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Daniel Lurie
Mayor

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

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

DATE: **1/15/2025**

SUBJECT: **Grant Accept and Expend**

GRANT TITLE: **Child and Adolescent Support Advocacy and Resource Center (CASARC) - $829,025.83**

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 ☒