

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 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

n/a Ethics Form 126 (if applicable)

n/a Contracts, Leases/Agreements (if applicable)

X Other (Explain): statement on retroactivity

Special Timeline Requirements:

Please schedule at the earliest available date. The Resolution must be received by the California Department of Insurance no later than **January 2, 2026**.

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).