

**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: 8/30/2023**  
**SUBJECT: Grant Accept and Expend**  
**GRANT TITLE: California Home Visiting Program (CHVP) - \$272,000**

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Attached please find the original and 1 copy 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: 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