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

## **Department of Public Health**



## London N. Breed Mayor

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

TO:		Angela Calvillo, Clerk of the Board of Supervisors		
FROM:		Greg Wagner Acting Director of Health		
DATE:		January 25, 2019		
SUBJECT:		Grant Accept and Expend		
GRANT TITLE:		Accept and Expend Gift – Friends of Laguna Honda – Laguna Honda Hospital Gift Fund- \$141,000		
Attached please find the original and 1 copy of each of the following:				
$\boxtimes$	Proposed gr	pposed grant resolution, original signed by Department		
	Grant information form, including disability checklist -			
$\boxtimes$	Budget and Budget Justification			
	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-Ly	nn Mojica	Phone: 255-3555	
Interoffice Mail Address: Dept. of Public Health, Grants Administration for Community Programs, 1380 Howard St.				
Certified copy required Yes ☐ No ⊠			No 🖂	