City and County of San Francisco

Department of Public Health



London N. Breed Mayor

Greg Wagner Acting Director of Health

TO:	Angela Calvillo, C	Clerk of the Board of Supervisors	
FROM:	Greg Wagner Acting Director	of Health	
DATE:	September 14, 20	018	
SUBJECT:	Grant Accept ar	nd Expend	
GRANT TITLE:	•	end Grant - National HIV Behavioral an Francisco- \$1,025,539	
Attached please find the original and 2 copies of each of the following:			
Proposed	Proposed grant resolution, original signed by Department		
	Grant information form, including disability checklist -		
⊠ Budget a	Budget and Budget Justification		
Grant ap	Grant application: Not Applicable. No application submitted.		
Agreement / Award Letter			
Other (Ex	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 ☒			