

City and County of San Francisco

Department on the Status of Women



TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Emily M. Murase, PhD, Director, Department on the

Status of Women

DATE: September 27, 2018

SUBJECT: Accept and Expend Resolution for the City and County

of San Francisco's Domestic Violence High Risk Pilot

Program

GRANT TITLE: City and County of San Francisco's Domestic Violence

High Risk Pilot Program

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

<u>X</u>	Proposed gr	ant resolution;	original sig	ned by De	epartment,	Mayor,	Controller
	natures pend				•	•	

- X Grant information form, including disability checklist
- X Grant budget
- X Grant application
- X Grant award letter from funding agency
- X Ethics Form 126 (if applicable)
- ___ Contracts, Leases/Agreements (if applicable)

___ Other (Explain):

Special Timeline Requirements:

Please schedule prior to December 10th as this is a continuation award. Project is currently underway and grant funds will need to be expended accordingly.

Departmental representative to receive a copy of the adopted resolution:

Name: Emily M. Murase, PhD, Director Phone: 415-252-2571

Interoffice Mail Address: WOM-48 (25 Van Ne	ss Avenue, Suite 240)
Certified copy required Yes	No 🖂
(Note: certified copies have the seal of the City/County a funding agencies. In most cases ordinary copies without	