

File No. 210360

Committee Item No. 3

Board Item No. 40

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date July 21, 2021

Board of Supervisors Meeting

Date July 27, 2021

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 |
| <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"/> | Gift Budget |
| <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"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Police Commission Resoluton No. 21-20</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
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Completed by: Linda Wong Date July 13, 2021

Completed by: Linda Wong Date July 23, 2021

1 [Accept and Expend In-Kind Gift - Retroactive - Naloxone Distribution Project - Naloxone -
2 Valued at \$73,800]

2

3 **Resolution retroactively authorizing the Police Department to accept and expend an in-**
4 **kind gift of 984 units of Naloxone valued at \$73,800 through the Naloxone Distribution**
5 **Project, which is funded by the Substance Abuse and Mental Health Services**
6 **Administration and administered by the Department of Health Care Services.**

7

8 WHEREAS, San Francisco Police Department (SFPD) applied for 984 units of
9 Naloxone through the Naloxone Distribution Project (NDP), funded by the by the Substance
10 Abuse and Mental Health Services Administration (SAMHSA) and administered by the
11 Department of Health Care Services (DHCS) to combat opioid overdose-related deaths; and

12 WHEREAS, The Naloxone Distribution Project (NDP) accepted our applications and
13 approved shipment of 984 units of Naloxone valued at \$73,800; now, therefore, be it

14 RESOLVED, That the Board of Supervisors approves the in-kind gift valued at \$73,800
15 and authorizes SFPD to retroactively accept the 984 units of Naloxone.

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1 Recommended:

Approved: /s/_____

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Mayor

3 /s/_____

4 Department Head

Approved: /s/_____

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Controller

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File Number: _____
(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 resolution:

1. Grant Title: **In-Kind Gift through Naloxone Distribution Project (NDP)**
2. Department: **San Francisco Police Department**
3. Contact Person: **Katherine Chiu / Patrick Leung** Telephone: **415-837-7210**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **984 units of Naloxone (in-kind gift), valued at \$73,800**
6. a. Matching Funds Required: **N/A**
b. Source(s) of matching funds (if applicable): **N/A**
7. a. Grant Source Agency: **Substance Abuse and Mental Health Services Administration (SAMHSA)**
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: **Naloxone from this project will be used to help combat opioid overdose-related deaths.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: January 15, 2020 **End-Date: November 4, 2020**
10. a. Amount budgeted for contractual services: **N/A**
b. Will contractual services be put out to bid? **N/A**
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N/A**
d. Is this likely to be a one-time or ongoing request for contracting out? **N/A**
11. a. Does the budget include indirect costs? Yes No
b. 1. If yes, how much? **N/A**
2. How was the amount calculated? **N/A**
c. 1. If no, why are indirect costs not included?
 Not allowed by granting agency To maximize use of grant funds on direct services
 Other (please explain): **this is an in-kind gift**
2. If no indirect costs are included, what would have been the indirect costs? **If calculated at 10% of the estimated in-kind gift value, the indirect costs would have been \$7,380.**
12. Any other significant grant requirements or comments: **None**

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

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input checked="" 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:

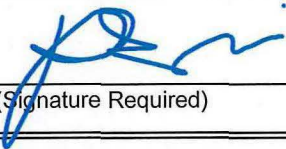
Comments:

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

Penny Si
(Name)

Departmental ADA Coordinator
(Title)

Date Reviewed: 11/13/2020


(Signature Required)

Department Head or Designee Approval of Grant Information Form:

William Scott
(Name)

Chief of Police
(Title)

Date Reviewed: 12/11/2020


(Signature Required)



The Police Commission

CITY AND COUNTY OF SAN FRANCISCO

February 18, 2021

Honorable Board of Supervisors
City Hall, Room 244
#1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

MALIA COHEN
President

CINDY ELIAS
Vice President

PETRA DeJESUS
Commissioner

JOHN HAMASAKI
Commissioner

DION-JAY BROOKTER
Commissioner

Dear Honorable Supervisors:

Sergeant Stacy Youngblood
Secretary

At the meeting of the Police Commission on Wednesday, February 18, 2021, the following resolution was adopted:

RESOLUTION NO. 21-20

APPROVAL TO ADOPT A RESOLUTION URGING THE BOARD OF SUPERVISORS TO AUTHORIZE THE SAN FRANCISCO POLICE DEPARTMENT TO ACCEPT AND EXPEND A GRANT IN THE AMOUNT OF \$73,800 THROUGH THE NALOXONE DISTRIBUTION PROJECT (NDP), WHICH IS FUNDED BY THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) AND ADMINISTERED BY THE DEPARTMENT OF HEALTH CARE SERVICES (DHCS)

RESOLVED, that the Police Commission hereby urge the Board of Supervisors to authorize the San Francisco Police Department to accept and expend a grant in the amount of \$73,800 through the Naloxone Distribution Project (NDP), which is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the Department of Health Care Services (DHCS).

AYES: Commissioners Cohen, Elias, DeJesus, Hamasaki

ABSENT: Commissioner Brookter

Very truly yours,

Sergeant Stacy Youngblood
Secretary
THE POLICE COMMISSION

1211/rct

cc: Grants Unit

Naloxone Distribution Project (NDP) Application

Instructions

Complete the application below. Please ensure the person applying is authorized to be the representation of your organization in California to apply for and receive this naloxone distribution. The information submitted in this application should be publicly accessible information and may be subjected to the Public Records Act.

First Name of Authorized Person

Mailing Address (must be a business address, not a personal address or P.O. Box)

Middle Name

Address Line 2

Last Name

City

Contact Number

Zip

Email

State CA

Organization Name

Service Location Address

Type of Organization

Address Line 2

Community Organization - Specify Type

City

Organization Website

Zip

Organization Phone Number

State CA

Units Order - Minimum Order is 12 units and orders must be in multiples of 12. Each unit comes with 2 doses.

You must certify and agree to the information in this section to receive the naloxone distribution.

I hereby certify that I have read, understand, and accept all the terms and conditions under which the naloxone distribution is valid for use.

