Department of Public Health

City and County of San Francisco



London N. Breed Mayor

TO:		Angela Calvillo, Clerk of the Board of Supervisors	
FROM	:	Dr. Grant Colfax Director of Health	
DATE:		12/3/2024	
SUBJECT:		Grant Accept and Expend	
GRANT TITLE:		SFDPH BHS CYF Proposed Approach for implementing PCIT and MATCH - \$750,000	
Attached please find the original and 1 copy of each of the following:			
	Proposed gr	rant resolution, original signed by Department	
	Grant inform	nation form, including disability checklist	
	Budget and Budget Justification		
	Grant application: Not Applicable. No application submitted.		
	Agreement /	Award Letter	
	Other (Expla	ain):	
Special Timeline Requirements:			
Depart	imentai repi	resentative to receive a copy of the adopted resolution:	
Name:	Gregory W	ong (greg.wong@sfdph.org) Phone: 554-2521	
Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108			
Certifie	ed copy requ	ired Yes ☐ No ⊠	