

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Lisa Pagan, Director of Policy and Planning,
Office of Economic and Workforce Development
DATE: July 30, 2019
SUBJECT: Accept and Expend Resolution for State Grant
GRANT TITLE: Prison to Employment Initiative

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

Proposed grant resolution; original* signed by Department, Mayor, Controller

Grant information form, including disability checklist

Grant budget

Grant application

Grant award letter from funding agency

Ethics Form 126 (if applicable)

Contracts, Leases/Agreements (if applicable)

Other (Explain):

Special Timeline Requirements:

Program activities start September 1, 2019.

Departmental representative to receive a copy of the adopted resolution:

Name: Lisa Pagan

Phone: (415) 554-6936

Interoffice Mail Address: 1 Dr. Carlton B. Goodlett Pl., City Hall, Room 448, San Francisco, CA 94102

Certified copy required Yes

No