

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Katharine Hobin Porter, Managing Attorney, Office of the City Attorney
DATE: June 23, 2026
SUBJECT: Accept and Expend Resolution for Grant
GRANT TITLE: Operating Support

Attached please find the original* and 1 copy of each of the following:

- 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
- X Ethics Form 126 (if applicable)
- X Contracts, Leases/Agreements (if applicable)

___ Other (Explain):

Special Timeline Requirements: N/A

Departmental representative to receive a copy of the adopted resolution:

Name: Andrea Bruss

Phone: 415-554-4729

Interoffice Mail Address: City Hall, Room 234

Certified copy required Yes

No X

(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).

Updated August 7, 2014