation

Dept. Name: **Department of Public Health (DPH)**
 Address: **101 Grove Street, San Francisco**
 Contact Name: **Daisy Aguayo, David Lawlor and DPH Logs Chief**
 Contact Phone: **[REDACTED]**
 Contact Email: **DPH DOC Logs Resource [REDACTED]**

Order Number

Beginning Summary Date

11/8/2024

End Summary Date

Time of Pickup

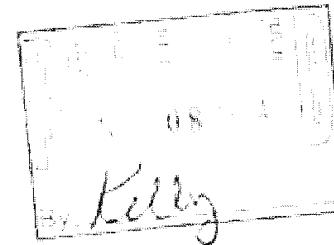
DPH will deliver to 375 Laguna Honda Blvd, Loading Dock
 Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	OHC Covid-19 Antigen Self Test Kit	1,950	CA1000135	1,950	\$0.0000	PNDMC-A	

Print Name of Person Who Picked Up Supplies _____ DSW # _____

Signature of Person Who Picked Up Supplies _____ Date _____ Time _____



SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
Address: 101 Grove Street, San Francisco
Contact Name: Daisy Aguado, David Lawler and DPH Ops Chief
Contact Phone: [REDACTED]
Contact Email: DPH-DOH Ops Resource [REDACTED]

Order Number
Beginning Summary Date
End Summary Date
Time of Pickup

11/15/2024

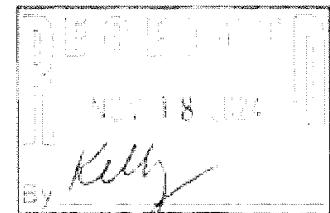
DPH will deliver to 375 Laguna Honda Blvd, Loading Dock
 Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	OHC Covid-19 Antigen Self Test Kit	350	CA1000135	350	\$0.0000	PNDMC-A	

Print Name of Person Who Picked Up Supplies _____ DSW # _____

Signature of Person Who Picked Up Supplies _____ Date _____ Time _____



SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Bailey Aguado, DPH Lawyer and DPH Logo Chair
 Contact Phone: [REDACTED]
 Contact Email: DPH-Logo-Awards@[REDACTED]

Order Number

[REDACTED]
11/22/2024

Beginning Summary Date
 End Summary Date
 Time of Pickup

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock
 Return Materials and Supplies for Pickup by the Department

R.V.

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	DPH Covid-19 Antigen Test Kit	600	CA1000135	600	\$0.0000	PNDMC-A	0300783
EA	InterSwab CDP Test Kit (2 pack)	2,064	CA1000133	2,064	\$0.0000	PNDMC-A	0300774

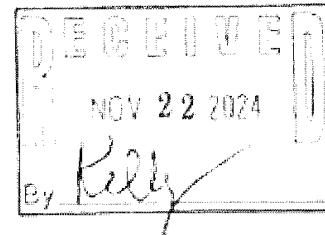
Print Name of Person Who Picked Up Supplies

OSW #

Signature of Person Who Picked Up Supplies

Date

Time



SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Daisy Aquino, David Taylor and DPH Logs Chief
 Contact Phone: [REDACTED]
 Contact Email: DPH-ODC Logs Resource [REDACTED]

Order Number
 Beginning Summary Date
 End Summary Date
 Time of Pickup

[REDACTED]
 12/6/2024

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	InteliSwab OIC Test Kit (2 pack)	306	CA1000133	336	\$0.0000	PNOMC-A	RE00000 795
EA	Inteli-Swab 2 Adhesive Test Kit (2x2) 10	2,160	CA1000138	2,160	\$0.0000	PNOMC-A	RE00000 796

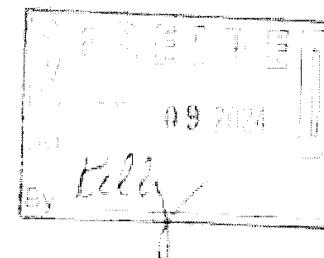
Print Name of Person Who Picked Up Supplies

DSW #

Signature of Person Who Picked Up Supplies

Date _____

Time _____



SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 161 Grove Street, San Francisco
 Contact Name: Darry Aquino (David Lawlor and DPH Logs Chief)
 Contact Phone: [REDACTED]
 Contact Email: DPH-DOH-Logs@sf.us
 [REDACTED]

