



**London N. Breed**  
**Mayor**

**TO:** **Angela Calvillo, Clerk of the Board of Supervisors**

**FROM:** **Dr. Grant Colfax**  
**Director of Health**

**DATE:** **3/28/2022**

**SUBJECT:** **Grant Accept and Expend**

**GRANT TITLE:** **San Francisco Department of Public Health Climate and Health Program actions to reduce the disproportionate impacts of climate change - \$300,000**

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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.
- 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