## **Department of Public Health**

## City and County of San Francisco



Daniel Lurie Mayor

TO:		Angela Calvillo, Clerk of the Board of Supervisors
FROM:		Daniel Tsai Director of Health
DATE:		10/21/2025
SUBJEC <sup>-</sup>	Т:	Grant Accept and Expend
GRANT T	TITLE:	Housing and Homelessness Incentive Program - \$626,000
Attached please find the original and 1 copy of each of the following:		
⊠ Pro	posed gr	rant resolution, original signed by Department
⊠ Gra	ant inform	nation form, including disability checklist
⊠ Bu	Budget and Budget Justification	
☐ Gra	Grant application: Not Applicable. No application submitted.	
⊠ Ag	Agreement / Award Letter	
Oth	Other (Explain):	
Special Timeline Requirements:  Departmental representative to receive a copy of the adopted resolution:		
Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521		
Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108		
Certified copy required Yes ☐ No ⊠		