



London N. Breed
Mayor

Greg Wagner
Acting Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Greg Wagner
Acting Director of Health

DATE: August 28, 2018

SUBJECT: Grant Accept and Expend

GRANT TITLE: Public Beach Safety Grant Program- \$30,000

Attached please find the original and 2 copies 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):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Grants Administration for
Community Programs, 1380 Howard St.

Certified copy required Yes

No



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Mayor

TO: Kanishka Cheng, Liaison to the Board of Supervisors
CC: Ashley Groffenberger
FROM: Richelle-Lynn Mojica
Grants Manager
DATE: August 28, 2018
SUBJECT: Grant Accept and Expend- Public Beach Safety Grant Program- \$30,000

Attached, please find the original and 2 copies of the following Accept and Expend:

Public Beach Safety Grant Program- \$30,000

Please Note: Although Grant "Accept and Expend" under \$100,000 do not require Board approval, this grant, Public Beach Safety Grant Program (Grant Code HCEH15-1800), for \$30,000 requires Board approval because the California State Water Board specifically requires that they be identified as supplying the funds and require a Board resolution. This grant will continue to receive funding from the State Water Resources Control Board for Fiscal Year 18/19. As a result, each year, DPH will need Board approval for this grant with a Board resolution acknowledging that the State Water Resources Control Board is the grantor of these funds.

Please contact me at 415-255-3555 or via email at richelle-lynn.mojica@sfdph.org should you have any questions or concerns.

Thank You.