TO:	Angela Calvillo, Clerk of the Board of Supervisors
FROM:	Carmen Chu, City Administrator
DATE:	July 2, 2021
SUBJECT:	Accept and Expend Ordinance 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:	
x Proposed grant ordinance; original* signed by Department, Mayor, Controller	
x Grant information form, including disability checklist	
x Grant budget	
x Grant applicati	on
x Letter of Intent or grant award letter from funding agency	
Ethics Form 12	6 (if applicable)
x Contracts, Lea	ses/Agreements (if applicable)
Other (Explain)	:
Special Timeline Requirements:	
Departmental repr	esentative to receive a copy of the adopted ordinance:
Name: Ken Bukows	ski, Office of the City Administrator Phone: 415-554-6172
Interoffice Mail Address: City Hall, Room 362	
Certified copy requi	red 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).	