10:	Angela Calvillo, Clerk of the Board of Supervisors
FROM:	Lorna Garrido, Grants and Contracts Manager
DATE:	March 6, 2018
SUBJECT:	Accept and Expend Resolution for Subject Grant
GRANT TITLE:	Innovative Response to Marginalized Victims (KI) Program
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	
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 Garrio	do Phone: (415) 553-9258
Interoffice Mail Address: DAT, 850 Bryant Street, Room 322	
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).	