I hereby certify that I have reviewed and undergone training in opioid overdose prevention and treatment training to respond effectively to an opioid-associated overdose emergency.

Review online resources at the [GetNaloxoneNow website](#) and the Harm Reduction Coalition's [overdose response website](#) to train and respond effectively to an opioid-associated overdose emergency.

If known/available, I hereby agree to maintain and report information via email to Naloxone@dhcs.ca.gov regarding the number of reversals that occurred using the naloxone distributed under this application order.

Terms and Conditions

By submitting the application form, the organization/entity:

1. Certifies that the authorized person, communication and mailing information provided is correct.
2. Will ensure that any of its affiliates or subcontractors apply for their organization.
3. Agrees to provide a copy of a valid and active business license, FEIN number or tax exempt letter.
4. Agrees to provide a copy of a naloxone standing order that can be obtained at the California Department of Public Health's [standing order application](#) or a physician's prescription.
5. If the naloxone request is for more than 48 units, the organization/entity will provide a brief and comprehensive summary with the application to validate their request.
6. Agrees to allow the California Department of Health Care Services (DHCS) to contact the organization/entity using the information provided on the application form.
7. Agrees to allow the California DHCS to use the information provided on the application form to track the use of the naloxone distribution and conduct other public health and epidemiological surveillance activities.

Submit supporting documents and application electronically to Naloxone@dhcs.ca.gov

OR Mail supporting documents and the application to: Department of Health Care Services
Community Services Division
Attn: Naloxone Distribution Project
P.O. Box 997413, MS 2603
Sacramento, CA 95899-7413

NOTE: Some links on this page are documents in Adobe Acrobat Portable Document Format (PDF). PDF documents require Adobe Reader. If you need to install or upgrade to the latest version, click the ["Download Free Reader"](#).



LONDON N. BREED
MAYOR

CITY AND COUNTY OF SAN FRANCISCO
POLICE DEPARTMENT
HEADQUARTERS
1245 3RD Street
San Francisco, California 94158



WILLIAM SCOTT
CHIEF OF POLICE

The San Francisco Police Department (SFPD) would like to apply to receive 384 units of Naloxone through the Naloxone Distribution Project (NDP).

To ensure foot patrol officers are able to respond immediately to an overdose, 200 of the 384 units we are requesting will be distributed to these officers, who do not already carry Naloxone.

The remaining 184 units will be kept on hand for emergency purposes and to replace units we anticipate may expire soon.

All San Francisco Police Department (SFPD) Field Operations Bureau (FOB) officers on patrol are equipped with trauma kits, which include Naloxone.

SFPD FOB district stations with officers on patrol who have been outfitted with Naloxone include:

- Bayview Station, 136 officers
- Central Station, 155 officers
- Ingleside Station, 120 officers
- Mission Station, 149 officers
- Northern Station, 134 officers
- Park Station, 85 officers
- Richmond Station, 88 officers,
- Southern Station, 143 officers
- Taraval Station, 104 officers
- Tenderloin Station, 145 officers

Naloxone has also been distributed to SFPD members in these areas:

- Police Academy, 43 officers
- Crime Lab, 1 officer
- Healthy Streets Operation Center (HSOC), 47 officers
- Tactical Unit, 76 officers
- Traffic Company, 62 officers

The SFPD Supplies Unit is responsible for receiving, storing, inventorying, and managing the distribution of Naloxone to all SFPD district stations and units.

Officers who already have and need replacement Naloxone, go directly to the SFPD Supplies Unit for replacement units.

FEIN number is 94-6000417

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
City and County of San Francisco

2 Business name/disregarded entity name, if different from above
San Francisco Police Department

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **Government**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1245 - 3rd Street, 6th Floor

6 City, state, and ZIP code
San Francisco, CA 94158

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
				-						
or										
Employer identification number										
9	4		-	6	0	0	0	4	1	7

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 1/5/18
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

NARCAN NASAL SPRAY 4mg
Physician/Medical Director Standing Order

NARCAN is indicated for the reversal of opioid overdose induced by natural or synthetic opioids and exhibited by respiratory depression or unresponsiveness. NARCAN is delivered by intranasal administration as indicated.

This standing order covers the possession and distribution of NARCAN Nasal Spray 4mg.

Trained staff of San Francisco Police may possess and distribute NARCAN Nasal Spray 4mg to 1) a person at risk of experiencing an opioid-related overdose or 2) a family member, friend, or other person(s) in a position to assist a person at risk of experiencing an opioid-related overdose.

Administration of NARCAN Nasal Spray 4mg to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

Use NARCAN Nasal Spray for known or suspected opioid overdose in adults and children. Important: For use in the nose only.

- Do not remove or test the NARCAN Nasal Spray until ready to use.
- Each NARCAN Nasal Spray has 1 dose and cannot be reused.
- You do not need to prime NARCAN Nasal Spray.

How to use NARCAN nasal spray:

- Step 1. Lay the person on their back to receive a dose of NARCAN Nasal Spray.
- Step 2. Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.
- Step 3. Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
- Step 4. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.
- Step 5. Press the plunger firmly to give the dose of NARCAN Nasal Spray.
- Step 6. Remove the NARCAN Nasal Spray from the nostril after giving the dose.
- Step 7. Get emergency medical help right away. • Move the person on their side (recovery position) after giving NARCAN Nasal Spray. • Watch the person closely. • If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available. • Repeat Steps 2 through 6 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, Steps 2 through 6 may be repeated every 2 to 3 minutes until the person responds or emergency medical help is received.
- Step 8. Put the used NARCAN Nasal Spray back into its box.
- Step 9. Throw away (dispose of) the used NARCAN Nasal Spray in a place that is away from children.

