City and County of San Francisco

Department of Public Health



Edwin M. Lee Mayor Barbara A. Garcia, MPA
Director of Health

TO:	TO: Angela Calvillo, Clerk of the Board of Supervisors	
FROM: Barbara A. Garcia, MPA Director of Health		
DATE:	September 3, 2014	
SUBJECT:	Correcting the Accept & Expend Resolution for State Grants	
GRANT TITLE:	Correcting the Recurring FY20 Attachment A in Resolution No Public Health – FY2014-2015	
Attached please find the original and 4 copies of each of the following:		
Proposed corrected grant resolution, original signed by Department		
Grant information form, including disability checklist (<i>Not required, these are recurring grants which are included in the FY 2014-2015 budget.</i>)		
Other (Explain): Corrected Attachment A (List of State grants)		
Other (Explain): Copy of the Original Resolution and Attachment A of Resolution No. 251-14		
Special Timeline Requirements:		
Departmental representative to receive a copy of the adopted resolution:		
Name: Richelle-Lynn Mojica Phone: 255-3555		
Interoffice Mail Address: Dept. of Public Health, Office of Quality Management for Community Programs, 1380 Howard St.		
Certified copy required Yes ☐ No ☒		