File No. 230815 **Committee Item No.** 14
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee **Date** April 24, 2024
Board of Supervisors Meeting **Date** _____

Cmte	Board	
☐	☐	**Motion**
☒	☐	**Resolution**
☐	☐	**Ordinance**
☐	☐	**Legislative Digest**
☐	☐	**Budget and Legislative Analyst Report**
☐	☐	**Youth Commission Report**
☐	☐	**Introduction Form**
☒	☐	**Department/Agency Cover Letter and/or Report**
☐	☐	**MOU**
☐	☐	**Grant Information Form**
☐	☐	**Grant Budget**
☐	☐	**Subcontract Budget**
☐	☐	**Contract/Agreement**
☒	☐	**Form 126 – Ethics Commission**
☐	☐	**Award Letter**
☒	☐	**Application**
☐	☐	**Public Correspondence**

OTHER **(Use back side if additional space is needed)**

☒	☐	Value of Gift
☒	☐	NDP Acceptance Letters 4/27/2022
☒	☐	POL Memorandum on Retroactivity 7/6/2023
☐	☐	
☐	☐	
☐	☐	
☐	☐	
☐	☐	
☐	☐	

Completed by: Brent Jalipa **Date** April 19, 2024
Completed by: Brent Jalipa **Date** _____

FILE NO. 230815 RESOLUTION NO.

[Accept and Expend In-Kind Gift - Retroactive - Naloxone Distribution Project - Naloxone - Valued at $48,750]

Resolution retroactively authorizing the Police Department to accept and expend an in-kind gift of 900 units of Naloxone valued at $48,750 through the Naloxone Distribution Project, which is funded by the Substance Abuse and Mental Health Services Administration and administered by the Department of Health Care Services.

WHEREAS, The Police Department applied for 900 units of Naloxone through the Naloxone Distribution Project, funded by the Substance Abuse and Mental Health Services Administration and administered by the Department of Health Care Services to combat opioid overdose-related deaths; and

WHEREAS, The Naloxone Distribution Project accepted the applications and approved shipment of 900 units of Naloxone valued at $48,750; now, therefore, be it

RESOLVED, That the Board of Supervisors approves the in-kind gift valued at $48,750 and authorizes the Police Department to retroactively accept the 900 units of Naloxone.

Recommended:

Mayor

/s/

Department Head

Approved: /s/

Controller

File Number: 230815
(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 / Katie Lee** Telephone: **415-837-7210**

4. Grant Approval Status (check one):

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

5. Amount of Grant Funding Approved or Applied for: **900 units of Naloxone (in-kind gift), valued at $48,750**

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: May 3, 2022 **End-Date: September 23, 2022**

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

11. a. Does the budget include indirect costs? [ ] Yes [**X**] No
    b. 1. If yes, how much? **N/A**
       2. How was the amount calculated? **N/A**
    c. 1. If no, why are indirect costs not included?
       [ ] Not allowed by granting agency [ ] To maximize use of grant funds on direct services
       [**X**] Other (please explain): **this is an in-kind gift**
       2. If no indirect costs are included, what would have been the indirect costs? **If calculated at 10% of the estimated in-kind gift value, the indirect costs would have been $4,875.**

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):

[ ] Existing Site(s)	[ ] Existing Structure(s)	[X] Existing Program(s) or Service(s)
[ ] Rehabilitated Site(s)	[ ] Rehabilitated Structure(s)	[ ] New Program(s) or Service(s)
[ ] New Site(s)	[ ] 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: 2/24/2023

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

William Scott
(Name)

Chief of Police
(Title)

Date Reviewed: 3/4/2023

William Scott
(Signature Required)

Naloxone Distribution Project (NDP)

Application Date	Award Date	Date Narcan Received	# of Units Awarded	Public Interest Price Per Unit	Value of Units
3/29/2022	4/27/2022	5/3/2022	300	$67.50	$20,250
8/9/2022	9/21/2022	9/23/2022	600	$47.50	$28,500
			900		**$48,750**

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

Nelson

Middle Name

J.

Last Name

Ramos

Contact Number

(415) 837-7277

Email

nelson.j.ramos@sfgov.org

Organization Name

San Francisco Police Department

Type of Organization

First Responder/Emergency Services

Community Organization - Specify Type

Organization Website

http://sanfranciscopolice.org/

Organization Phone Number

(415) 837-7210

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

300

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

San Francisco Police Department

Address Line 2

850 Bryant Street, Basement Level, R

City

San Francisco

Zip

94103

State CA

Service Location Address

N/A - Citywide

Address Line 2

City

Zip

State CA

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".

