	_					
	umber: ovided by	: y Clerk of Board	of Supervisors)			
				ance Information Form ective July 2011)		
•	se: Acc d grant		pposed Board of Superv	isors ordinances authorizing	a Department to accept and	
The fo	llowing	describes the	e grant referred to in the	accompanying resolution:		
1.	Grant Title: CHP Cannabis Tax Fund Toxicology Grant FY2021/2023					
2.	Department: Office of the City Administrator / Office of the Chief Medical Examiner					
3.	Conta	ct Person:		II, Chief Operating Officer Chief Forensic Toxicologist	Telephone: 415-641-3699 Telephone: 415-741-6982	
4.	Grant Approval Status (check one):					
	[X] Ap	oproved by fu	nding agency	[] Not yet approved	I	
5.	Amou	Amount of Grant Funding Approved or Applied for: \$986,248.00				
6.	a. b.	•	unds Required: \$0 f matching funds (if app	licable): N/A		
7.	a. b.		ce Agency: Department Through Agency (if app	of California Highway Patrol, licable): N/A	State of California	
8.	Propo	Proposed Grant Project Summary: The Office of the Chief Medical Examiner (OCME) submitted, and subsequently was awarded, a grant proposal titled "Streamlined DUID Forensic Toxicology Services for San Francisco." The proposal aims to meet the grant's goals and objectives of reducing and mitigating the impacts of impaired driving in our community by ensuring that the drug testing of impaired drivers is comprehensive, timely, and is sustained during increasing caseload demands. The OCME received the award of \$986,248 for funding of two FTE positions for two years and an automated laboratory extraction instrument.				
9.	Grant	Grant Project Schedule, as allowed in approval documents, or as proposed:				
		Start-Date:	07/01/2021	End-Date: 06/30/202	23	
10	. Numb	er of new pos	sitions created and fund	ed: 2		
11	. Explai		tion of employees once as are exempt and will to	the grant ends? erminate following the cessati	on of grant funding.	
12	. a. b. c.	Will contract If so, will contract Enterprise (LBE) requirements? N/A	to bid? No urther the goals of the Depart		

Does the budget include indirect costs?
[] Yes [X] No

13. a.

1

- b. 1. If yes, how much? \$
- b. 2. How was the amount calculated?
- c. 1. If no, why are indirect costs not included?
- [] Not allowed by granting agency [X] To maximize use of grant funds on direct services [] Other (please explain):
- c. 2. If no indirect costs are included, what would have been the indirect costs? Minimal administrative time of City staffing for grant submission and expenditure.
- **14.** Any other significant grant requirements or comments: N/A

Disability Access Checklist*							
15. This Grant is intended for activities at (check all that apply):							
<pre>[X] Existing Site(s) [] Rehabilitated Site(s) [] New Site(s)</pre>	[X] Existing Structure(s)[] Rehabilitated Structure(s)[] New Structure(s)	[] Existing Program(s) or Service(s) [X] New Program(s) or Service(s)					
16. 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 access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:							
Comments: This project complies with applicable access laws. Equipment procured with this grant, especially if utilized by the public, should meet accessibility guidelines related to compliant procurement as well.							
Please contact the Mayor's Office on Disability if you have any questions about this process.							
Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:							
Nicole Bohn (Name)							
Director, Mayor's Office on Disability (Title)							
Date Reviewed: May 28,202	<u>1</u>	/s/ Nicole S. Bohn (Signature Required)					

Overall Department Head or Designee Approval:

Ken Bukowski (Name)

<u>Deputy City Administrator</u> (Title)

/s/ Ken Bukowski (Signature Required) Date Reviewed: May 28,2021