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To: THE COUNCIL Date: 10/09/20

From: **THE MAYOR**

TRANSMITTED FOR YOUR CONSIDERATION. PLEASE SEE ATTACHED.

(Ana Guerrero) for

ERIC GARCETTI Mayor

LOS ANGELES POLICE COMMISSION

BOARD OF POLICE COMMISSIONERS

EILEEN M. DECKER PRESIDENT

SHANE MURPHY GOLDSMITH
VICE PRESIDENT

DALE BONNER SANDRA FIGUEROA-VILLA STEVE SOBOROFF

MARIA SILVA COMMISSION EXECUTIVE ASSISTANT II



ERIC GARCETTI MAYOR RICHARD M. TEFANK EXECUTIVE DIRECTOR

MARK P. SMITH INSPECTOR GENERAL

EXECUTIVE OFFICE
POLICE ADMINISTRATION BUILDING
100 WEST FIRST STREET, SUITE 134
LOS ANGELES, CA 90012-4112

(213) 236-1400 PHONE (213) 236-1410 FAX (213) 236-1440 TDD

August 26, 2020

BPC #20-0094

The Honorable Eric Garcetti Mayor, City of Los Angeles City Hall, Room 303 Los Angeles, CA 90012

Attention Heleen Ramirez

Dear Honorable Mayor:

RE: REQUEST FOR APPROVAL AND ACCEPTANCE OF THE DONATION RELATED TO THE COVID-19 PANDEMIC OF \$124,875.00, FROM THE LOS ANGELES POLICE FOUNDATION, FOR THE HEALTHY SHOE SANITIZER EQUIPMENT TO BE PLACED THROUGHOUT THE DEPARTMENT, FOR THE BENEFIT OF VARIOUS AREAS.

At the regular meeting of the Board of Police Commissioners held Tuesday, August 18, 2020, the Board APPROVED the Department's report relative to the above matter.

This matter is being forwarded to you for approval.

Respectfully,

BOARD OF POLICE COMMISSIONERS

MARIA SILVA

Commission Executive Assistant II

Attachment

c: Chief of Police

AGENDA DATE: AUGUST 18, 2020

OPEN SESSION

2-I

DEPARTMENT'S REPORT, dated July 21, 2020, relative to the approval of a non-monetary donation valued at \$124,875.00, for The Healthy Sole Shoe Sanitizer equipment to be placed throughout the Department, from the Los Angeles Police Foundation, for the benefit of various Areas, as set forth.

[BPC #20-0094]

Recommendation(s) for Board action:

RECEIVE the Department's report and TRANSMIT the donation to the Mayor and City Council for acceptance.

Commissioner Decker moved, seconded by Commissioner Soboroff to APPROVE the Department's report and ACCEPT the donation. Unanimously adopted 4/0.

^{*}Commissioners Figueroa-Villa was absent.

INTRADEPARTMENTAL CORRESPONDENCE

RICHARD M. TEFANK EXECUTIVE DIRECTOR

July 28, 2020 1.10

TO:

The Honorable Board of Police Commissioners

RECEIVED

AUG 13 2020

FROM:

Chief of Police

POLICE COMMISSION

SUBJECT:

APPROVAL OF NON-MONETARY DONATION

RECOMMENDED ACTION

1. That the Board of Police Commissioners APPROVE the Department's Report and TRANSMIT to the Mayor and City Council for ACCEPTANCE of the non-monetary donation of \$124,875 related to the COVID-19 Pandemic, for the Los Angeles Police Department (Department).

DONOR:

Los Angeles Police Foundation (Foundation)
Ms. Dana Katz, Executive Director
633 West 5th Street, Suite 960
Los Angeles, California 90071

PURPOSE:

A. Shoe Sanitizers

ESTIMATED VALUE:

\$124,875

DISCUSSION

This donation is related to the COVID-19 Pandemic and viewed as an essential donation. The Healthy Sole Shoe Sanitizer equipment has proven to kill 99.99% of exposed microorganisms such as bacterial and viral pathogens on the soles of shoes in 8 seconds. The shoe sanitizers will be distributed throughout the Department to be placed at the entrance of each facility to decrease the overall microbial load starting with shoe and floor contamination. It is essential that this donation be immediately dispersed to the Los Angeles Police Department Divisions during this crisis.

