

**City and County of San Francisco**

**Department of Public Health**



**Daniel Lurie**  
**Mayor**

**Daniel Tsai**  
**Director of Health**

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

**FROM:** Daniel Tsai  
Director of Health

**DATE:** Friday, October 24, 2025

**SUBJECT:** Gift Accept and Expend

**GIFT TITLE:** 2024 Epic for Federally Qualified Health Centers - \$77,000

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Attached please find the original and 1 copy of each of the following:

- ☒ Proposed Gift resolution, original signed by Department
- ☒ Gift information form, including disability checklist
- ☒ Budget and Budget Justification
- ☒ Gift application
- ☒ Agreement / Award Letter
- ☒ Other (Explain): Check, Behest payment exception form, Health Commission Resolution, Gift questionnaire, Gift Acknowledgement form

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Gregory Wong

Phone: 554-2868

Interoffice Mail Address: Dept. of Public Health, Fiscal Unit, 101 Grove St #106

Certified copy required Yes ☐

No ☒