

## London N. Breed Mayor

TO:		Angela Calvillo, Clerk of the Board of Supervisors	
FROM:		Dr. Grant Colfax Director of Health	
DATE:		12/16/2020	
SUBJECT:		Grant Accept and Expend	
GRAN	IT TITLE:	Accept and Expend Gift – Joan-Kelley Ryder Bequest - \$200,000	
Attached please find the original and 1 copy of each of the following:			
$\boxtimes$	Proposed gr	rant resolution, original signed by Department	
$\boxtimes$	Grant inform	nation form, including disability checklist -	
$\boxtimes$	Budget and Budget Justification		
	Grant application: Not Applicable. No application submitted.		
$\boxtimes$	Agreement /	Award Letter	
$\boxtimes$	Other (Expla	ain): Health Commission Resolution.	
Special Timeline Requirements:  Departmental representative to receive a copy of the adopted resolution:			
Бераі	шешапер	resentative 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, 101 Grove St # 108			
Certified copy required Yes		ıired Yes ☐ No ⊠	