QTY: 58 REFILLS: 0 SIG: As per as directed

DATE 9/30/2016 Dr. Signature [Signature]

Print Dr. Name and contact information: Richard Martin MD - Phone 1-415-837-7226

Police Headquarters
SFPD 1245 3rd St.
San Francisco, CA 94158-2134

Co: 643723
DEA: FM4417297

San Francisco Police Department
Medical Liaison Unit
1245 3rd Street, 5th Floor, Rm 5170
1-415-837-7726

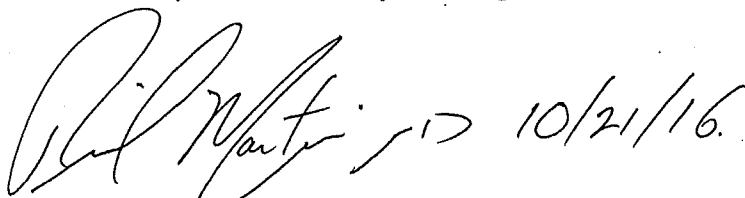
10/21/2016

FAX to 614-652-7919

Adapt Pharma Inc – Specialty Pharm Srvc
ATTN: Customer Service
15 Ingram Blvd.
LaVergne, TN 37086

I, Richard Martin, M.D., am the responsible person for purchases made by the San Francisco Police Department, City and County of San Francisco California, under my state license number G43723 issued by the State of California

I will notify Adapt Pharma– Specialty Pharm Srvc immediately if my responsibility status and/or relationship with this facility is changed or terminated.


Richard Martin M.D.

Terms and Conditions Narcan® Nasal Spray at Public Interest Price
 (Please email or fax a signed copy of these Terms and Conditions)
 Email: customerservice@adaptpharma.com Fax: 484.367.7815

The undersigned ("Customer") hereby acknowledges and agrees that NARCAN® Nasal Spray (Naloxone Hcl) 4mg (the "Product") made available by Adapt Pharma, Inc. ("Adapt Pharma") to the Customer at the Public Interest Price is conditioned upon Customer making the following certification. Customer hereby represents and warrants to Adapt Pharma and agrees that:

1. The Customer is a Qualified Purchaser of the Product at the Public Interest Price. A "Qualified Purchaser" means (a) a First Responder, State or Local Government Agency, School, Community-based organization, (b) a government funded organization, (c) an entity that has received a grant for the purchase of the Product, or (d) an entity that is purchasing the Product on behalf of a government entity or community members by acting as a naloxone distribution program or community based organization. Notwithstanding the foregoing, the Customer shall be subject to Adapt Pharma's final approval in its sole discretion.
2. The Customer shall purchase, receive and use the Product in accordance with all applicable laws, rules and regulations. The Customer has presented to Adapt Pharma a valid pharmacy license or standing order for purchase and use of the Product. The Product may only be used by the Customer, or a Qualified Purchaser authorized by the Customer, and may not be submitted for reimbursement of any type, including, without limitation, private pay, commercial, government authority, agency or otherwise.
3. The Product is not returnable or refundable. Minimum order quantity is 48 units (4 cases).
4. An invoice will be sent to the Customer at its billing address. Unless otherwise specified on the invoice, all invoices for Product supplied are payable in full within thirty (30) days from the date of invoice. The Customer agrees to review invoices upon receipt and to notify Adapt Pharma in writing of any disputes within twenty (20) days of receipt of invoice. If such written notice is not received by Adapt Pharma, the invoice will be deemed to be final and payable in full.
5. Adapt Pharma shall have the right and is authorized to request information from the Customer and third parties to confirm Qualified Purchaser status and/or credit status prior to accepting an order, and the Customer shall fully cooperate with any such request.
6. Adapt Pharma reserves the right to audit the Customer to ensure the Product is used as outlined in the Terms and Conditions and as otherwise required by Adapt Pharma.
7. All orders are subject to acceptance by Adapt Pharma. Adapt Pharma may fulfill or refuse or otherwise limit orders at its sole discretion.
8. All of the information provided by the Qualified Purchaser is true, complete and accurate.
9. Adapt Pharma warrants that at the time of delivery, the Product (a) shall be free from any defects in design, material, or workmanship, (b) shall not be adulterated or misbranded within the meaning of the U.S. Food, Drug and Cosmetic Act, and (c) shall conform to laws, rules and regulations of the FDA. In the event that the Product delivered to Customer fails to conform to the warranties in this paragraph, Customer may reject such Product by giving written notice within thirty (30) days after delivery. If Customer fails to reject the Product in accordance with this paragraph within the thirty (30) day period, Customer shall be deemed to have accepted the shipment. Adapt Pharma makes no other warranties, whether expressed or implied, with respect to the Product, including, without limitation, any warranty of merchantability or fitness for a particular purpose.
10. Adapt Pharma's sole obligation under any warranty shall be to replace or refund defective Products. Neither Customer nor Adapt Pharma shall be liable for any indirect, incidental, consequential, or special damages or losses, including lost profits, even if advised of the possibility thereof.
11. Customer has reviewed, and made available to its distributees, the instructions for use, storage, handling, and other information with respect to the Product in accordance with the FDA approved prescribing information, and Customer and its distributees will comply with such instructions and information. Customer shall be responsible for the negligent acts and omissions of its employees, agents, representatives and distributees.
12. The Terms and Conditions and Customer's credit application, constitute the entire agreement and understanding of the parties with respect to the subject matter hereof. No changes to the Terms and Conditions will be binding upon Adapt Pharma unless made in writing and signed by Adapt Pharma. In the event of any conflict between these Terms and Conditions and any other agreement or purchase order of Customer, these Terms and Conditions shall govern.
13. Failure of Adapt Pharma to enforce a right does not waive it. If a court of competent jurisdiction finds that any provision of the Terms and Conditions is invalid or unenforceable, the other provisions of these Terms and Conditions will remain in full force and effect.

Please describe the intended use of NARCAN® Nasal Spray:

Opioid Overdose

Richard Martin MD
 Name of Authorized Representative

SFPD
 Name of Organization

Police Physician Specialist
 Title

(a) First Responder
 Type of Qualified Entity (please select from list above)

[Signature]
 Signature

9/18/2017
 Date

Naloxone Distribution Project (NDP) Application

Instructions

Complete the application below. Please ensure the person applying is authorized to be the representation of your organization in California to apply for and receive this naloxone distribution. The information submitted in this application should be publicly accessible information and may be subjected to the Public Records Act.

