TO:	Angela Calvillo, Clerk of the Board of Supervisors
FROM:	Lorna Garrido
DATE:	February 18, 2022
SUBJECT:	Accept and Expend Ordinance for Subject Grant
GRANT TITLE:	County Resentencing Pilot Program

Attached please find the original* and 1 copy of each of the following:

<u>X</u> Proposed grant ordinance; original* signed by Department, Mayor, Controller

X Grant information form, including disability checklist

<u>X</u> Grant budget

<u>N/A</u> Grant application – This is a pilot program made possible by State budget legislation specifically identifying SF District Attorney's Office as a recipient.

X Grant award letter from funding agency

____ Ethics Form 126 (if applicable)

Contracts, Leases/Agreements (if applicable)

<u>X</u> Other (Explain): Cover letter for Department submission and Legislative Digest prepared by City Attorney

Special Timeline Requirements:

Please schedule at the earliest available date. Thank you.

Departmental representative to receive a copy of the adopted resolution:

Name: Lorna Garrido

Phone: (628) 652-4035

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Interoffice Mail Address: 350 Rhode Island Street, North Building, Suite 400N, San Francisco, CA 94103

Certified copy required Yes	No
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(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).