## **City and County of San Francisco**

## **Department of Public Health**



Edwin M. Lee Mayor

## Barbara A. Garcia, MPA Director of Health

TO:	Angela Calvillo, Clerk of the Boa	rd of Supervisors	
FROM:	Barbara A. Garcia, MPA Director of Health		
DATE:	May 20, 2013		
SUBJECT:	Grant Accept and Expend		
GRANT TITLE:	A Probability-Based Survey of HIV Risk among Transmen using a Novel Sampling Method - \$140,827		
Attached please find the original and 4 copies of each of the following:			
Proposed grant resolution, original signed by Department			
Grant information form, including disability checklist -			
	☑ Grant application		
Agreement / Award Letter			
Other (Explain):			
Special Timeline Requirements:			
Departmental representative to receive a copy of the adopted resolution:			
Name: Richelle-Lynn Mojica Phone: 255-3555		Phone: 255-3555	
Interoffice Mail Address: Dept. of Public Health, Grants Administration for Community Programs, 1380 Howard St.			
Certified copy required Yes ☐ No ⊠			