

London N. Breed Mayor

TO:		Angela Calvillo, Clerk of the Board of Supervisors		
FROM:		Dr. Grant Colfax Director of Health		
DATE:		2/5/2022		
SUBJECT:		Grant Accept and Expend		
GRANT TITLE:		Accept and Expend Grant - Crisis Care Mobile Units (CCMU) Program - \$1,977,500		
Attached please find the original and 1 copy of each of the following:				
\leq	Proposed gra	sed grant resolution, original signed by Department		
\leq	Grant informa	mation form, including disability checklist		
\leq	Budget and Budget Justification			
\leq	Grant applica	Grant application.		
\leq	Agreement /	nt / 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 🖂	