

London N. Breed Mayor Dr. Grant Colfax Director of Health

TO:		Angela Calvillo, Clerk of the Board of Supervisors		
FROM:		Dr. Grant Colfax Director of Health		
DATE:		December 2, 2019		
SUBJECT:		Grant Accept and Expend		
GRANT TITLE:		Accept and Expend Grant - Overdose Prevention Program in Single Room Occupancy Hotel (SRO) - \$700,000		
Attached please find the original and 1 copy of each of the following:				
$\boxtimes$	Proposed gr	oposed 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.			
$\boxtimes$	Agreement / Award Letter			
	Other (Explain):			
Special Timeline Requirements:				
Departmental representative to receive a copy of the adopted resolution:				
Name: Gregory W		ong Phon	e: 554-2868	
Interoffice Mail Address: Dept. of Public Health, Fiscal Unit, 101 Grove St #106				
Certified copy required Yes ☐ No ⊠				