Order Number

[REDACTED]

12/16/2024

Beginning Summary Date
 End Summary Date
 Time of Pickup

DPH will deliver to 375 Laguna Honda Blvd. Loading Dock

Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	Health COVID-19 Antigen Rapid Test (5 per box)	3,780	CA1000139	3,780	\$0.0000	PNDMC-A	

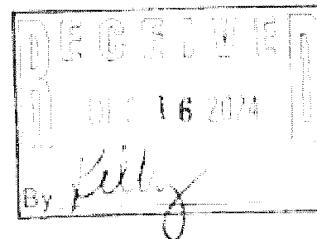
Print Name of Person Who Picked Up Supplies

DSW #

Signature of Person Who Picked Up Supplies

Date

Time



SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Daisy Aquino, David Lawler and DPH Logs Chair
 Contact Phone: [REDACTED]
 Contact Email: DPH-Logs-Logs.Resource@[REDACTED]

Order Number: [REDACTED]
 Beginning Summary Date: 12/20/2024
 End Summary Date: [REDACTED]
 Time of Pickup: [REDACTED]

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

Itemize Materials and Supplies for Pickup by the Department

Unit/Type	Product Description	Total Quantity
EA	iHealth COVID-19 Antigen Rapid Test (1 per box)	540
EA	IntegoSwab COVID Test Kit (1 per box)	2,160
EA	OTC Covid-19 Antigen Self Test Kit	786

PSFT Inventory Transactions

PO #	Location	Unit Cost	Total QTY (EA)	Putaway Item ID	Total Quantity	Product Description	Unit/Type
0000 778	PNDMC-A	\$0.0000	540	CA1000139	540	iHealth COVID-19 Antigen Rapid Test (1 per box)	EA
0000 779	PNDMC-A	\$0.0000	2,160	CA1000133	2,160	IntegoSwab COVID Test Kit (1 per box)	EA
0000 888	PNDMC-A	\$0.0000	786	CA1000135	786	OTC Covid-19 Antigen Self Test Kit	EA

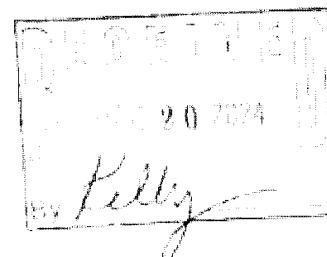
Print Name of Person Who Picked Up Supplies: _____

DSW #: _____

Signature of Person Who Packed Up Supplies: _____

Date: _____

Time: _____


 Kelly
 12/20/2024

SUPPLY RECEIPT - Donation

Dept. Name:	Department of Public Health (DPH)
Address:	101 Grove Street, San Francisco
Contact Name:	Danny Aquilino, David Lawlor and DPH Logis. Chief
Contact Phone:	[REDACTED]
Contact Email:	DPH-DSAC-Logis.Resources@[REDACTED]

Order Number

1/3/2025

Beginning Summary Date

1/3/2025

End Summary Date

Time of Pickup

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

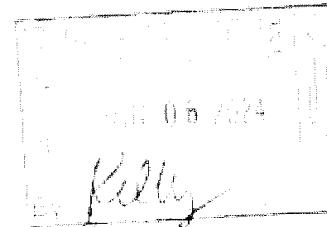
Itemize Materials and Supplies for Pickup by the Department:

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	Health (COVID-19 Antigen Rapid Test (5 per box)	135	CA1000139	135	\$0.0000	PNDMC-A	801
EA	Intel Swab (27s Test Kit (2 per box)	2,400	CA1000140	2,400	\$0.0000	PNDMC-A	802

Print Name of Person Who Picked Up Supplies: _____ DSW # _____

Signature of Person Who Picked Up Supplies: _____ Date: _____ Time: _____



SUPPLY RECEIPT - Donation

Dept. Name:	Department of Public Health (DPH)
Address:	101 Grove Street, San Francisco
Contact Name:	Daisy Aquino, David Lawlor and DPH Logs Chief
Contact Phone:	
Contact Email:	DPH-DOH-Logs-Resource