First Name of Authorized Person

Mailing Address (must be a business address, not a personal address or P.O. Box)

Middle Name

Address Line 2

Last Name

City

Contact Number

Zip

Email

State CA

Organization Name

Service Location Address

Type of Organization

Address Line 2

Community Organization - Specify Type

City

Organization Website

Zip

Organization Phone Number

State CA

Units Order - Minimum Order is 12 units and orders must be in multiples of 12. Each unit comes with 2 doses.

You must certify and agree to the information in this section to receive the naloxone distribution.

I hereby certify that I have read, understand, and accept all the terms and conditions under which the naloxone distribution is valid for use.

I hereby certify that I have reviewed and undergone training in opioid overdose prevention and treatment training to respond effectively to an opioid-associated overdose emergency.

Review online resources at the [GetNaloxoneNow website](#) and the Harm Reduction Coalition's [overdose response website](#) to train and respond effectively to an opioid-associated overdose emergency.

If known/available, I hereby agree to maintain and report information via email to Naloxone@dhcs.ca.gov regarding the number of reversals that occurred using the naloxone distributed under this application order.

Terms and Conditions

By submitting the application form, the organization/entity:

1. Certifies that the authorized person, communication and mailing information provided is correct.
2. Will ensure that any of its affiliates or subcontractors apply for their organization.
3. Agrees to provide a copy of a valid and active business license, FEIN number or tax exempt letter.
4. Agrees to provide a copy of a naloxone standing order that can be obtained at the California Department of Public Health's [standing order application](#) or a physician's prescription.
5. If the naloxone request is for more than 48 units, the organization/entity will provide a brief and comprehensive summary with the application to validate their request.
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Submit supporting documents and application electronically to Naloxone@dhcs.ca.gov

OR Mail supporting documents and the application to: Department of Health Care Services
Community Services Division
Attn: Naloxone Distribution Project
P.O. Box 997413, MS 2603
Sacramento, CA 95899-7413

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LONDON N. BREED
MAYOR

CITY AND COUNTY OF SAN FRANCISCO
POLICE DEPARTMENT
HEADQUARTERS
1245 3RD Street
San Francisco, California 94158



WILLIAM SCOTT
CHIEF OF POLICE

The San Francisco Police Department (SFPD) would like to apply to receive 300 units of Naloxone through the Naloxone Distribution Project (NDP).

To ensure Naloxone is readily available to officers who need to respond to overdoses, we are applying for more units to replenish the units distributed.

All San Francisco Police Department (SFPD) Field Operations Bureau (FOB) officers on patrol are equipped with trauma kits, which include Naloxone.

SFPD FOB district stations with officers on patrol who have been outfitted with Naloxone include:

- Bayview Station, 136 officers
- Central Station, 155 officers
- Ingleside Station, 120 officers
- Mission Station, 149 officers
- Northern Station, 134 officers
- Park Station, 85 officers
- Richmond Station, 88 officers,
- Southern Station, 143 officers
- Taraval Station, 104 officers
- Tenderloin Station, 145 officers

Naloxone has also been distributed to SFPD members in these areas:

- Police Academy, 43 officers
- Crime Lab, 1 officer
- Healthy Streets Operation Center (HSOC), 47 officers
- Tactical Unit, 76 officers
- Traffic Company, 62 officers

The SFPD Supplies Unit is responsible for receiving, storing, inventorying, and managing the distribution of Naloxone to all SFPD district stations and units.

Officers who already have and need replacement Naloxone, go directly to the SFPD Supplies Unit for replacement units.

FEIN number is 94-6000417

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. City and County of San Francisco		
	2 Business name/disregarded entity name, if different from above San Francisco Police Department		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ Government		
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	5 Address (number, street, and apt. or suite no.) See instructions. 1245 - 3rd Street, 6th Floor	Requester's name and address (optional)	
	6 City, state, and ZIP code San Francisco, CA 94158-2262		
	7 List account number(s) here (optional)		

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Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	

Sign Here	Signature of U.S. person ▶	Date ▶ <u>1/3/19</u>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

NARCAN NASAL SPRAY 4mg
Physician/Medical Director Standing Order

NARCAN is indicated for the reversal of opioid overdose induced by natural or synthetic opioids and exhibited by respiratory depression or unresponsiveness. NARCAN is delivered by intranasal administration as indicated.

This standing order covers the possession and distribution of NARCAN Nasal Spray 4mg.

Trained staff of San Francisco Police may possess and distribute NARCAN Nasal Spray 4mg to 1) a person at risk of experiencing an opioid-related overdose or 2) a family member, friend, or other person(s) in a position to assist a person at risk of experiencing an opioid-related overdose.

Administration of NARCAN Nasal Spray 4mg to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

Use NARCAN Nasal Spray for known or suspected opioid overdose in adults and children. Important: For use in the nose only.

- Do not remove or test the NARCAN Nasal Spray until ready to use.
- Each NARCAN Nasal Spray has 1 dose and cannot be reused.
- You do not need to prime NARCAN Nasal Spray.

How to use NARCAN nasal spray:

- Step 1. Lay the person on their back to receive a dose of NARCAN Nasal Spray.
- Step 2. Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.
- Step 3. Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
- Step 4. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.
- Step 5. Press the plunger firmly to give the dose of NARCAN Nasal Spray.
- Step 6. Remove the NARCAN Nasal Spray from the nostril after giving the dose.
- Step 7. Get emergency medical help right away. • Move the person on their side (recovery position) after giving NARCAN Nasal Spray. • Watch the person closely. • If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available. • Repeat Steps 2 through 6 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, Steps 2 through 6 may be repeated every 2 to 3 minutes until the person responds or emergency medical help is received.
- Step 8. Put the used NARCAN Nasal Spray back into its box.
- Step 9. Throw away (dispose of) the used NARCAN Nasal Spray in a place that is away from children.

