



Legislative Priorities Vendor Self Certification

Vendor Name: City and County of San Francisco

Funding Amount: \$1,000,000

City and County of San Francisco is receiving the amount appropriated from the General Fund. The funding authority is identified in Senate Bill 105 (Budget Act of 2025). Your signature at the bottom certifies that the funds will be used for the support of the new oncology clinic and chemotherapy center for Chinese Hospital in 2025-26.

Vendor Signature

Date

Name/Title

Please provide warrant remittance address:

| | | | |
|--|---------------|----------------------|--------------------|
| DHCS Use Only | | | |
| FI\$Cal Accounting Information | | | |
| Amount for this line: \$1,000,000 | | | |
| FY: | 2025-26 | Account/Alt Account: | 5442000/5442000000 |
| Fund: | 0912 | Service Location: | 95915 |
| Appropriation Reference: | 601 | Project: | N/A |
| Reporting Structure: | 4260YA0F | Activity: | N/A |
| | | | |
| _____ DHCS Approving Signature | _____ Date | _____ Name/Title | |

Please email this self-certification letter to: LocalAssistanceAP@dhcs.ca.gov