Order Number
Beginning Summary Date
End Summary Date
Time of Pickup

Order Number	1/10/2025
Beginning Summary Date	
End Summary Date	
Time of Pickup	

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	Health COVID-19 Antigen Rapid Test (5 per box)	1,872	CA1000140	1,872	\$0.0000	PNDMC-A	8-3
EA	CoriDx Covid-19 at home test kit OTC (2 pack)	300	CA1000141	300	\$0.0000	PNDMC-A	804
EA	Pillor Covid-19 at home (4 pack)	2,016	CA1000142	2,016	\$0.0000	PNDMC-A	805

Print Name of Person Who Picked Up Supplies _____ DSW # _____

Signature of Person Who Picked Up Supplies _____ Date _____ Time _____

10-10-2025
Kelly

SUPPLY RECEIPT - Donation

1-17-25

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Dasy Aquato, David Lawlor and DPH Legs Chief
 Contact Phone: [REDACTED]
 Contact Email: DPH DOC Legs Resource [REDACTED]

Order Number
 Beginning Summary Date
 End Summary Date
 Time of Pickup

[REDACTED]
 1/10/2025
 [REDACTED]

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

Itemize Materials and Supplies for Pickup by the Department

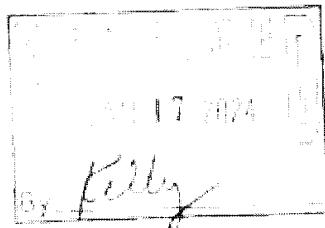
PSFT Inventory Transactions

Re Work

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	Inbios Sero 2 AG Detect Self Test Kit Covid-19	1920	CA1000138	1920	\$0.0000	PNOMC-A	2026
EA	Test Covid-19 at home (4 pack)	144	CA1000142	144	\$0.0000	PNOMC-A	8017

Print Name of Person Who Picked Up Supplies: DSW #

Signature of Person Who Picked Up Supplies Date Time



SUPPLY RECEIPT - Donation

Dept. Name:	Department of Public Health (DPH)
Address:	101 Grove Street, San Francisco
Contact Name:	Daisy Aqualeo, David Lawler and DPH Logs Chief
Contact Phone:	
Contact Email:	DPH-DOC Logs Resource [REDACTED]

Order Number

1/10/2025

Beginning Summary Date

End Summary Date

Time of Pickup

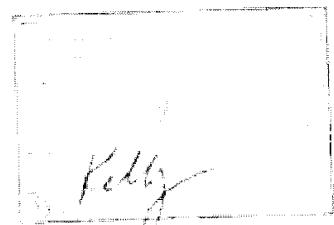
DPH will deliver to 375 Laguna Honda Blvd, Loading Dock
Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	Intego Senvi 2 AG Detect Self Test Kit Covid-19	2,496	CA1000138	2,496	\$0.0000	PNDMC-A	17275
EA	Point Covid-19 at home (4 pack)	288	CA1000142	288	\$0.0000	PNDMC-A	837

Print Name of Person Who Picked Up Supplies _____ DSW # _____

Signature of Person Who Picked Up Supplies _____ Date _____ Time _____



SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Dailey Aquatic, David Lawler and DPH Logs Chief
 Contact Phone: [REDACTED]
 Contact Email: DPH-Logs Resource [REDACTED]

Order Number
 Beginning Summary Date
 End Summary Date
 Time of Pickup

2/11/2025
 [REDACTED]

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

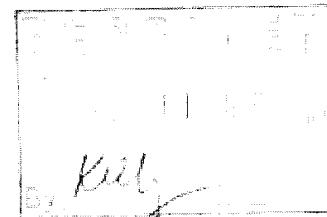
Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	Pill Covid-19 at home (4 pack)	144	CA1000142	144	\$0.0000	PNDMC-A	810
EA	Health COVID-19 Antigen Rapid Test (5 per box)	2,160	CA1000139	2,160	\$0.0000	PNDMC-A	811
EA	Intel Swab QTC Test Kit (2 pack)	144	CA1000133	144	\$0.0000	PNDMC-A	812
EA	Maxigen Covid-19 Antigen Home Test	2,272	CA1000143	2,272	\$0.0000	PNDMC-A	813

Print Name of Person Who Picked Up Supplies _____ DSW # _____

Signature of Person Who Picked Up Supplies _____ Date _____ Time _____


 Kellie

SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Nancy Agnello, David Lawlor and DPH Logs Chair
 Contact Phone: [REDACTED]
 Contact Email: DPH DOG Log Resources [REDACTED]

