## **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 Board of Supervisors		
FROM:		Barbara A. Garcia, MPA Director of Health		
DATE:		April 22, 2014		
SUBJECT:		Grant Accept and Expend		
GRANT TITLE:		Capacity Building for High-Impact HIV Prevention, Category A- \$1,000,000		
Attached please find the original and 4 copies of each of the following:				
	Proposed gr	grant resolution, original signed by Department		
$\boxtimes$	Grant information form, including disability checklist -			
	Budget and Budget Justification			
$\boxtimes$	Grant application			
	Agreement / Award Letter			
Other (Explain):				
Special Timeline Requirements:				
Departmental representative to receive a copy of the adopted resolution:				
Name: Richelle-L		_ynn Mojica Phone	e: 255-3555	
Interoffice Mail Address: Dept. of Public Health, Grants Administration for Community Programs, 1380 Howard St.				
Certified copy required Yes ☐ No ☒			No 🖂	