TO:	Angela Calvillo,	Clerk of the Board of S	upervisors
FROM:	•	rector of the Departmen Supportive Housing	nt of
DATE:	January 22, 2018		
SUBJECT: Accept and Expend Resolution for No Place Like H 2017 Technical Assistance Grant		Place Like Home	
GRANT TITLE:	No Place Like Ho	ome 2017 Technical Ass	sistance Grant
Attached please find the original* and 1 copy of each of the following:			
X Proposed grant resolution; original* signed by Department, Mayor, Controller			
\underline{X} Grant information form, including disability checklist			
X Grant budget			
X Grant application			
NA - Pending Grant award letter from funding agency			
NA Ethics Form 126 (if applicable)			
NA Contracts, Leases/Agreements (if applicable)			
NA Other (Explain):			
Special Timeline Requirements:			
None			
Departmental representative to receive a copy of the adopted resolution:			
Name: Emily Coher	n Pho	ne: 415-355-5208	
Interoffice Mail Address: 1360 Mission St. Suite 200 San Francisco CA 94103			
Certified copy required Yes			o 🖂

(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).