

## London N. Breed Mayor

TO:		Angela Calvillo, Clerk of the Board of Supervisors		
FROM:		Dr. Grant Colfax Director of Health		
DATE:		12/11/2024		
SUBJECT:		Grant Accept and Expend		
GRANT TITLE:		NIDA Clinical Trials Network: Big South/West Node - \$104,508		
Attached please find the original and 1 copy of each of the following:				
	Proposed g	grant resolution, original signed by Department		
$\boxtimes$	Grant inform	formation form, including disability checklist		
$\boxtimes$	Budget and Budget Justification			
	Grant applic	application: Not Applicable. No application submitted.		
$\boxtimes$	Agreement / Award Letter			
	Other (Expla	ner (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 ⊠			No 🖂	