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

## Grant Resolution Information Form (Effective July 2011)

	•	se: Acc d grant	impanies proposed Board of Supervisors resolutions authorizing a Department to accept and unds.			
Th	e fo	llowing	describes the grant referred to in the accompanying resolution:			
	1.	Grant	Title: In-Kind Gift through Naloxone Distribution Project (NDP)			
	2.	Depar	ment: San Francisco Police Department			
	3.	Conta	t Person: Katherine Chiu / Patrick Leung Telephone: 415-837-7210			
	4.	Grant	Approval Status (check one):			
		[ <b>X</b> ] Ap	proved by funding agency [ ] Not yet approved			
	5.	Amour	t of Grant Funding Approved or Applied for: 900 units of Naloxone (in-kind gift), valued at \$66,600			
	6.	a. b.	Matching Funds Required: <b>N/A</b> Source(s) of matching funds (if applicable): <b>N/A</b>			
	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: February 25, 2021 End-Date: January 27, 2022			
	10.	a. b. c. d.	Amount budgeted for contractual services: N/A Will contractual services be put out to bid? N/A If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? N/A Is this likely to be a one-time or ongoing request for contracting out? N/A			
	11.	a. b. c.	Does the budget include indirect costs? [] Yes [X] No  1. If yes, how much? N/A  2. How was the amount calculated? N/A  1. If no, why are indirect costs not included? [] Not allowed by granting agency [] To maximize use of grant funds on direct servic [X] Other (please explain): this is an in-kind gift  2. If no indirect costs are included, what would have been the indirect costs? If calculate			
	12.	Anv ot	at 10% of the estimated in-kind gift value, the indirect costs would have been \$6,660.  her significant grant requirements or comments: None			

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	**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):						
	[] Existing Site(s) [] Rehabilitated Site(s) [] New Site(s) [] New Structure(s)	[X] Existing Program(s) or Service(s) [] New Program(s) or Service(s)					
	4. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and oncluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all ther Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons vith disabilities. These requirements include, but are not limited to:						
	1. Having staff trained in how to provide reasonable modificat	ions in policies, practices and procedures;					
2. Having auxiliary aids and services available in a timely manner in order to ensure communication acce							
	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 Re	eviewer:					
	Penny Si						
	(Name)	y - 100 - 10					
	Departmental ADA Coordinator						
	(Title)						
	Date Reviewed: January 31, 2022	The same of the sa					
	(Signature Required)						
	Department Head or Designee Approval of Grant Informatio	n Form					
	Department head of Designee Approval of Grant Information Form.						
	William Scott (Name)						
	Chief of Police						
	(Title)	1.202: 1 = 21					
	Date Reviewed: 2 6 2022	(Signature Required)					
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