

London N. Breed Mayor Greg Wagner Acting Director of Health

TO:	Angela Calvillo, Clerk of the Boar	d of Supervisors
FROM:	Dr. Grant Colfax Director of Health	
DATE:	September 30, 2019	
SUBJECT:	Grant Accept and Expend	
GRANT TITLE:	Accept and Expend Grant – Ca Reinvestment Grants Program	
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 application: Not Applicable. No application submitted.		
Agreement / Award Letter		
Other (Explain):		
NOTE: The ASO does not distinguish positions by appointment types such as cat 18, cat 17, cat 16 etc. The ASO outlines the total dollars and position authority for DPH. Temp salaries gives DPH the salary and authority to create temporary positions (i.e. non-Permanent Civil Service Positions) as needed, such as the two positions proposed in this accept and expend.		
Special Timeline Requirements:		
Departmental representative to receive a copy of the adopted resolution:		
Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2547		
Interoffice Mail Address: Dept. of Public Health, Grants Administration for Community Programs, 101 Grove St # 108		
Certified copy required Yes ☐ No ⊠		