TO:	Angela Calvillo, Cl	erk of the Board of	Supervisors
FROM:	Stacey Hoang, Fiscal Division Analyst		
DATE:	August 4, 2014		
SUBJECT:	Accept and Expend	d Ordinance for Su	bject Grant
GRANT TITLE: Program	Alcohol and Drug I	mpaired Driver Ver	tical Prosecution
Attached please fine	d the original* and tw	o copies of each of	the following:
X Proposed grant ordinance; original* signed by Department, Mayor, Controller, Director of Human Resources			
X Grant information form, including disability checklist			
X Grant budget			
X Grant application			
X Letter of Intent or grant award letter from funding agency			
Ethics Form 126 (if applicable)			
Contracts, Leases/Agreements (if applicable)			
Other (Explain):			
Special Timeline Requirements: Please schedule for the earliest available date.			
Departmental representative to receive a copy of the adopted ordinance:			
Name: Sheila Arcel	ona	Phone: 415-734-30	018
Interoffice Mail Address: Hall of Justice, Room 322			
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).			