

| TO: | Angela Calvillo, Cle | erk of the Board of Supervisors |
|----------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|
| FROM: | Brian Roberts, Dep | t. of Technology |
| DATE: | August 13, 2019 | |
| SUBJECT: | Retroactive In-Kind | l Gift Acceptance Resolution |
| GRANT TITLE: | In-Kind Gift of Service | es through Civic Bridge Program |
| Attached please find | d the original* and 1 o | copy of each of the following: |
| _X_ Proposed grant resolution; original* signed by Department, Mayor, Controller | | |
| _X_ Grant information form, including disability checklist | | |
| Grant budget | | |
| Grant application | on | |
| Grant award letter from funding agency | | |
| Ethics Form 126 (if applicable) | | |
| Contracts, Leases/Agreements (if applicable) | | |
| _X_ Other (Explain): Donor Services Agreements | | |
| Special Timeline R | equirements: | * * * * * * * * * * * * * * * * * * * |
| | | |
| Departmental repr | esentative to receive | e a copy of the adopted resolution: |
| Name: Brian Roberts | | Phone: 628-652-5161 |
| Interoffice Mail Addı | ess: Dept. of Techno | logy, 2 nd Floor, 1 So. Van Ness Ave. |
| Certified copy required Yes ☐ No ☒ | | |