

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Carmen Chu, City Administrator

DATE: May 19, 2023

SUBJECT: Accept and Expend Resolution for Subject Grant

GRANT TITLE: Board of State and Community Corrections Proposition 64 Public Health and Safety Grant Program

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

Proposed grant resolution; original* signed by Department, Mayor, Controller

Grant information form, including disability checklist

Grant budget

Grant application

Letter of Intent or grant award letter from funding agency

Ethics Form 126 (if applicable)

Contracts, Leases/Agreements (if applicable)

Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted ordinance:

Name: Katharine Petrucione, Office of the City Administrator

Phone: 415-554-4851

Interoffice Mail Address: City Hall, Room 362

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).