TO:	Angela Calvillo, Clerk of the Board of Supervisors	
FROM:	Angela Chan	
DATE:	4/24/2025	
SUBJECT:	Accept and Expend Ordinance for Subject G	rant
GRANT TITLE:	SF Community Assistance and Legal Suppor	t Initiative
Attached please fi	ind the original* and one copy of each of the followi	ng:
<u>x</u> Proposed grai	ant ordinance; original* signed by Department, Mayo	or, Controller
<u>x</u> Grant informa	ation form, including disability checklist	
x Grant budget		
<u>x</u> Grant applicat	ition	
x Letter of Inten	nt or grant award letter from funding agency	
Ethics Form 1	126 (if applicable)	
Contracts, Lea	eases/Agreements (if applicable)	
Other (Explain	n):	
Special Timeline	Requirements:	
Departmental rep	presentative to receive a copy of the adopted or	dinance:
Name: Ange	ela Chan Phone: 628-2	71-9661
Interoffice Mail Ad	ddress:	
Certified copy requ	uired Yes ☐ No ⊠	
	s have the seal of the City/County affixed and are occasionally most cases ordinary copies without the seal are sufficient).	y required by