The Foundation is a private organization that provides resources and support to the Los Angeles Police Department. The Foundation has not entered into, performed under, or sought contract with the Department; has not attempted to influence the Department in the past year that would have a direct effect on the Foundation; the Foundation does not have any licenses, permits or other entitlements for use that the Department has influence over; nor does the Foundation own or operate a business within the City of Angeles; however, the Foundation's office is located within the City. To the best of our knowledge, there are no potential factors that may give the appearance of a conflict of interest in accepting this donation.

The Honorable Board of Police Commissioners Page 2 1.10

No expressed or implied commitments or promises were made to the donor or representatives of the donor. The donor will not receive any preferential treatment, endorsement or recommendation and the donor is not allowed the use of any Department patents.

Administrative Services Bureau has reviewed the donation and ensured that Emergency Services Division verified there are no personal relations or conflicts associated with the involved donor. The donation has been submitted in accordance with Section 5.467 et seq. of the Los Angeles Administrative Code, which provides for the receipt and acceptance of donations to the Department.

If you have any questions, please contact Captain Kathryn Meek, Commanding Officer, Emergency Services Division, at (213) 486-5730.

Respectfully,

MICHEL R. MOORE For

Chief of Police

For DOC use only:
DOC Donation Number
Donation Form Revised: 05/05/20

Los Angeles Police Department **Donation Form**

Emergency Donation Acceptance Form for COVID-19

| Donor | Info | rm: | ation | 1 |
|-------|------|-----|------------|---|
| | | | M. 6.1 9 1 | |

| BUSINESS NAME Los Angeles Police Foundation | Ms. Dana Katz, Executive Director |
|--|-----------------------------------|
| STREET ADDRESS 633 West 5 th Street, Suite 960 | EMAIL N/A |
| CITY, STATE, ZIP Los Angeles, California, 90071 | PHONE (213) 489-4636 |
| WEBSITE N/A | ALTERNATE PHONE N/A |

| Donation | Descri | ption |
|----------|--------|-------|
|----------|--------|-------|

| CHECK ONE: MONETARY PRODUCT / ITEM SERVICE OTI | HER | | | | |
|--|-----------|--|--|--|--|
| AMOUNT / DESCRIPTION DATE RECEIVED | | | | | |
| Shoe Sanitizer Equipment- See cost below N/A | | | | | |
| INTENDED RECIPIENT OR BENEFICIARY OF DONATION: | | | | | |
| (e.g., Wilshire Area, Hollenbeck Area Cadets, Department personnel, METRO Mounted Platoon, etc.) | | | | | |
| Taba Patricia de la companya della companya della companya de la companya della c | | | | | |
| To be distributed to various Department facilities. | | | | | |
| NOTES | | | | | |
| | | | | | |
| ITEM VALUE | | | | | |
| | | | | | |
| Healthy Sole Plus Units HS_1001 (25) \$ 4,995.00 | | | | | |
| _ | | | | | |
| TOTAL COST: \$124,875.00 | | | | | |
| | | | | | |
| Healthy Sole Plus Units HS_1001 (4) \$ 0 - Donated by HealthySole | | | | | |
| y o Donated by Houting | | | | | |
| | | | | | |
| 1 | ~ / / | | | | |
| LAPD Employee Notified: Print Name / Serial Number / Assignment Signature | Date | | | | |
| SGT SUSAN MICKLES | X SE Vale | | | | |
| | 1.1719 | | | | |
| Supervisor Approving: Print Name / Serial Number / Assignment Signature | Date | | | | |
| SGT SUSAN MICKLES | V 19/20 | | | | |
| Commanding Officer: Print Name / Serial Number / Assignment Signature | | | | | |
| COMMANDER EDWARD PROKOP Signature Signature | Date | | | | |
| COMMINIMINITIES TO AND PROKOP | 770620 | | | | |
| | | | | | |

Employee shall e-mail the completed and signed Donation Form to Administrative Services Bureau (ASB) for processing. E-mail forms to: Donations@lapd.online

633 W. 5th St., Suite 960, Los Angeles, CA 90071

Phone: (213) 489-4636 Fax: (213) 489-4697

E-mail: jacqui@supportland.org

Los Angeles Police Foundation

Grant Request

Grant Number:

Grant Amount:

Grant Received from:

Grant Includes:

2020-040 \$124.875

Administrative Services Bureau

Shoe Sanitizers

Grant Summary:

Funding will be used to purchase 25 shoe sanitizers to be placed at the entrance of LAPD facilities to assist in reducing the spread of Covid-19.

