TO:	Angela Calvillo, Clerk of the B	oard of Supervisors
FROM:	Lorna Garrido, Grants and Co	ntracts Manager
DATE:	July 18, 2024	
SUBJECT:	Accept and Expend Resolution	n for Subject Grant
GRANT TITLE:	Workers' Rights Enforcement	Grant
Attached please find the following documents:		
X Proposed grant resolution; original* signed by Department, Mayor, Controller		
X Grant information form, including disability checklist		
X Grant budget		
X_Grant application		
X Grant award letter from funding agency		
Ethics Form 126 (if applicable)		
Contracts, Leases/Agreements (if applicable)		
Other (Explain):		
Special Timeline Requirements:		
Please schedule for the earliest available date.		
Departmental representative to receive a copy of the adopted resolution:		
Name: Lorna Garrio	ob	Phone: (628) 652-4035
Interoffice Mail Address: DAT, 350 Rhode Island Street, North Building, Suite 400N		
Certified copy req	uired Yes 🗌	No 🖂

(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).