

**City and County of San Francisco**

**Department of Public Health**



**London N. Breed**  
**Mayor**

**Daniel Tsai**  
**Director of Health**

**TO:** **Angela Calvillo, Clerk of the Board of Supervisors**

**FROM:** **Daniel Tsai**  
**Director of Health**

**DATE:** **Tuesday, March 18, 2025**

**SUBJECT:** **Gift Accept and Expend**

**GIFT TITLE:** **2022 Safety Net Gift - \$115,000**

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Attached please find the original and 1 copy of each of the following:

- ☒ Proposed Gift resolution, original signed by Department
- ☒ Gift information form, including disability checklist -
- ☒ Budget and Budget Justification
- ☐ Gift application: Not Applicable. No application submitted.
- ☒ Agreement / Award Letter
- ☒ Other (Explain): Check, Behest Statement Exception, Health Commission Resolution

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Gregory Wong

Phone: 554-2868

Interoffice Mail Address: Dept. of Public Health, Fiscal Unit, 101 Grove St #106

Certified copy required Yes ☐

No ☒