

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Sheila Nickolopoulos, Planning Department
DATE: April 30, 2019
SUBJECT: Apply for, Accept, and Expend Resolution for Grant

GRANT TITLE: SB 2 Planning Grant Program

Attached please find the original and 4 copies of each of the following:

- Proposed grant resolution; original signed by Department, Mayor, Controller
- Grant information form, including disability checklist
- Grant budget (included in Grant Application)
- Grant application
- Grant award letter from funding agency
- Ethics Form 126 (if applicable)
- Contracts, Leases/Agreements (if applicable)
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Sheila Nickolopoulos

Phone: 415-575-9089

Interoffice Mail Address: 1650 Mission Street, Suite 400

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).