Office of the Treasurer & Tax Collector City and County of San Francisco



José Cisneros, Treasurer

TO:	Angela Calvillo, Clerk of the Board of Supervisors	
FROM:	Molly Cohen	
DATE:	January 31, 2020	
SUBJECT:	Accept and Expend Reso	lution for Subject Grant
GRANT TITLE:	Cities and Counties for Fi	ne and Fee Justice
Attached please find the original* and one copy of each of the following:		
X Proposed grant resolution; 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 resolution:		
Name: Molly	Cohen	Phone: 415-554-4786
Interoffice Mail Address:		
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).		