## **Department of Public Health**

## City and County of San Francisco



London N. Breed Mayor

| TO:  |  | Angela Calvillo, Clerk of the Board of Supervisors                              |
|--|--|---|
| FROM   | l:   | Dr. Grant Colfax<br>Director of Health  |
| DATE:  |  | 5/3/2024  |
| SUBJECT:   |  | Grant Accept and Expend   |
| GRAN   | T TITLE:   | Capacity Building Assistance (CBA) for High-Impact HIV Prevention - \$1,124,506 |
| Attach   | ed please fir  | nd the original and 1 copy of each of the following:                            |
| $\boxtimes$  | Proposed gr  | ant resolution, original signed by Department                                   |
|  | Grant inform   | nation form, including disability checklist                                     |
| $\boxtimes$  | Budget and Budget Justification                              |   |
|  | Grant application: Not Applicable. No application submitted. |   |
|  | Agreement /  | Award Letter  |
|  | Other (Expla   | ain):   |
| Special Timeline Requirements:                                       |  |   |
| Depar  | tmentai repi   | resentative to receive a copy of the adopted resolution:                        |
| Name:  | Gregory W  | ong (greg.wong@sfdph.org) Phone: 554-2521                                       |
| Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108 |  |   |
| Certifie   | ed copy requ   | ired Yes ☐ No ⊠   |