QTY: 58 REFILLS: 0 SIG: As per as directed

DATE 9/30/2016 Dr. Signature [Signature]

Print Dr. Name and contact information: Richard Martin MD - Phone 1-415-837-7226

Police Headquarters
SFPD 1245 3rd St.
San Francisco, CA 94158-2134

Co: 643723
DEA: FM4417297

San Francisco Police Department
Medical Liaison Unit
1245 3rd Street, 5th Floor, Rm 5170
1-415-837-7726

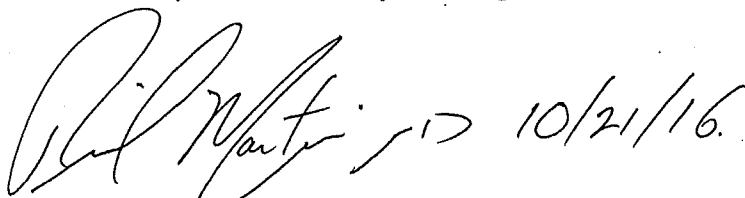
10/21/2016

FAX to 614-652-7919

Adapt Pharma Inc – Specialty Pharm Srvc
ATTN: Customer Service
15 Ingram Blvd.
LaVergne, TN 37086

I, Richard Martin, M.D., am the responsible person for purchases made by the San Francisco Police Department, City and County of San Francisco California, under my state license number G43723 issued by the State of California

I will notify Adapt Pharma– Specialty Pharm Srvc immediately if my responsibility status and/or relationship with this facility is changed or terminated.


Richard Martin M.D.

Terms and Conditions Narcan® Nasal Spray at Public Interest Price
 (Please email or fax a signed copy of these Terms and Conditions)
 Email: customerservice@adaptpharma.com Fax: 484.367.7815

The undersigned ("Customer") hereby acknowledges and agrees that NARCAN® Nasal Spray (Naloxone Hcl) 4mg (the "Product") made available by Adapt Pharma, Inc. ("Adapt Pharma") to the Customer at the Public Interest Price is conditioned upon Customer making the following certification. Customer hereby represents and warrants to Adapt Pharma and agrees that:

1. The Customer is a Qualified Purchaser of the Product at the Public Interest Price. A "Qualified Purchaser" means (a) a First Responder, State or Local Government Agency, School, Community-based organization, (b) a government funded organization, (c) an entity that has received a grant for the purchase of the Product, or (d) an entity that is purchasing the Product on behalf of a government entity or community members by acting as a naloxone distribution program or community based organization. Notwithstanding the foregoing, the Customer shall be subject to Adapt Pharma's final approval in its sole discretion.
2. The Customer shall purchase, receive and use the Product in accordance with all applicable laws, rules and regulations. The Customer has presented to Adapt Pharma a valid pharmacy license or standing order for purchase and use of the Product. The Product may only be used by the Customer, or a Qualified Purchaser authorized by the Customer, and may not be submitted for reimbursement of any type, including, without limitation, private pay, commercial, government authority, agency or otherwise.
3. The Product is not returnable or refundable. Minimum order quantity is 48 units (4 cases).
4. An invoice will be sent to the Customer at its billing address. Unless otherwise specified on the invoice, all invoices for Product supplied are payable in full within thirty (30) days from the date of invoice. The Customer agrees to review invoices upon receipt and to notify Adapt Pharma in writing of any disputes within twenty (20) days of receipt of invoice. If such written notice is not received by Adapt Pharma, the invoice will be deemed to be final and payable in full.
5. Adapt Pharma shall have the right and is authorized to request information from the Customer and third parties to confirm Qualified Purchaser status and/or credit status prior to accepting an order, and the Customer shall fully cooperate with any such request.
6. Adapt Pharma reserves the right to audit the Customer to ensure the Product is used as outlined in the Terms and Conditions and as otherwise required by Adapt Pharma.
7. All orders are subject to acceptance by Adapt Pharma. Adapt Pharma may fulfill or refuse or otherwise limit orders at its sole discretion.
8. All of the information provided by the Qualified Purchaser is true, complete and accurate.
9. Adapt Pharma warrants that at the time of delivery, the Product (a) shall be free from any defects in design, material, or workmanship, (b) shall not be adulterated or misbranded within the meaning of the U.S. Food, Drug and Cosmetic Act, and (c) shall conform to laws, rules and regulations of the FDA. In the event that the Product delivered to Customer fails to conform to the warranties in this paragraph, Customer may reject such Product by giving written notice within thirty (30) days after delivery. If Customer fails to reject the Product in accordance with this paragraph within the thirty (30) day period, Customer shall be deemed to have accepted the shipment. Adapt Pharma makes no other warranties, whether expressed or implied, with respect to the Product, including, without limitation, any warranty of merchantability or fitness for a particular purpose.
10. Adapt Pharma's sole obligation under any warranty shall be to replace or refund defective Products. Neither Customer nor Adapt Pharma shall be liable for any indirect, incidental, consequential, or special damages or losses, including lost profits, even if advised of the possibility thereof.
11. Customer has reviewed, and made available to its distributees, the instructions for use, storage, handling, and other information with respect to the Product in accordance with the FDA approved prescribing information, and Customer and its distributees will comply with such instructions and information. Customer shall be responsible for the negligent acts and omissions of its employees, agents, representatives and distributees.
12. The Terms and Conditions and Customer's credit application, constitute the entire agreement and understanding of the parties with respect to the subject matter hereof. No changes to the Terms and Conditions will be binding upon Adapt Pharma unless made in writing and signed by Adapt Pharma. In the event of any conflict between these Terms and Conditions and any other agreement or purchase order of Customer, these Terms and Conditions shall govern.
13. Failure of Adapt Pharma to enforce a right does not waive it. If a court of competent jurisdiction finds that any provision of the Terms and Conditions is invalid or unenforceable, the other provisions of these Terms and Conditions will remain in full force and effect.

