TO:	Angela Calvillo, Clerk of the Board of Supervisors	
FROM:	David Serrano Sewell, Executive Director	
DATE:	November 30, 2023	
SUBJECT:	Accept and Expend Ordinance for Su	ıbject Grant
GRANT TITLE:	CDPH Enhanced Forensic Toxicolog	y Program, FY 23-28
Attached please find the original* and one copy of each of the following:		
X Proposed grant ordinance; original* signed by Department, Mayor, Controller		
X Grant information form, including disability checklist		
X Grant budget		
X Grant application		
X Letter of Intent or grant award letter from funding agency		
Ethics Form 126 (if applicable)		
Contracts, Leases/Agreements (if applicable)		
Other (Explain):		
Special Timeline Requirements: N/A		
Departmental representative to receive a copy of the adopted ordinance:		
Name: David Serrano Sewell, Executive Director		
Phone: 415-641-3699		
Interoffice Mail Address: Office of the Chief Medical Examiner, City and County of San Francisco, 1 Newhall Street, San Francisco, California 94124		
Certified copy requi	red Yes	No 🖂
/Nlata, aautifiaal aasii !:		and a large of the control of the co

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).