

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

**FROM: Lorna Garrido, Grants and Contracts Manager**

**DATE: September 9, 2022**

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

**GRANT TITLE: Workers' Compensation Insurance Fraud Program**

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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 (if applicable)

Contracts, Leases/Agreements (if applicable)

Other (Explain):

**Special Timeline Requirements:**

Please schedule at the earliest available date.

**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).