TO:	Angela Calvillo, Clerk of	the Board of Supervisors
FROM:	Susan Reynolds, Port of	San Francisco
DATE:	September 11, 2017	
SUBJECT:	Accept and Expend Reso	olution for FY 2016 Port Security
GRANT TITLE:	Fiscal Year 2016 Port Sec	curity Grant Program
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		
x Grant application		
x Grant award letter from funding agency		
Ethics Form 126 (if applicable)		
Contracts, Leases/Agreements (if applicable)		
x Other (Explain): Accept & Expend Resolution from Port Commission		
Special Timeline Requirements:		
Departmental representative to receive a copy of the adopted resolution:		
Name: Ken Tashiar	١	Phone: 415.274.0262
Interoffice Mail Address: Port of San Francisco, Pier 1		
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).		