

**TO:** Angela Calvillo, Clerk of the Board of Supervisors

**FROM:** Maria Su, Director  
Department of Children, Youth & Their Families

**DATE:** May 8, 2015

**SUBJECT:** Accept and Expend Resolution for Subject Grant

**GRANT TITLE:** Cities for Financial Empowerment Fund

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Attached please find the original and 1 copy 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 award letter from funding agency

Ethics Form 126 (2 forms)

Other (Explain):

**Special Timeline Requirements:**

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

Name: Leo Chyi

Interoffice Mail Address: leo.chyi@dcyf.org

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).