TO:	Angela Calvillo,	Clerk of the Board of Supervisors
FROM:	Mary Ellen Carro	oll
DATE:	May 9, 2024	
SUBJECT:	Accept and Expe	end Resolution for Subject Grant
GRANT TITLE:	FY 2022 Emerge Program (EMPG	ncy Management Performance Grant)
Attached please fin	d the original* and	1 copy of each of the following:
X Proposed grant resolution; original* signed by Department, Mayor, Controlle		
X Grant informat	ion form, including	disability checklist
X Grant budget		
X Grant applicat	ion	
<u>X</u> Grant award le	etter from funding a	agency
_n/a Ethics Form	126 (if applicable)	
_n/a Contracts, L	.eases/Agreements	s (if applicable)
_n/a Other (Expl	ain):	
Special Timeline F	Requirements:	
Departmental repr	esentative to rece	eive a copy of the adopted resolution:
Name: Kim Bowman		Phone: 415-554-4840
Interoffice Mail Add	ress: N/A	
Certified copy required Yes ☐ No ⊠		No 🖂
(Note: certified copies h	nave the seal of the Cit	cy/County affixed and are occasionally required by

funding agencies. In most cases ordinary copies without the seal are sufficient).