TO:	Angela Calvillo, Clerk of the Board of Supervisors
FROM:	Lorna Garrido, Grants and Contracts Manager
DATE:	July 27, 2020
SUBJECT:	Accept and Expend Resolution for In-kind Gift
GIFT TITLE:	In-kind Support for Strategic Planning Sessions
Attached please fine	d the original* and 1 copy of each of the following:
X Proposed gift resolution; original* signed by Department, Mayor, Controller	
X Grant information form, including disability checklist	
<u>n/a</u> Grant budget – This in-kind gift does not have a budget portion	
n/a Grant application	
X Gift award letter from funding agency	
<u>n/a</u> Ethics Form 126 (if applicable)	
n/a Contracts, Leases/Agreements (if applicable)	
Other (Explain):	
Special Timeline Requirements: Please schedule at the earliest available date.	
Departmental representative to receive a copy of the adopted resolution:	
Name: Lorna Garrio	Phone: (628) 652-4035
Interoffice Mail Address: DAT, 350 Rhode Island Street, North Building, Suite 400N	
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).	