TO:	Angela Calvillo, Clerk of the	he Board of Supervisors
FROM:		
DATE:		
SUBJECT:	Accept and Expend Resol	lution for Subject Grant
GRANT TITLE:	Governor's Office of Busi Development Local Equity	
Attached please fin	d the original* and 1 copy of	each of the following:
Proposed gran	t resolution; original* signed	by Department, Mayor, Controller
X Grant information	on form, including disability c	hecklist
X Grant budget		
X Grant application	on	
X Grant award let	ter from funding agency	
Ethics Form 12	6 (if applicable)	
Contracts, Lea	ses/Agreements (if applicable	e)
Other (Explain)	:	
Special Timeline F	Requirements:	
State deadline to have resolution signed is June 30 <sup>th</sup>		
Departmental representative to receive a copy of the adopted resolution:		
Name: Marisa Rod	riguez	Phone: (415) 307-2065
Interoffice Mail Add	ress: City Hall, Room 362	
Certified copy requi	red Yes 🗌	No 🗌
	nave the seal of the City/County aff	fixed and are occasionally required by the seal are sufficient).

Updated August 7, 2014