City and County of San F ncisco

E partment 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 Healthy	
DATE:		March 19, 2015	
SUBJECT:		Grant Accept and Expend	
GRAN	IT TITLE:	Preterm Birth Initiative Proje	ct- \$213,369
Attach	ned please fir	nd the original and 2 copies of e	each of the following:
\boxtimes	Proposed grant resolution, original signed by Department		
\boxtimes	Grant information form, including disability checklist -		
\boxtimes	Budget and Budget Justification		
	Grant application: Not Applicable. No application submitted. Asked to participate the project.		
\boxtimes	Agreement / Award Letter		
	Other (Explain):		
Special Timeline Requirements:			
Departmental representative to receive a copy of the adopted resolution:			
Name	: Richelle-Ly	ynn Mojica	Phone: 255-3555
Interoffice Mail Address: Dept. of Public Health, Grants Administration for Community Programs, 1380 Howard St.			
Certified copy required Yes ☐ No ☒			