## **City and County of San Francisco**

## **Department of Public Health**



## Edwin M. Lee Mayor

## Barbara A. Garcia, MPA Director of Health

| TO:   |  | Angela Calvillo, Clerk of the Board of Supervisors                           |                 |
|---|--|--|-----------------|
| FROM:   |  | Barbara A. Garcia, MPA<br>Director of Health                                 |                 |
| DATE:   |  | October 6, 2016  |                 |
| SUBJECT:  |  | Grant Accept and Expend  |                 |
| GRANT TITLE:  |  | Enhancing Health Resilience to Climate Change Through Adaptation - \$213,713 |                 |
| Attached please find the original and 2 copies of each of the following:  |  |  |                 |
| $\boxtimes$   | Proposed grant resolution, original signed by Department     |  |                 |
|   | Grant information form, including disability checklist -     |  |                 |
| $\boxtimes$   | Budget and Budget Justification                              |  |                 |
| $\boxtimes$   | Grant application: Not Applicable. No application submitted. |  |                 |
|   | Agreement / Award Letter                                     |  |                 |
|   | Other (Explain):   |  |                 |
| Special Timeline Requirements:  |  |  |                 |
| Departmental representative to receive a copy of the adopted resolution:  |  |  |                 |
| Name: Richelle-Lynn Mojica Phone: 255-3555  |  |  | Phone: 255-3555 |
| Interoffice Mail Address: Dept. of Public Health, Grants Administration for Community Programs, 1380 Howard St. |  |  |                 |
| Certified copy required Yes ☐ No ⊠  |  |  |                 |