## **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	nt for
DATE:	<b>September 29, 2014</b>	·
SUBJECT:	Grant Accept and Expend	
GRANT TITLE: Racial and Ethnic Approaches to Community Health - H Healthy SF- \$799,159		aches to Community Health - Heart
Attached please find the original and 4 copies of each of the following:		
☐ Grant information form, including disability checklist -		
Budget and Budget Justification		
☐ 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		
Interoffice Mail Address: Dept. of Public Health, Grants Administration for Community Programs, 1380 Howard St.		
Certified copy required Yes ☐ No ⊠		