Order Number
 Beginning Summary Date
 End Summary Date
 Time of Pickup

2/28/2025
 [REDACTED]
 [REDACTED]

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

Itemize Materials and Supplies for Pickup by the Department

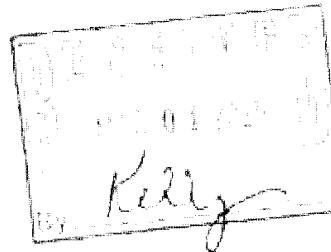
PSFT Inventory Transactions

Rec/0000

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	bin COVID-19 OTC Test Kit (2 pack)	200	CA1000133	200	\$0.0000	PNDMC-A	814
EA	Aden Covid-19 Antigen Home Test (2 pack)	1,152	CA1000140	1,152	\$0.0000	PNDMC-A	815
EA	CordX Covid-19 at home test kit OTC (2 pack)	150	CA1000141	150	\$0.0000	PNDMC-A	816

Print Name of Person Who Picked Up Supplies _____ DSW # _____

Signature of Person Who Picked Up Supplies _____ Date _____ Time _____


 Kelly

SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
Address: 101 Grove Street, San Francisco
Contact Name: Daisy Aquillo, David Lawler and DPH Logs Chief
Contact Phone: [REDACTED]
Contact Email: DPH-D2G Logs Resource [REDACTED]

Order Number
Beginning Summary Date
End Summary Date
Time of Pickup

4/11/2025
 [REDACTED]
 [REDACTED]

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

RCV0000

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	Inbiox Scov 2 AG Detect Self Test Kit Covid-19	144	CA1000138	144	\$0.0000	PNDMC-A	821
EA	Health COVID-19 Antigen-Based Test (5 per box)	405	CA1000139	405	\$0.0000	PNDMC-A	822
EA	Covid-19 at home test kit OIC (2 pack)	300	CA1000141	300	\$0.0000	PNDMC-A	823

Print Name of Person Who Picked Up Supplies _____ DSW # _____

Signature of Person Who Picked Up Supplies _____ Date _____ Time _____

APR 11 2025
 by Kelly

SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
Address: 101 Grove Street, San Francisco
Contact Name: Danny Aquilino, David Lawlor and DPH Logs Chief
Contact Phone: [REDACTED]
Contact Email: DPH.DOC.Logs.Resource@[REDACTED]

Order Number
Beginning Summary Date 5/9/2025
End Summary Date
Time of Pickup

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

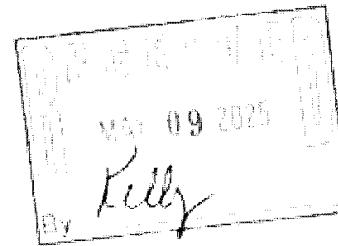
Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	Test Kit Carestart Antigen Home (2pk)	348	CA1000137	348	\$0.0000	PNDMC-A	835
EA	GOIN BLDY COVID19 Antigen Rapid Test (5 per box)	144	CA1000144	144	\$0.0000	PNDMC-A	834

Print Name of Person Who Picked Up Supplies _____ DSW # _____

Signature of Person Who Picked Up Supplies _____ Date _____ Time _____



 MAY 19 2025
 Kelly

SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Daisy Aquatic, David Lawlor and DPH Logs Chief
 Contact Phone: [REDACTED]
 Contact Email: DPH-DOC Logs Resource [REDACTED]

Order Number
 Beginning Summary Date
 End Summary Date
 Time of Pickup

[REDACTED]
 6/2/2025
 [REDACTED]

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	GenBody Covid-19 Antigen Home Test (2 pack)	144	CA1000144	144	\$0.0000	PNDMC-A	826

Print Name of Person Who Picked Up Supplies _____ DSW # _____

Signature of Person Who Picked Up Supplies: _____ Date: _____ Time: _____



SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Darcy Aquilis, David Lowlor (av DPH Long 4 best)
 Contact Phone: [REDACTED]
 Contact Email: DPH-POC-Emerg-Response@[REDACTED]

Order Number
 Beginning Summary Date
 End Summary Date
 Time of Pickup

6/11/2025
 [REDACTED]