Please describe the intended use of NARCAN® Nasal Spray:

Opioid Overdose

Richard Martin MD
 Name of Authorized Representative

SFPD
 Name of Organization

Police Physician Specialist
 Title

(a) First Responder
 Type of Qualified Entity (please select from list above)

[Signature]
 Signature

9/18/2017
 Date

Naloxone Distribution Project (NDP) Application

Instructions

Complete the application below. Please ensure the person applying is authorized to be the representation of your organization in California to apply for and receive this naloxone distribution. The information submitted in this application should be publicly accessible information and may be subjected to the Public Records Act.

First Name of Authorized Person

Mailing Address (must be a business address, not a personal address or P.O. Box)

Middle Name

Address Line 2

Last Name

City

Contact Number

Zip

Email

State CA

Organization Name

Service Location Address

Type of Organization

Address Line 2

Community Organization - Specify Type

City

Organization Website

Zip

Organization Phone Number

State CA

Units Order - Minimum Order is 12 units and orders must be in multiples of 12. Each unit comes with 2 doses.

You must certify and agree to the information in this section to receive the naloxone distribution.

I hereby certify that I have read, understand, and accept all the terms and conditions under which the naloxone distribution is valid for use.

I hereby certify that I have reviewed and undergone training in opioid overdose prevention and treatment training to respond effectively to an opioid-associated overdose emergency.

Review online resources at the [GetNaloxoneNow website](#) and the Harm Reduction Coalition's [overdose response website](#) to train and respond effectively to an opioid-associated overdose emergency.

If known/available, I hereby agree to maintain and report information via email to Naloxone@dhcs.ca.gov regarding the number of reversals that occurred using the naloxone distributed under this application order.

Terms and Conditions

By submitting the application form, the organization/entity:

1. Certifies that the authorized person, communication and mailing information provided is correct.
2. Will ensure that any of its affiliates or subcontractors apply for their organization.
3. Agrees to provide a copy of a valid and active business license, FEIN number or tax exempt letter.
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MAYOR

CITY AND COUNTY OF SAN FRANCISCO
POLICE DEPARTMENT
HEADQUARTERS
1245 3RD Street
San Francisco, California 94158



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FEIN number is 94-6000417

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Sign Here	Signature of U.S. person ▶	Date ▶ <u>1/3/19</u>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

NARCAN NASAL SPRAY 4mg
Physician/Medical Director Standing Order

NARCAN is indicated for the reversal of opioid overdose induced by natural or synthetic opioids and exhibited by respiratory depression or unresponsiveness. NARCAN is delivered by intranasal administration as indicated.

This standing order covers the possession and distribution of NARCAN Nasal Spray 4mg.

Trained staff of San Francisco Police may possess and distribute NARCAN Nasal Spray 4mg to 1) a person at risk of experiencing an opioid-related overdose or 2) a family member, friend, or other person(s) in a position to assist a person at risk of experiencing an opioid-related overdose.

Administration of NARCAN Nasal Spray 4mg to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

Use NARCAN Nasal Spray for known or suspected opioid overdose in adults and children. Important: For use in the nose only.

- Do not remove or test the NARCAN Nasal Spray until ready to use.
- Each NARCAN Nasal Spray has 1 dose and cannot be reused.
- You do not need to prime NARCAN Nasal Spray.

How to use NARCAN nasal spray:

- Step 1. Lay the person on their back to receive a dose of NARCAN Nasal Spray.
- Step 2. Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.
- Step 3. Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
- Step 4. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.
- Step 5. Press the plunger firmly to give the dose of NARCAN Nasal Spray.
- Step 6. Remove the NARCAN Nasal Spray from the nostril after giving the dose.
- Step 7. Get emergency medical help right away. • Move the person on their side (recovery position) after giving NARCAN Nasal Spray. • Watch the person closely. • If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available. • Repeat Steps 2 through 6 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, Steps 2 through 6 may be repeated every 2 to 3 minutes until the person responds or emergency medical help is received.
- Step 8. Put the used NARCAN Nasal Spray back into its box.
- Step 9. Throw away (dispose of) the used NARCAN Nasal Spray in a place that is away from children.

QTY: 58 REFILLS: 0 SIG: As per as directed

DATE 9/30/2016 Dr. Signature [Signature]

Print Dr. Name and contact information: Richard Martin MD - Phone 1-415-837-7226

Police Headquarters
SFPD 1245 3rd St.
San Francisco, CA 94158-2134

Co: 643723
DEA: FM4417297

San Francisco Police Department
Medical Liaison Unit
1245 3rd Street, 5th Floor, Rm 5170
1-415-837-7726

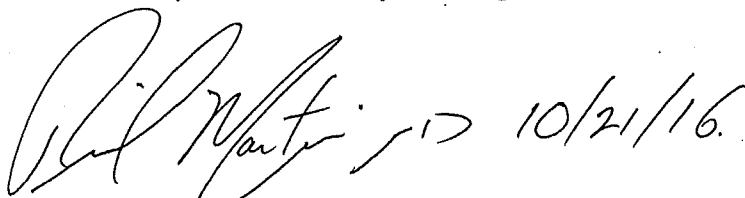
10/21/2016

FAX to 614-652-7919

Adapt Pharma Inc – Specialty Pharm Srvc
ATTN: Customer Service
15 Ingram Blvd.
LaVergne, TN 37086

I, Richard Martin, M.D., am the responsible person for purchases made by the San Francisco Police Department, City and County of San Francisco California, under my state license number G43723 issued by the State of California

I will notify Adapt Pharma– Specialty Pharm Srvc immediately if my responsibility status and/or relationship with this facility is changed or terminated.

