

London N. Breed Mayor

TO:		Angela Calvillo, Clerk of the Board of Supervisors		
FROM:		Dr. Grant Colfax Director of Health		
DATE:		Wednesday, May 20, 2020		
SUBJECT:		Grant Accept and Expend		
GRANT TITLE:		Accept and Expend Grant - COVID-19 Crisis Response - \$1,027,167		
Attached please find the original and 1 copy of each of the following:				
⊠ Pro	posed g	osed grant resolution, original signed by Department		
⊠ Gra	ant inform	nformation form, including disability checklist -		
⊠ Bu	Budget and Budget Justification			
☐ Gra	Grant application: Not Applicable. No application submitted.			
⊠ Agı	Agreement / Award Letter			
☐ Oth	Other (Explain):			
Special Timeline Requirements:				
Departmental representative to receive a copy of the adopted resolution:				
Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521				
Interoffice Mail Address: Dept. of Public Health, Grants Administration for Community Programs, 101 Grove St # 108				
Certified copy required Yes ☐ No ⊠			No 🖂	