

City and County of San Francisco

Department of Public Health



London N. Breed
Mayor

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Dr. Grant Colfax
Director of Health

DATE: 4/22/2022

SUBJECT: Grant Accept and Expend

GRANT TITLE: State Vocational Rehabilitation Services Program - \$791,433

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

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted.
- Agreement / Award Letter
- Other (Explain): **Form 324- State of California Board Resolution Form**
Note: The State of California has requested this form to be signed by the San Francisco Board of Supervisors. This form will inform the State of California that San Francisco has authority to enter into an agreement with California Department of Rehabilitation. This Board Resolution Form allows that authority.

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes

No