## **City and County of San Francisco**

## **Department of Public Health**



## London N. Breed Mayor

## Greg Wagner Acting Director of Health

FROM:  DATE:  SUBJECT:		Greg Wagner Acting Director of Health  November 20, 2018  Grant Accept and Expend							
					GRANT TITLE:		Accept and Expend Grant – Core STD Program Management- \$554,425		
					Attac	hed please f	ind the original and 1 co	ppy of each of the following:	
					$\boxtimes$	Proposed grant resolution, original signed by Department			
$\boxtimes$	Grant information form, including disability checklist -								
$\boxtimes$	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:									
	D: 1   1	NA "	Di 055 0555						
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 ☒			No 🖂						