

**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: 12/27/2022**

**SUBJECT: Grant Accept and Expend**

**GRANT TITLE: Bridge Navigator Program - \$120,000**

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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