



TO: Angela Calvillo, Clerk of the Board of Supervisors FROM: Dylan Schneider, HSH Manager of Policy and Legislative **Affairs** DATE: April 22, 2022 SUBJECT: Accept and Expend Resolution for Emergency Housing **Voucher Program GRANT TITLE: Emergency Housing Voucher Program** Attached please find the original* and 1 copy of each of the following: X Proposed grant resolution; original* signed by Department, Mayor, Controller (Document 2) X Grant information form, including disability checklist (Document 3) X Grant budget (Document 4) n/a Grant application X Grant award letter from funding agency (Document 5) X Ethics Form 126 (Documents 6.a, 6.b, and 6.c) X Contracts, Leases/Agreements (if applicable) – Original and amended MOU between HSH and SFHA (Documents 7 and 8) X Other (Explain): Retroactive Approval Request Memo (Document 9) **Special Timeline Requirements:** Please schedule at earliest available date. Departmental representative to receive a copy of the adopted resolution: Name: Dylan Schneider Phone: 628.652.7742

Interoffice Mail Address: 440 Turk Street, San Francisco CA. 94102

Certified copy required Yes | |

No \boxtimes

Grant Cover Sheet

(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)

