TO:	Angela Calvillo, Clerk of the Board of Supervisors	
FROM:	Amanda Fried	
DATE:	August 21, 2019	
SUBJECT:	Accept and Expend Ordinance for Kindergarten to College Program	
GRANT TITLE:	Charles Stewart Mott Foun	dation
Attached please find the original* and one copy of each of the following:		
X Proposed grant ordinance; original* signed by Department, Mayor, Controller		
X Grant information form, including disability checklist		
X Grant budget		
X Grant application		
X Letter of Intent or grant award letter from funding agency		
X Ethics Form 126 (if applicable)		
Contracts, Leases/Agreements (if applicable)		
Other (Explain):		
Special Timeline Requirements:		
Departmental representative to receive a copy of the adopted ordinance:		
Name: Aman	da Fried	Phone: 415-554-0889
Interoffice Mail Address:		
Certified copy required Yes ☐ No ⊠		No 🖂