

**TO:** Angela Calvillo, Clerk of the Board of Supervisors  
**FROM:** The Department of Children Youth and Their Families  
**DATE:** **October 6, 2023**  
**SUBJECT:** Accept and Expend Ordinance for Subject Grant  
**GRANT TITLE:** STOP School Violence Program

---

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

Proposed grant resolution; original\* signed by Department, Mayor, Controller

Grant information form, including disability checklist

Grant budget

Grant application

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: Jasmine Dawson

Phone: 628-652-7124

Interoffice Mail Address: **DCYF**  
**1390 Market Street, Suite 900, 9<sup>th</sup> floor, SF CA**  
**94102**

Certified copy required 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).