

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Maria Su, Director *MS*
Department of Children, Youth & Their Families

DATE: May 19, 2014

SUBJECT: Accept and Expend Resolution for Subject Grant

GRANT TITLE: Cities for Financial Empowerment Fund

Attached please find the original and 4 copies of each of the following:

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

Grant information form, including disability checklist

Grant budget

Grant application

Grant award letter from funding agency

Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Taras Madison

Interoffice Mail Address: Taras.Madison@dcyf.org

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).