

**TO:** Angela Calvillo, Clerk of the Board of Supervisors  
**FROM:** John Halpin, Director of Workforce Program Operations,  
Office of Economic and Workforce Development  
**DATE:** November 5, 2013  
**SUBJECT:** Accept and Expend Resolution for Federal Pass-through  
State Grant

**GRANT TITLE:** Dislocated Worker Additional Assistance Grant

---

Attached please find the original and 4 copies of each of the following:

- Proposed grant resolution; original signed by Department, Mayor, Controller
- Grant information form, including disability checklist
- Grant budget
- Grant application
- Grant notification from funding agency
- Other (Explain): Ethics Form 126

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Interoffice Mail Address: \_\_\_\_\_

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).