TO:	Angela Calvillo, Clerk of the Board of Supervisors	
FROM:	Mary Landers	
DATE:	May 5, 2020	
SUBJECT:	Accept and Expend Or	dinance for Subject Grant
GRANT TITLE:	FY 19 Securing the Cit	ies Program
Attached please fin	d the original* and one co	opy of each of the following:
\underline{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		
Ethics Form 126 (if applicable)		
Contracts, Leases/Agreements (if applicable)		
Other (Explain):		
Special Timeline Requirements:		
Departmental repr	esentative to receive a	copy of the adopted ordinance:
Name: Mary Lande	rs	Phone: 415-353-5225
Interoffice Mail Add	ress:	
Certified copy requi	red 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).		