TO:	Angela Calvillo, Clerk of the Board of Supervisors
FROM:	Lorna Garrido, Grants and Contracts Manager
DATE:	October 2, 2024
SUBJECT:	Accept and Expend Resolution for Subject Grant
GRANT TITLE:	Automobile Insurance Fraud Program
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 at the earliest available date. The Resolution must be received by the California Department of Insurance on or before January 2,2025.	
Departmental representative to receive a copy of the adopted resolution:	
Name: Lorna Garri	do Phone: (628) 652-4035
Interoffice Mail Address: DAT, 350 Rhode Island Street, North Building, Suite 400N	
Certified copy req	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).	