

Department of Benefits TO: Angela Calvillo, Clerk of the Board of Supervisors and Family Support FROM: Trent Rhorer, Human Services Agency Executive Director Department of Disability DATE: April 23, 2024 and Aging Services **Retroactive Accept and Expend Resolution for Ukrainian SUBJECT:** Office of Early Care and Education **Refugee Support Services Supplemental Funding Grant GRANT TITLE: Ukrainian Refugee Support Services Supplemental Funding** Grant - \$500,000 P.O. Box 7988 San Francisco, CA Attached please find the original* and one copy of each of the following: 94120-7988 www.SFHSA.org _X_ Proposed grant resolution; original* signed by Department, Mayor, Controller _X_ Grant information form, including disability checklist X Grant budget Grant application _X_ Letter of Intent or grant award letter from funding agency Ethics Form 126 (if applicable) ____ Contracts, Leases/Agreements (if applicable) **London Breed** ___ Other (Explain): Mayor **Trent Rhorer** Special Timeline Requirements: N/A **Executive Director** Departmental representative to receive a copy of the adopted resolution: Name: Celia Pedroza Phone: 415-557-6103 Interoffice Mail Address: 170 Otis Street, 8th Floor, San Francisco, CA 94103 Certified copy required Yes No 🖂