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SAN FRANCISCO
HUMAN SERVICES AGENCY

P.O. Box 7988
San Francisco, CA
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www.SFHSA.org

TO:	**Angela Calvillo, Clerk of the Board of Supervisors**
FROM:	**Trent Rhorer, Human Services Agency Executive Director**
DATE:	**November 25, 2025**
SUBJECT:	**Accept and Expend Resolution for Housing and Homelessness Incentive Program Grant**
GRANT TITLE:	**Housing and Homelessness Incentive Program - $1,072,000**

Department of Benefits and Family Support

Department of Disability and Aging Services

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

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

_X_ Grant information form, including disability checklist

_X_ Grant budget

_X_ Grant application

_X_ Letter of Intent or grant award letter from funding agency

___ Ethics Form 126 (if applicable)

___ Contracts, Leases/Agreements (if applicable)

___ Other (Explain):

Special Timeline Requirements: N/A

Departmental representative to receive a copy of the adopted resolution:

Name: Celia Pedroza Phone: 415-557-6103

Interoffice Mail Address: 170 Otis Street, 8th Floor, San Francisco, CA 94103

Certified copy required Yes ☐ No ☒

Daniel Lurie
Mayor

Trent Rhorer
Executive Director, SFHSA

Kelly Dearman
Executive Director, DAS