



TO: Angela Calvillo, Clerk of the Board of Supervisors FROM: **Daliah Khoury, Deputy Director of Development** DATE: May 9, 2014 SUBJECT: **Accept and Expend Resolution for Subject Grant GRANT TITLE: Youth Stewardship Program** Attached please find the original and 4 copies of each of the following: \_X\_ Proposed grant resolution; original signed by Department, Controller \_X\_ Grant information form, including disability checklist \_X\_ Grant budget \_X\_ Grant award letter from funding agency \_\_\_ Other (Explain): Special Timeline Requirements: n/a Departmental representative to receive a copy of the adopted resolution: Phone: 415/831-6897 Name: Daliah Khoury Interoffice Mail Address: RPD, McLaren Lodge, 501 Stanyan Street Certified copy required Yes No X (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).