 10/21/16.
Richard Martin MD

Terms and Conditions Narcan® Nasal Spray at Public Interest Price
 (Please email or fax a signed copy of these Terms and Conditions)
 Email: customerservice@adaptpharma.com Fax: 484.367.7815

The undersigned ("Customer") hereby acknowledges and agrees that NARCAN® Nasal Spray (Naloxone Hcl) 4mg (the "Product") made available by Adapt Pharma, Inc. ("Adapt Pharma") to the Customer at the Public Interest Price is conditioned upon Customer making the following certification. Customer hereby represents and warrants to Adapt Pharma and agrees that:

1. The Customer is a Qualified Purchaser of the Product at the Public Interest Price. A "Qualified Purchaser" means (a) a First Responder, State or Local Government Agency, School, Community-based organization, (b) a government funded organization, (c) an entity that has received a grant for the purchase of the Product, or (d) an entity that is purchasing the Product on behalf of a government entity or community members by acting as a naloxone distribution program or community based organization. Notwithstanding the foregoing, the Customer shall be subject to Adapt Pharma's final approval in its sole discretion.
2. The Customer shall purchase, receive and use the Product in accordance with all applicable laws, rules and regulations. The Customer has presented to Adapt Pharma a valid pharmacy license or standing order for purchase and use of the Product. The Product may only be used by the Customer, or a Qualified Purchaser authorized by the Customer, and may not be submitted for reimbursement of any type, including, without limitation, private pay, commercial, government authority, agency or otherwise.
3. The Product is not returnable or refundable. Minimum order quantity is 48 units (4 cases).
4. An invoice will be sent to the Customer at its billing address. Unless otherwise specified on the invoice, all invoices for Product supplied are payable in full within thirty (30) days from the date of invoice. The Customer agrees to review invoices upon receipt and to notify Adapt Pharma in writing of any disputes within twenty (20) days of receipt of invoice. If such written notice is not received by Adapt Pharma, the invoice will be deemed to be final and payable in full.
5. Adapt Pharma shall have the right and is authorized to request information from the Customer and third parties to confirm Qualified Purchaser status and/or credit status prior to accepting an order, and the Customer shall fully cooperate with any such request.
6. Adapt Pharma reserves the right to audit the Customer to ensure the Product is used as outlined in the Terms and Conditions and as otherwise required by Adapt Pharma.
7. All orders are subject to acceptance by Adapt Pharma. Adapt Pharma may fulfill or refuse or otherwise limit orders at its sole discretion.
8. All of the information provided by the Qualified Purchaser is true, complete and accurate.
9. Adapt Pharma warrants that at the time of delivery, the Product (a) shall be free from any defects in design, material, or workmanship, (b) shall not be adulterated or misbranded within the meaning of the U.S. Food, Drug and Cosmetic Act, and (c) shall conform to laws, rules and regulations of the FDA. In the event that the Product delivered to Customer fails to conform to the warranties in this paragraph, Customer may reject such Product by giving written notice within thirty (30) days after delivery. If Customer fails to reject the Product in accordance with this paragraph within the thirty (30) day period, Customer shall be deemed to have accepted the shipment. Adapt Pharma makes no other warranties, whether expressed or implied, with respect to the Product, including, without limitation, any warranty of merchantability or fitness for a particular purpose.
10. Adapt Pharma's sole obligation under any warranty shall be to replace or refund defective Products. Neither Customer nor Adapt Pharma shall be liable for any indirect, incidental, consequential, or special damages or losses, including lost profits, even if advised of the possibility thereof.
11. Customer has reviewed, and made available to its distributees, the instructions for use, storage, handling, and other information with respect to the Product in accordance with the FDA approved prescribing information, and Customer and its distributees will comply with such instructions and information. Customer shall be responsible for the negligent acts and omissions of its employees, agents, representatives and distributees.
12. The Terms and Conditions and Customer's credit application, constitute the entire agreement and understanding of the parties with respect to the subject matter hereof. No changes to the Terms and Conditions will be binding upon Adapt Pharma unless made in writing and signed by Adapt Pharma. In the event of any conflict between these Terms and Conditions and any other agreement or purchase order of Customer, these Terms and Conditions shall govern.
13. Failure of Adapt Pharma to enforce a right does not waive it. If a court of competent jurisdiction finds that any provision of the Terms and Conditions is invalid or unenforceable, the other provisions of these Terms and Conditions will remain in full force and effect.

Please describe the intended use of NARCAN® Nasal Spray:

Opioid Overdose

Richard Martin MD
 Name of Authorized Representative

SFPD
 Name of Organization

Police Physician Specialist
 Title

(a) First Responder
 Type of Qualified Entity (please select from list above)

[Signature]
 Signature

9/18/2017
 Date



RICHARD FIGUEROA
ACTING DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

January 15, 2020

NOTICE OF ACCEPTANCE OF NALOXONE DISTRIBUTION PROJECT (NDP)
APPLICATION

Dear Applicant:

This letter is in response to the NDP application received for San Francisco Police Department on January 15, 2020 requesting 384 units of Naloxone. The application has been reviewed and approved as submitted.

The Department's acceptance of the NDP application is based on the organizations' certification to comply by the terms and conditions stated in the application.

If you have any questions, please contact DHCS via email at Naloxone@dhcs.ca.gov

MAT Expansion Project Team
Department of Health Care Services



DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

June 15, 2020

NOTICE OF ACCEPTANCE OF NALOXONE DISTRIBUTION PROJECT (NDP)
APPLICATION

Dear Applicant:

This letter is in response to the NDP application received for San Francisco Police Department on May 27, 2020 requesting 300 units of Naloxone. The application has been reviewed and approved as submitted.

The Department's acceptance of the NDP application is based on the organizations' certification to comply by the terms and conditions stated in the application.

If you have any questions, please contact DHCS via email at Naloxone@dhcs.ca.gov

MAT Expansion Project Team
Department of Health Care Services



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

October 29, 2020

NOTICE OF ACCEPTANCE OF NALOXONE DISTRIBUTION PROJECT (NDP)
APPLICATION

Dear Applicant:

This letter is in response to the NDP application received for San Francisco Police Department on October 29, 2020 requesting 300 units of Naloxone. The application has been reviewed and approved as submitted.

The Department's acceptance of the NDP application is based on the organizations' certification to comply by the terms and conditions stated in the application.

