TO:	Angela Calvillo, Clerk of the Board of Supervisors	
FROM:	Angela Auyong	
DATE:	September 25, 2013	
SUBJECT:	Accept and Expend Resolution for Subject Grant	
GRANT TITLE:	Juvenile Accountability Block Grant	
Attached please find the original and 4 copies of each of the following:		
X Proposed grand Controller	ant ordinance; original signed by Department, Mayor,	
X Grant inform	Grant information form, including disability checklist	
X Grant budge	Grant budget – Budget is included within the grant application	
X Grant applic	ation	
X Standard Ag	reement from Board of State and Community Corrections	
Other (Explain):		
Special Timeline Requirements:		
Departmental representative to receive a copy of the adopted resolution:		
Name: Jeff Adachi	Phone: 415-553-9520	
Interoffice Mail Address: 555 7 th Street San Francisco, CA 94103		
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).		