TO:	Angela Calvillo, Clerk of the Board of	Supervisors
FROM:	David Serrano Sewell, Chief Operating Officer	
DATE:	December 13, 2021	
SUBJECT:	Accept and Expend Ordinance for Su	bject Grant
GRANT TITLE:	CDPH Enhanced Forensic Toxicology	y Program
Attached please find the original* and one copy of each of the following:		
X Proposed grant ordinance; original* signed by Department, Mayor, Controller		
X Grant information form, including disability checklist		
X Grant budget		
X Grant application		
X Letter of Intent or grant award letter from funding agency		
Ethics Form 126 (if applicable)		
Contracts, Leases/Agreements (if applicable)		
Other (Explain):		
Special Timeline Requirements: N/A		
Departmental repr	esentative to receive a copy of the add	opted ordinance:
Name: David Serrano Sewell, Chief Operating Officer		
Phone: 415-641-3699		
Interoffice Mail Address: Office of the Chief Medical Examiner, City and County of San Francisco, 1 Newhall Street, San Francisco, California 94124		
Certified copy requi	red Yes	No 🖂
(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).		