Submitted to city:

Nο

Funding: The amount of \$124,875 would come from funds restricted for this purpose.

Recommendation: I recommend approval of this grant.

Thank you for your prompt attention to this grant request.



2020 GRANT APPLICATION

| Grant Number 7070 - 040 (office use only) | | | |
|--|--|--|--|
| Date: 07/02/20 Amount Requested: \$124,875.00 | | | |
| Contact Name(s): Sergeant Susan Mickles | | | |
| Department/Unit: Administrative Services Bureau | | | |
| Mailing Address:_100 W. 1st Street, Los Angeles, CA 90012 | | | |
| Phone Number: (213) 486-7060 Fax Number: | | | |
| E-mail Address: 31127@lapd.online | | | |
| Name of Program/Equipment requesting funding for: COVID-19 EMERGENCY DONATIONS | | | |
| Provide a brief description and the need for the program/equipment (use additional paper if needed): | | | |
| Sanitation Equipment for Shoes The Healthy Sole shoe sanitizer equipment has proven to kill up to 99.99% of exposed microorganisms such as bacterial and viral pathogens on the soles of shoes in 8 seconds. The shoe sanitizers will be distributed through out the Department to be placed at the entrance of each facility to decrease the overall microbial load starting with shoe and floor contamination, due to the Covid-10 Pandemic. | | | |
| Has this program/equipment previously been requested through the city budget? | | | |
| if yes, please list the most recent date of submission and the result: | | | |
| If no, please explain the reason why it was not submitted: NOT IN BUDGET | | | |
| What objectives will be accomplished if the funding is granted? SANITATION AT EACH DIVISION | | | |

How many officers will be impacted with this grant? **ALL SWORN AND CIVILIAN EMPLOYEES** How will the community be impacted by this grant? **SAFETY AND SANITATION** Describe the short term outcome and long term impact you anticipate within the Department and in the community it serves as result of this grant. **SHORTENING THE COVID-19 CURVE**

How can the Foundation evaluate success if the funding is granted? (# of people served, objectives reached, surveys, etc.)

DISCUSSIONS WITH ASB AND OUTCOME IN SHORTENING THE CURVE

Please list or attach an itemized list for expenses or a quote from equipment manufacturer on vendor's letterhead.

Has your commanding officer approved this request? YES NO

Name of commanding officer: COMMANDER EDWARD PROKOP

Signature of commanding officer:

For questions, comments, or concerns, contact Jacqui McAndrews at (213) 489-4636 or email jacqui@supportlapd.org.

Healthy Sole LLC 774 Mays Boulevard #10, PMB 220 Incline Village, NV 89451 US pkassel@healthysole.com

Estimate



ADDRESS

Los Angeles Police Foundation 633 W 5TH ST #960 Los Angeles CA 90071 SHIP TO

Emergency Services Div. 555 Ramirez St Los Angeles CA 90012

ESTIMATE # DATE EXPIRATION DATE
1086 07/01/2020 07/31/2020

SHIP VIA UPS Freight **SALES REP**Chris Griffith

| DATE | ACTIVITY | DESCRIPTION | | OTY | RATS- | AMOUNT |
|---|---------------------------------------|---|--|-------|------------|-------------|
| | HealthySole Plus Unit (NI) HS-1001 | HealthySole Plus Unit v1.0, Non- Inventory Tracked | | 25 | 4,995.00 | 124,875.00T |
| Make all checks payable to HealthySole LLC | | SUBTOTAL | | | 124,875.00 | |
| No tax applied due to tax exemption. For this to be reflected in the invoice, a | | TAX (0%) | | | 0.00 | |
| tax exemption document must be attached to the estimate approval. | | TOTAL | | USD . | 124,875.00 | |

Waved Shipping Charges for Law Enforcement Multi Unit Discount.

