TO:	Angela Calvillo, Clerk of the Board of Supervisors	
FROM:	Carmen Chu, City Administrator	
DATE:	February 7, 2025	
SUBJECT:	Accept and Expend Resolution for Sub	oject Grant
GRANT TITLE:	Governor's Office of Business and Economic Cannabis Equity Grants Program for Local Jun	-
Attached please find the original* and one copy of each of the following:		
Proposed grant i	resolution; original* signed by Department	, Mayor, Controller
x Grant information form, including disability checklist		
_x_Grant budget		
_x_Grant application		
x 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 resolution:		
Name:Katharine Petrucione, Office of the City Administrator		
Phone: 415-554-4851		
Interoffice Mail Address: City Hall, Room 362		
Certified copy requi	red Yes 🛛 I	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).		