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

FROM: **David Serrano Sewell, Executive Director**

DATE: **November 30, 2023**

SUBJECT: **Accept and Expend Ordinance for Subject Grant**

GRANT TITLE: **CDPH Enhanced Forensic Toxicology Program, FY 23-28**

Attached please find the original* and one copy of each of the following:

_X_ Proposed grant ordinance; original* signed by Department, Mayor, Controller

_X_ Grant information form, including disability checklist

_X_ Grant budget

_X_ Grant application

_X_ Letter of Intent or grant award letter from funding agency

___ Ethics Form 126 (if applicable)

___ Contracts, Leases/Agreements (if applicable)

___ Other (Explain):

Special Timeline Requirements: N/A

Departmental representative to receive a copy of the adopted ordinance:

Name: David Serrano Sewell, Executive Director

Phone: 415-641-3699

Interoffice Mail Address: Office of the Chief Medical Examiner, City and County of San Francisco, 1 Newhall Street, San Francisco, California 94124

Certified copy required Yes ☐ No ☒

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).