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

## **Department of Public Health**



## London N. Breed Mayor

## **Greg Wagner Acting Director of Health**

TO:	ΓΟ: Angela Calvillo, Clerk of the Board of Supervisors		
FROM:	ROM: Greg Wagner Acting Director of Health		
DATE:	December 14, 2018		
SUBJECT:	Grant Accept and Expend		
GRANT TITLE:	Accept and Expend Grant – HI 18-10590 - \$467,082	IV Prevention State Grant No.	
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 appli	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: 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 ⊠			