

**TO:** Angela Calvillo, Clerk of the Board of Supervisors

**FROM:** Lorna Garrido, Grants and Contracts Manager

**DATE:** July 22, 2024

**SUBJECT:** Accept and Expend Resolution for Subject Grant

**GRANT TITLE:** Workers' Compensation Insurance Fraud Program

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Attached please find the following documents:

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

X Grant information form, including disability checklist

X Grant budget

X Grant application

X Grant award letter from funding agency

n/a Ethics Form 126 (if applicable)

n/a Contracts, Leases/Agreements (if applicable)

X Other (Explain): cover letter with retroactive explanation

**Special Timeline Requirements:**

Please schedule at the earliest available date. The Resolution must be received by the California Department of Insurance on or before January 2, 2025.

**Departmental representative to receive a copy of the adopted resolution:**

Name: Lorna Garrido

Phone: (628) 652-4035

Interoffice Mail Address: DAT, 350 Rhode Island Street, North Building, Suite 400N

**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).