

**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:** 5/12/2025

**SUBJECT:** Gift Accept and Expend

**GIFT TITLE:** San Francisco Public Health Foundation FY 25 - \$1,744,131

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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): Gift acknowledgement  
Memorandum of Understanding  
Health Commission Resolution

**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 ☒