	TO:	Angela Calvillo, Clerk of the Board of Supervisors	
	FROM:	Angela Auyong	
	DATE:	August 22, 2014	
	SUBJECT:	Accept and Expend Resolution for Subject Grant	
	GRANT TITLE:	Juvenile Accountability Block Gra	nt
	Attached please find the original and 4 copies of each of the following:		
	X Proposed grant ordinance; original signed by Department, Mayor, Controller		
ä	X Grant information form, including disability checklist		
	X Grant budget – Budget is included within the grant application		
	X Grant application		
	X Standard Agreement from Board of State and Community Corrections		
	Other (Explain):		
	Special Timeline Requirements:		
	Departmental representative to receive a copy of the adopted resolution:		
	Name: Jeff Adach	i Phone: 415-553-9520	
	Interoffice Mail Address: 555 7 th Street San Francisco, CA 94103		
	Certified copy requ	ired 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).		