TO:	Angela Calvillo, Clerk of the Board of Supervisors
FROM:	Lorna Garrido, Grants and Contracts Manager
DATE:	October 9, 2025
SUBJECT:	Accept and Expend Resolution for Subject Grant
GRANT TITLE:	Workers' Compensation Insurance Fraud Program
Attached please fin	d the following documents:
X Proposed gran	t resolution; original* signed by Department, Mayor, Controlle
X Grant information form, including disability checklist	
X_ Grant budget	
X Grant application	
X_ Grant award le	tter from funding agency
<u>n/a</u> Ethics Form 1	26 (if applicable)
<u>n/a</u> Contracts, Lea	ses/Agreements (if applicable)
X Other (Explain): statement on retroactivity
	Requirements: the earliest available date. The Resolution must be received epartment of Insurance no later than January 2, 2026.
Departmental repr	esentative to receive a copy of the adopted resolution:
Name: Lorna Garrio	do Phone: (628) 652-4035
Interoffice Mail Add 400N	ress: DAT, 350 Rhode Island Street, North Building, Suite
Certified copy req	uired Yes 🖂 No 🗌
(Note: certified copies h	nave the seal of the City/County affixed and are occasionally required by

(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).