TO:	Angela Calvillo, Cl	erk of the Board of Supervisors
FROM:	Lorna Garrido, Gra	nts and Contracts Manager
DATE:	September 21, 202	3
SUBJECT:	Accept and Expen	d Resolution for Subject Grant
GRANT TITLE:	Automobile Insura	nce 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): cover letter with retroactive explanation		
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 2,2024.		
Departmental representative to receive a copy of the adopted resolution:		
Name: Lorna Garrio	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		

(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).