

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Lorna Garrido, Grants and Contracts Manager

DATE: August 1, 2023

SUBJECT: Accept and Expend Resolution for Subject Grant

GRANT TITLE: Workers' Compensation Insurance Fraud Program

Attached please find the following documents:

Proposed grant resolution; original* signed by Department, Mayor, Controller

Grant information form, including disability checklist

Grant budget

Grant application

Grant award letter from funding agency

Ethics Form 126 (if applicable)

Contracts, Leases/Agreements (if applicable)

Other (Explain):

Special Timeline Requirements:

Please schedule at the earliest available date.

Departmental representative to receive a copy of the adopted resolution:

Name: Lorna Garrido

Phone: (628) 652-4035

Interoffice Mail Address: DAT, 350 Rhode Island Street, North Building, Suite 400N

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).