



London N. Breed
Mayor

Greg Wagner
Acting Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Greg Wagner
Acting Director of Health
DATE: January 11, 2019
SUBJECT: Grant Accept and Expend
GRANT TITLE: Accept and Expend Grant – State Vocational Rehabilitation Services Program- \$271,200

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

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application
- Agreement / Award Letter
- Other (Explain): **Form 324- State of California Board Resolution Form**
Note: The State of California has requested this form to be signed by the San Francisco Board of Supervisors. This form will inform the State of California that San Francisco has authority to enter into an agreement with California Department of Rehabilitation. This Board Resolution Form allows that authority.

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