



GEORGE GASCÓN
District Attorney

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Sheila Arcelona, Asst. Chief Administrative & Financial Officer

DATE: April 13, 2017

SUBJECT: Accept and Expend Resolution for Subject Grant

GRANT TITLE: County Victim Services Program

Attached please find the original and 1 copy of each of the following:

- Proposed grant resolution; original signed by Department, Mayor, Controller
- Grant information form, including disability checklist
- Grant budget
- Grant application
- Grant award letter from funding agency
- n/a Ethics Form 126 (if applicable)
- n/a 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 resolution:

Name: Sheila Arcelona Sheila.Arcelona@sfgov.org **Phone:** 415-734-3018

Interoffice Mail Address: Hall of Justice, 3rd Floor

Certified copy required 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).