TO:	Angela Ca	alvillo, Clerk of the Bo	ard of Supervisors
FROM:	San Francisco Police Department		
DATE:	Septembe	er 29, 2017	
SUBJECT:	Accept and Expend Resolution for Subject Grant		
GRANT TITLE:	Port Secu	rity Grant Program –	FY 2017 Funds
Attached please find the original* and 1 copy of each of the following:			
X Proposed grant resolution; original* signed by Department, Mayor, Controller			
X Grant information form, including disability checklist			
X Grant budget			
Grant application *			
X Grant award letter from funding agency			
Ethics Form 126 (if applicable)			
Contracts, Leases/Agreements (if applicable)			
Other (Explain)	*	•	and Security grant applications rity information (SSI) that funder publicly.
Special Timeline Requirements:			
Departmental representative to receive a copy of the adopted resolution:			
Name: Patrick	Leung / Ka	therine Chiu	Phone: 415-837-7211
Interoffice Mail Address: SFPD Fiscal, 1245 3 rd Street, 6 th Floor			
Certified copy requi	ed Ye	es 🗌	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).			