TO: Angela Calvillo, Clerk of the Board of Supervisors

- FROM: The Department of Children Youth and Their Families
- DATE: September 7, 2022
- SUBJECT: Accept and Expend Resolution for Subject Grant

GRANT TITLE: San Francisco Foundation Summer Together Grant

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

- <u>x</u> Proposed grant resolution; original* signed by Department, Mayor, Controller
- <u>x</u> Grant information form, including disability checklist
- <u>x</u> Grant budget
- ____ Grant application
- <u>x</u> Grant award letter from funding agency
- ____ Ethics Form 126 (if applicable)
- ____ Contracts, Leases/Agreements (if applicable)
- ____ Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name:	Sherrice Dor	sey	Phone: 628-	652-7146
Interoffice Ma	ail Address:	DCYF 1390 Market Street 94102	:, Suite 900, 9	th floor, SF CA
Certified cop	y required Ye	es 🗌		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).