

TO:	Angela Calvillo, Cl	erk of the Board of Supervisors
FROM:	Brian Roberts, Dep	ot. of Technology
DATE:	June 9, 2020	
SUBJECT:	In-Kind Gift Accep	tance Resolution
GRANT TITLE:	In-Kind Gift of Servi Civic Bridge Progra	ces from various providers, Inc. through m
Attached please find the original* and 1 copy of each of the following:		
X Proposed grant resolution; original* signed by Department, Mayor, Controller		
X Grant information form, including disability checklist		
Grant budget		
Grant application		
Grant award letter from funding agency		
Ethics Form 126 (if applicable)		
Contracts, Leases/Agreements (if applicable)		
X Other (Explain): Donor Services Agreements		
Special Timeline Requirements:		
Departmental representative to receive a copy of the adopted resolution:		
Name: Brian Roberts Phone: 628-69		Phone: 628-652-5161
Interoffice Mail Address: Dept. of Technology, 2 nd Floor, 1 So. Van Ness Ave.		
Certified copy requi	red: Yes	No 🏻