

**TO:** Angela Calvillo, Clerk of the Board of Supervisors  
**FROM:** Lorna Garrido, Grants and Contracts Manager  
**DATE:** July 10, 2020  
**SUBJECT:** Accept and Expend Resolution for Subject Grant  
**GRANT TITLE:** State Grant – Revolving Fund for Crime Victims

---

Attached please find the following documents:

Proposed grant resolution; digitally signed by Department, Controller, Mayor

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).