



London N. Breed
Mayor

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Dr. Grant Colfax
Director of Health

DATE: 6/20/2024

SUBJECT: Grant Accept and Expend

GRANT TITLE: Specialty Services Access Grant - \$250,000

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: Not Applicable. No application submitted.
- Agreement / Award Letter
- 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