TO:	Angela Calvillo, Clerk of the Board of Supervisors	
FROM:	Boris Delepine, Port of San Francisco	
DATE:	April 21, 2025	
SUBJECT:	Accept and Expend Resolution for	or Subject Grant
GRANT TITLE:	Regional Measure 3	
Attached please find	d the original* and 1 copy of each of	the following:
_X Proposed grant resolution; original* signed by Department, Mayor, Controller		
_X Grant information form, including disability checklist		
_X Grant budget		
Grant application		
_X Grant award resolution from funding agency		
_NA Ethics Form 126 (if applicable)		
NA_ Contracts, Leases/Agreements (if applicable)		
Other (Explain):		
Special Timeline Requirements:		
Departmental representative to receive a copy of the adopted resolution:		
Name:	Boris Delepine P	hone: 415-571-6626
Interoffice Mail Address: Pier 1, The Embarcadero, San Francisco, Ca 94111		
Certified copy required Yes  No X		
(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).		