City and County of San Francisco **Department of Public Health**

Daniel L. Lurie
Mayor

Daniel Tsai
Director of Health

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

FROM: **Daniel Tsai**
Director of Health

DATE: **5/14/2026**

SUBJECT: **Gift Accept and Expend**

GIFT TITLE: **Unrestricted Gift - $37,500**

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

☒ Agreement / Award Letter

☒ Other (Explain): Check, Behest Payment Exception Form, Gift Questionnaire, Gift Acknowledgement letter, Health Commission Resolution

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 ☒