

**TO:** Angela Calvillo, Clerk of the Board of Supervisors

**FROM:** Carmen Chu, City Administrator

**DATE:** November 30, 2021

**SUBJECT:** Accept and Expend Ordinance for Subject Grant

**GRANT TITLE:** California Department of Cannabis Control, Local jurisdiction Assistance Grant Program

---

Attached please find the original\* and one copy of each of the following:

Proposed grant ordinance; original\* signed by Department, Mayor, Controller

Grant information form, including disability checklist

Grant budget

Grant application

Letter of Intent or grant award letter from funding agency

Ethics Form 126 (if applicable)

Contracts, Leases/Agreements (if applicable)

Other (Explain):

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted ordinance:**

Name: Ken Bukowski, Office of the City Administrator Phone: 415-554-6172

Interoffice Mail Address: City Hall, Room 362

Certified copy required 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).