TO:	Angela Calvillo, Clerk of the Board of Supervisors
FROM:	Lorna Garrido
DATE:	February 25, 2021
SUBJECT:	Accept and Expend Ordinance for Subject Grant
GRANT TITLE:	Healing Justice Initiative
Attached please find the original* and 1 copy of each of the following:	
X Proposed grant resolution; original* signed by Department, Mayor, Controlle	
X Grant information form, including disability checklist	
X Grant budget	
X Grant application	
X Grant award letter from funding agency	
Ethics Form 126 (if applicable)	
Contracts, Leases/Agreements (if applicable)	
X Other (Explain): Legislative Digest prepared by the City Attorney	
Special Timeline Requirements:	
Please schedule at the earliest available date. Thank you.	
Departmental representative to receive a copy of the adopted resolution:	
Name: Lorna Garrio	do Phone: (628) 652-4035
Interoffice Mail Address: 350 Rhode Island Street, North Building, Suite 400N, San Francisco, CA 94103	
Certified copy requi	red 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).	