





STATE OF CALIFORNIA
GRANT/CONTRACT SIGNATURE AUTHORIZATION
 DR 325 (Rev. 12/98) Computer Generated


DEPARTMENT OF REHABILITATION

GRANTEE/CONTRACTOR: STATE OF CALIFORNIA Department of Rehabilitation 721 Capitol Mall Sacramento, California 95814	SUBGRANTEE/CONTRACTEE: (Legal Corporation/Public Agency Name & Address) City and County of San Francisco – Department of Public Health – Behavioral Health Services 1380 Howard Street San Francisco, CA 94103
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The following persons are authorized to request reimbursement of expenses incurred as a result of the agreement between the Grantee/Contractor and Subgrantee/Contractee named above:

Signature 	DocuSigned by: <i>Michelle Ruggels</i>	Name (Please Type or Print) Michelle Ruggels	Title (Please Type or Print) Director of Business Office
Signature 	C473602C16674B8 DocuSigned by: <i>Shirley Giang</i>	Name (Please Type or Print) Shirley Giang	Title (Please Type or Print) Budget Director of DPH Business Office
Signature 	C26DA22C29C2A4B DocuSigned by: <i>Marlo Simmons</i>	Name (Please Type or Print) Marlo Simmons	Title (Please Type or Print) Deputy Director of Behavioral Health Services
Signature 	43DA041B5C164B DocuSigned by: <i>Jessica Brown</i> 101461C3296045D	Name (Please Type or Print) Jessica Brown	Title (Please Type or Print) Director of the Office of Equity and Workforce Development

I hereby delegate authority to request reimbursement of expenses as shown above.

Authorized Signature per Board Resolution DocuSigned by:  <i>Hillary Kunins</i>	Name (Please Type or Print) Hillary Kunins, Director of Behavioral Health Services and Mental Health SF	Date Signed 1-20-2022
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