TO: Angela Calvillo, Clerk of the Board of Supervisors FROM: Tom DeCaigny, Director of Cultural Affairs DATE: September 30, 2013 SUBJECT: Accept & Expend Resolution for Kaiser Permanente Grant **GRANT TITLE:** Kaiser Permanente's Northern California Community Benefits Program Attached please find the original and 4 copies of each of the following: 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 ___ Other (Explain): **Special Timeline Requirements:** The grant period is July 31, 2013 – August 1, 2014. Departmental representative to receive a copy of the adopted resolution: Name: Rachelle Axel Phone: 415.252.2564 Interoffice Mail Address: 25 Van Ness Avenue, Suite 345 Certified copy required Yes (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).