| TO: | Angela Calvillo, Clerk of the Bo | ard of Supervisors |
|--|----------------------------------|-----------------------|
| FROM: | Lorna Garrido, Grants and Con | tracts Manager |
| DATE: | August 11, 2025 | |
| SUBJECT: | Accept and Expend Resolution | for Subject Grant |
| GRANT TITLE: | Workers' Rights Enforcement (| Grant |
| Attached please find the following documents: | | |
| X Proposed grant resolution; original* signed by Department, Mayor, Controller | | |
| X Grant information form, including disability checklist | | |
| X Grant budget | | |
| X_Grant application | | |
| X Grant award letter from funding agency | | |
| <u>n/a</u> Ethics Form 126 (if applicable) | | |
| n/a Contracts, Leases/Agreements (if applicable) | | |
| X_ Other (Explain): statement on retroactivity | | |
| Special Timeline Requirements: | | |
| Please schedule for the earliest available date. | | |
| Departmental representative to receive a copy of the adopted resolution: | | |
| Name: Lorna Garrid | 0 | Phone: (628) 652-4035 |
| Interoffice Mail Address: DAT, 350 Rhode Island Street, North Building, Suite 400N | | |
| Certified copy requ | uired 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).