



Shireen McSpadden, Executive Director

TO:	Angela Calvillo, Clerk of the Board of S	upervisors
FROM:	Dylan Schneider, HSH Manager of Leg	islative Affairs
DATE:	October 4, 2024	
SUBJECT:	Apply For Resolution for 2024 Continuo	ım of Care Grant
GRANT TITLE:	2024 Continuum of Care Competition	
Attached please find each of the following:		
x Proposed grant resolution approved by Department head		
n/a Grant information form, including disability checklist		
x Grant budget (grant budget and expenditure plan)		
<u>x</u> Grant application (blank – final will be provided after submission to HUD)		
n/a Grant award letter from funding agency		
x Ethics Form 126s (consolidated PDF with all Form 126s)		
n/a Contracts, Leases/Agreements (if applicable)		
x Other (Explain): Copy of Notice of Funding Opportunity		
Special Timeline Requirements: This resolution must be approved in advance of the HUD application deadline of October 30, 2024.		
Departmental representative to receive a copy of the adopted resolution:		
Name: Dylan Schne	eider Phon	e: 628.652.7742
Interoffice Mail Address: 440 Turk Street, San Francisco, CA 94102		
Certified copy required: Yes \(\sum \) No \(\sum \) (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).		