



London N. Breed
Mayor

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

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

DATE: **4/5/2023**

SUBJECT: **Grant Accept and Expend**

GRANT TITLE: **Title X Family Planning Program - \$301,725**

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 ☒