## **Department of Public Health**

## City and County of San Francisco



Daniel L. Lurie Mayor

TO:		Angela Calvillo, Clerk of the Board of Supervisors
FROM	1:	Daniel Tsai Director of Health
DATE:		11/7/2025
SUBJECT:		Grant Accept and Expend
GRAN	IT TITLE:	Adolescent Medicine Trials Network for HIV/AIDS Interventions (ATN) Scientific Leadership Center - \$235,358
Attached please find the original and 1 copy of each of the following:		
$\boxtimes$	Proposed gr	ant resolution, original signed by Department
$\boxtimes$	Grant information form, including disability checklist	
$\boxtimes$	Budget and Budget Justification	
	Grant application: Not Applicable. No application submitted.	
$\boxtimes$	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 ⊠		