то:	Angela Calvillo, Clerk of the Board of Supervisors	
FROM:	Anne Kronenberg	
DATE:	February 6, 2013	
SUBJECT:	Amended Accept and Expend Resolu Grant	ition for Subject
GRANT TITLE:	FY 9 Buffer Zone Protection Program	Grant
Attached please fin	d the original and 4 copies 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 Grant award letter from funding agency		
Ethics Form 126 (if applicable)		
Contracts, Leases/Agreements (if applicable)		
X Other (Explain): Grant Assurances		
Special Timeline Requirements:		
Departmental representative to receive a copy of the adopted resolution:		
Name: Mary Lande	rs	Phone: 353-5225
Interoffice Mail Add	ress:	
Certified copy requi	red 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).