TO:	Angela Calvillo, Clerk of the Board of Supervisors	
FROM:	Boris Delepine, Port of San Francisco	
DATE:	March 1, 2022	
SUBJECT:	Accept and Expend Resolution for Subject Grant	
GRANT TITLE:	American Rescue Plan Act	
Attached please fine	d the original* and 1 copy of each of the following:	
_X Proposed grant resolution; original* signed by Department, Mayor, Controller		
_X Grant informa	tion form, including disability checklist	
_X Grant budget		
X_ Grant applica	tion	
_X Grant award letter from funding agency		
_NA Ethics Form 126 (if applicable)		
NA_ Contracts, Leases/Agreements (if applicable)		
Other (Explain)	:	
Special Timeline Requirements:		
Departmental representative to receive a copy of the adopted resolution:		
Name:	Boris Delepine Phone: 415-571-6626	
Interoffice Mail Address: Pier 1, The Embarcadero, San Francisco, Ca 94111		
Certified copy required Yes No X		
(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).		