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

LONDON N. BREED
MAYOR

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 additional units to replenish the current supply.

Since 2018, we have had 602 instances involving the deployment of at least one dose of naloxone.

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, 130 officers
- Central Station, 136 officers
- Ingleside Station, 114 officers
- Mission Station, 137 officers
- Northern Station, 133 officers
- Park Station, 76 officers
- Richmond Station, 81 officers,
- Southern Station, 127 officers
- Taraval Station, 95 officers
- Tenderloin Station, 125 officers

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

- Police Academy, 34 officers
- Crime Lab, 1 officer
- Healthy Streets Operation Center (HSOC), 8 officers
- Tactical Unit, 63 officers
- Traffic Company, 44 officers
- Airport Bureau, 129 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.

March 2022

FEIN number is 94-6000417

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

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.

☐ 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 94158-2262

Requester's name and address (optional)

7 List account number(s) here (optional)

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 ▶** 1/3/19

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 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

Ca: A-43723
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

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

Nelson

Middle Name

J.

Last Name

Ramos

Contact Number

(415) 837-7277

Email

nelson.j.ramos@sfgov.org

Organization Name

San Francisco Police Department

Type of Organization

First Responder/Emergency Services

Community Organization - Specify Type

Organization Website

http://sanfranciscopolice.org/

Organization Phone Number

(415) 837-7210

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

300

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

San Francisco Police Department

Address Line 2

850 Bryant Street, Basement Level, R

City

San Francisco

Zip

94103

State CA

Service Location Address

N/A - Citywide

Address Line 2

City

Zip

State CA

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".

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

LONDON N. BREED
MAYOR

WILLIAM SCOTT
CHIEF OF POLICE

The San Francisco Police Department (SFPD) would like to apply to receive 600 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 additional units to replenish the current supply.

Since 2018, we have had 655 instances involving the deployment of at least one dose of naloxone.

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, 120 officers
- Central Station, 129 officers
- Ingleside Station, 106 officers
- Mission Station, 122 officers
- Northern Station, 125 officers
- Park Station, 69 officers
- Richmond Station, 78 officers,
- Southern Station, 117 officers
- Taraval Station, 88 officers
- Tenderloin Station, 145 officers

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

- Police Academy, 35 officers
- Crime Lab, 1 officer
- Healthy Streets Operation Center (HSOC), 12 officers
- Tactical Unit, 63 officers
- Traffic Company, 51 officers
- Airport Bureau, 127 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.

September 2022

FEIN number is 94-6000417

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

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.

☐ 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 94158-2262

Requester's name and address (optional)

7 List account number(s) here (optional)

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 ▶** 1/3/19

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 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

Ca: A-43723
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

9/18/2017
Date

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

WILL LIGHTBOURNE
DIRECTOR

GAVIN NEWSOM
GOVERNOR

April 27, 2022

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 March 29, 2022 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

WILL LIGHTBOURNE
DIRECTOR

GAVIN NEWSOM
GOVERNOR

September 21, 2022

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 August 9, 2022 requesting 600 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

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

LONDON N. BREED
MAYOR

WILLIAM SCOTT
CHIEF OF POLICE

TO: **Supervisor Connie Chan, Chair, Budget & Finance Committee**

FROM: **Patrick Leung, Chief Financial Officer** 7/7/23

DATE: **July 6, 2023**

SUBJECT: **[Accept and Expend In-Kind Gift - Retroactive - Naloxone Distribution Project - Naloxone - Valued at $48,750]**

The San Francisco Police Department is proposing a resolution retroactively authorizing the Police Department to accept and expend an in-kind gift of 900 units of Naloxone valued at $48,750 through the Naloxone Distribution Project, which is funded by the Substance Abuse and Mental Health Services Administration and administered by the Department of Health Care Services.

This resolution is retroactive because we've already received the units of naloxone. The gift is provided by DHCS's Naloxone Distribution Project and the State automatically sends out the units once the request has been reviewed and approved.

Please let me know if you would like additional information.

Thank you for considering this item.

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

LONDON N. BREED
MAYOR

WILLIAM SCOTT
CHIEF OF POLICE

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

FROM: **San Francisco Police Department**

DATE: **February 21, 2023**

SUBJECT: **Accept and Expend Resolution for In-Kind Gift**

GIFT TITLE: **In-Kind Gift through Naloxone Distribution Project**

The following documents are attached to this memo:

X 1. Proposed Gift Resolution

X 2. Grant/Gift Information Form, including disability checklist

X 3. Value of In-Kind Gift

X 4. Two (2) Applications

X 5. Two (2) 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 / Katie Lee** 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).