Shipment will occur within 15 days of order placement

Payment must be made within 30 days of receiving Shipment

Credit Card Payment option available on request (2.25% fee paid by customer)

if paying by check, please send check to: HealthySole LLC 832 N Occidental Blvd, Apt 1 Los Angeles CA, 90026

Accepted By

Accepted Date

- 1.1 as otherwise noted on the quotation provided to the Customer. Newly Manufactured Products: For the purposes of this warranty schedule, "newly manufactured" products include ex-demo equipment purchased directly from a HealthySole representative and equipment that may include refurbished components subject to the same quality standards as new products, except
- 1.2 purchaser of the product and cannot be transferred. Healthy Sole warrants that it will repair each covered product during its applicable warranty period if not free from defects in materials or manufacturing or otherwise operating in all material respects in accordance with the functional specifications in the user guide. This warranty is made only to the initial
- 1.3 systemic abuse; (b) damage resulting from improper movement or relocation of the device (e.g., dropping or improper disassembly/reassembly); (c) The foregoing warranty does not apply to: (a) physical damage to the HealthySole unit due to abuse, negligence, intentional damage, immersion, improper personnel. Determination of such abuse shall be the sole right and responsibility of HealthySole or its representative. improper handling of the device's electrical cord/AC power adapter, or (d) the dismantling, repair, or alteration of the Covered Product by unauthorized deaning, exposure to natural elements, extreme temperatures, or any other act of God, including a pattern of repeated failure that could be indicative of
- 1.4 product or component or repair to a Covered Product furnished to the Customer as a warranty remedy will be the longer of the unexpired portion of the The Warranty Period for all Covered Product begins on the date that Healthy Sole ships the Covered Product. The warranty period for any replacement warranty period applicable to the repaired or replaced Covered Product, or ninety (90) days.
- 1.5 elect to refund to Customer the amount paid by Customer for the covered product as the means for full satisfaction of HealthySole's obligations under this covered product. If HealthySole determines that such repair, adjustment or replacement cannot occur despite reasonable efforts, then HealthySole may Exclusive Warranty Remedies: In the event of a breach of warranty of a Covered Product, the Customer must notify HealthySole in writing any breach of warranty. Warranty Schedule. The remedy selected by HealthySole in accordance with this paragraph shall be the exclusive and sole remedy of the customer for notice, HealthySole will, at its own discretion and option, repair, adjust, or replace (with new or exchanged replacement systems or parts) the non-conforming (Service@HealthySole.com) within a reasonable time period and in no event more than thirty (30) days after the discovery of the breach. Upon timely
- 1.6 Customer Responsibility for Product Return:
- Ξ To obtain warranty service, the Customer must contact Healthy Sole via writing at Service@Healthy Sole.com
- (2) Service may be performed at the Customer site or at a HealthySole authorized service location (at HealthySole's expense). or replacement with new product to the Customer. HealthySole authorized service location. HealthySole's Terms and Conditions of Sale will govern the return of repaired items Title to and the risk of loss, damage or casualty to the Covered Product remains with the Customer until delivery to the

HEALTHYSOLE

- Customer is responsible for backing up all data stored on the Covered Product, if any. Notwithstanding the foregoing, HealthySole is not responsible for any loss of stored data that may occur while Covered Products are being repaired.
- **£** or damage, normal wear and tear excepted. Failure to return replacement and/or loaner equipment within twenty-one (21) of the replacement and/or loaner equipment, Customer is solely responsible for its proper care, and shall be liable for any loss shipment delays due to unpaid customer invoices, including those for unreturned equipment, shall not be deemed a warranty Customer's account may be placed on credit hold until the issue is resolved. Customer acknowledges and agrees that any in the invoicing of Customer for the fair market value (FMV) of the loaned or replaced equipment. As a result of invoicing, replacement and/or loaner equipment within thirty (30) days of Customer's receipt of its own repaired equipment will result days of Customer's receipt of repaired equipment will result in the accrual of rental fees of \$100 per day. Failure to return the replacement and/or loaner equipment or otherwise encumber Healthy Sole's ownership rights therein. While in possession HealthySole promptly upon Customer's receipt of repaired equipment. Customer shall not transfer care or custody of the replacement or loaner equipment remains at all times the property of HealthySole and must be returned by Customer to in the event that HealthySole provides replacement and/or loaner equipment as a result of such service events, said
- 1.7 service center with return authorization (RMA) number acquired in advance of shipment. Customer is responsible for all fees associated with return and Healthy Sole does not service product on site outside of the United States. Product requiring warranty repair must be returned to the Healthy Sole designated