If you have any questions, please contact DHCS via email at Naloxone@dhcs.ca.gov

MAT Expansion Project Team
Department of Health Care Services

Naloxone Distribution Project (NDP)

Application Date	Award Date	Date Narcan Received	# of Units	Value of Units @ \$75/unit
1/15/2020	1/15/2020	1/23/2020	384	\$28,800
5/27/2020	6/15/2020	6/18/2020	300	\$22,500
10/29/2020	10/29/2020	11/4/2020	300	\$22,500
			984	\$73,800

Chiu, Katherine (POL)

From: Griffin, Jason <GriffinJ1@ebsi.com>
Sent: Wednesday, January 15, 2020 3:19 PM
To: Chiu, Katherine (POL)
Subject: Re: [External] Naloxone Distribution Project (NDP)

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hi Kathy,

Estimated value of 384 units @ \$75.00 is \$28,800.

Thanks,

Jason Griffin
(949) 357-3930

On Jan 15, 2020, at 11:41 AM, Chiu, Katherine (POL) <Katherine.Chiu@sfgov.org> wrote:

Hi and good morning, Jason.

SFPD will be applying for more Narcan through the Naloxone Distribution Project (NDP).

Will you please tell me the estimated \$\$\$ value for the 384 units?

Thanks and have a great day!

~ Kathy

<image001.png>

<image002.png>

San Francisco Police Department
Fiscal Division
1245 3rd Street, 6th Floor, #6115-M
San Francisco, CA 94158
415-837-7211 (direct line)
415-837-7210 (main line)
katherine.chiu@sfgov.org

This e-mail communication (including any attachments) contains information from Emergent BioSolutions or its affiliates that is confidential and may be privileged. The information contained herein is intended only for the use of the addressee(s) named above. If you are not the intended recipient (or the agent responsible to deliver it to the intended recipient), you are hereby notified that any dissemination, distribution, use, or copying of this communication is strictly prohibited. If you have received this e-mail in error, please immediately reply to sender, delete the message and destroy all copies of it. If you have questions, please email netops@ebsi.com. Thank you.

Chiu, Katherine (POL)

From: Griffin, Jason <GriffinJ1@ebsi.com>
Sent: Wednesday, May 27, 2020 2:58 PM
To: Chiu, Katherine (POL)
Subject: RE: [External] Naloxone Distribution Project (NDP)

Hi Kathy,

Each unit (2 doses) is \$75.00 for law enforcement.

Thanks,

Jason Griffin

Senior Director, State Government Affairs

C 949.357.3930

E griffinJ1@ebsi.com

Emergent BioSolutions

401 Plymouth Road, Suite 400, Plymouth Meeting, PA 19462

emergentbiosolutions.com | [LinkedIn](#) | [Twitter](#) | [Instagram](#)

From: Chiu, Katherine (POL) <Katherine.Chiu@sfgov.org>
Sent: Wednesday, May 27, 2020 2:48 PM
To: Griffin, Jason <GriffinJ1@ebsi.com>
Subject: RE: [External] Naloxone Distribution Project (NDP)

Hi and good afternoon, Jason.

I hope you are doing well. SFPD will be applying for more Narcan through the Naloxone Distribution Project (NDP). Will you please tell me the estimated \$\$\$ value per unit (2 doses)?

Thanks and take care,

~ Kathy

From: Griffin, Jason <GriffinJ1@ebsi.com>
Sent: Wednesday, January 15, 2020 3:19 PM
To: Chiu, Katherine (POL) <Katherine.Chiu@sfgov.org>
Subject: Re: [External] Naloxone Distribution Project (NDP)

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hi Kathy,

Estimated value of 384 units @ \$75.00 is \$28,800.

Thanks,

Chiu, Katherine (POL)

From: Griffin, Jason <GriffinJ1@ebsi.com>
Sent: Thursday, October 29, 2020 10:40 AM
To: Chiu, Katherine (POL)
Cc: Allen, Lizabeth
Subject: RE: [External] Narcan through the Naloxone Distribution Project (NDP)

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hi Kathy,

300 units at \$75.00 each would be \$22,500 total.

Also, I'm contacting Lizabeth Allen as an introduction as she is the new Director in CA and manages the DHCS NDP.

Thank You!

Jason Griffin

Senior Director, State Government Affairs

C 949.357.3930

E griffinj1@ebsi.com

Emergent BioSolutions

401 Plymouth Road, Suite 400, Plymouth Meeting, PA 19462

emergentbiosolutions.com | [LinkedIn](#) | [Twitter](#) | [Instagram](#)

From: Chiu, Katherine (POL) <Katherine.Chiu@sfgov.org>
Sent: Thursday, October 29, 2020 10:31 AM
To: Griffin, Jason <GriffinJ1@ebsi.com>
Subject: [External] Narcan through the Naloxone Distribution Project (NDP)

Hi and good morning, Jason.

I hope you are doing well. SFPD will be applying for 300 units of Narcan through the Naloxone Distribution Project (NDP). Will you please advise on the estimated value of 300 units?

Thanks and take care,

~ Kathy



San Francisco Police Department
Fiscal Division
1245 3rd Street, 6th Floor, #6115-M
San Francisco, CA 94158



LONDON N. BREED
MAYOR

CITY AND COUNTY OF SAN FRANCISCO
POLICE DEPARTMENT
HEADQUARTERS
1245 3RD Street
San Francisco, California 94158



WILLIAM SCOTT
CHIEF OF POLICE

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: San Francisco Police Department
DATE: December 15, 2020
SUBJECT: Accept and Expend Resolution for In-Kind Gift
GIFT TITLE: In-Kind Gift through Naloxone Distribution Project

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

- X 1. Proposed gift resolution; original* signed by Department, Mayor, Controller
- X 2. Grant/Gift information form, including disability checklist
- X 3. Value of In-Kind Gift
- X 4. Three (3) Applications
- X 5. Three (3) Acceptance Letters
- N/A Ethics Form 126 (if applicable)
- N/A Contracts, Leases/Agreements (if applicable)
- N/A Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: **Katherine Chiu / Patrick Leung** Phone: **415-837-7210**

Interoffice Mail Address: **SFPD Fiscal Division**
1245 3rd Street, 6th Floor, SF, CA 94158

Certified copy required Yes No

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).