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

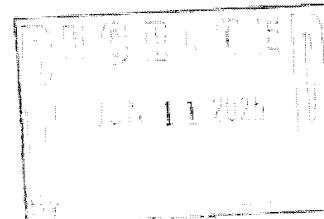
Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	GenBody Covid-19 Antigen Home Test (2 pack)	144	CA1000144	144	\$0.0000	PNDMC-A	827
	GenBody Covid-19 Rapid Test for Home Use (2 pack)	432	CA1000145	432	\$0.0000	PNDMC-A	828

Print Name of Person Who Picked Up Supplies _____ DSW # _____

Signature of Person Who Picked Up Supplies _____ Date _____ Time _____



SUPPLY RECEIPT - Donation

Dept. Name: Department of Public Health (DPH)
 Address: 101 Grove Street, San Francisco
 Contact Name: Daisy Aguilera, David Lawler and DPH Toys Chair
 Contact Phone: [REDACTED]
 Contact Email: DPH.DR@sf.usda.gov

Order Number:
 Beginning Summary Date: 6/26/2025
 End Summary Date:
 Time of Pickup:

DPH will deliver to 375 Laguna Honda Blvd, Loading Dock

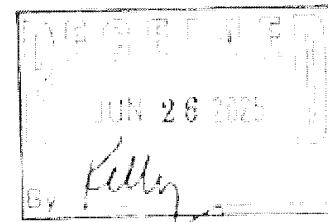
Itemize Materials and Supplies for Pickup by the Department

PSFT Inventory Transactions

Unit/Type	Product Description	Total Quantity	Putaway Item ID	Total QTY (EA)	Unit Cost	Location	PO #
EA	CorDia Covid-19 at home test kit Q7C (2 pack)	150	CA1000141	150	\$0.0000	PNDMC-A	829

Print Name of Person Who Packed Up Supplies: _____ DSW #: _____

Signature of Person Who Packed Up Supplies: _____ Date: _____ Time: _____





San Francisco Department of Public Health

Daniel Tsai
Director of Health

City and County of San Francisco
Daniel Lurie
Mayor

Memorandum

To: Honorable Members of the Board of Supervisors

From: San Francisco Department of Public Health

Date: Thursday, January 8, 2026

RE: **Retroactivity re: File 251227**

This Resolution seeks authorization for the Department of Public Health (DPH) to retroactively accept and expend a gift from the California Department of Public Health for COVID-19 test kits.

This gift accept and expend is retroactive because the accept and expend was not done in a timely manner due to delays with both the Health Commission and City approvals process. CDPH initially provided the gift and gift forms on July 21, 2025. Upon receipt of the gift and the forms, DPH put together the accept and expend packet and sent it to the Controller's Office on August 1, 2025. DPH received the Health Commission resolution for this item on August 13, 2025. The Controller's Office then forwarded the signed accept & expend packet to the Mayor's Office on November 7, 2025, for introduction on December 9, 2025.

We respectfully request retroactive authorization for this item. Please contact Lily Conover, SFDPH Controller, at lily.conover@sfdph.org for any questions about this request for retroactive authorization.

City and County of San Francisco

Daniel Lurie
Mayor

Department of Public Health

TO: **Angela Calvillo, Clerk of the Board of Supervisors**

FROM: **Daniel Tsai**
Director of Health

DATE: **10/22/2025**

SUBJECT: **Gift Accept and Expend**

GIFT TITLE: **COVID-19 Test Kits - FY2024-2025 - \$527,664**

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

- Proposed Gift resolution, original signed by Department
- Gift information form, including disability checklist
- Budget and Budget Justification
- Agreement / Award Letter
- Other (Explain): Gift Questionnaire, Gift Acknowledgement letter, State Donations

Special Timeline Requirements:**Departmental representative to receive a copy of the adopted resolution:**

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 114

Certified copy required Yes

No

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 In-Kind Gift - Administration for Strategic Preparedness and Response - California Department of Public Health - COVID-19 Test Kits - FY2024-2025 - \$527,664
DATE: December 9, 2025

Resolution retroactively authorizing the Department of Public Health to accept and expend an in-kind gift of COVID-19 test kits in the total amount of \$527,664 from the Administration for Strategic Preparedness and Response through the California Department of Public Health in support of the Department of Public Health clinic patients and staff.

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