



**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  
Director of Health

**DATE:** September 13, 2017

**SUBJECT:** Grant Accept and Expend

**GRANT TITLE:** Accept and Expend Grant - Zuckerberg Patient Care  
Quality Improvement Fund- \$7,346,756

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Attached please find the original and 2 copies of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted.
- Project Summary Sheet
- 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

Interoffice Mail Address: Dept. of Public Health, Grants Administration for  
Community Programs, 1380 Howard St.

Certified copy required Yes

No