City and County of San Francisco

Department of Public Health



London N. Breed Mayor Grant Colfax, MD Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors		e Board of Supervisors	
FROM:	Grant Colfax, MD Director of Health		
DATE:	April 25, 2019		
SUBJECT:	Accept & Expend Resolution for State Grants		
TITLE: FY 2019-2020 Recurring State Grants			
Attached please find the original and 1 copy of each of the following:			
Proposed gr	Proposed 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 2018-2019 budget.</i>)		
Other (Explain): List of State grants (Attachment A)			
Special Timeline Requirements:			
Departmental representative to receive a copy of the adopted resolution:			
Name: Cherie Wa	n	Phone: 554-2547	
Interoffice Mail Address: 101 Grove, Ste. 108			
Certified copy requ	uired Yes 🗌	No 🖂	