

**TO:** Angela Calvillo, Clerk of the Board of Supervisors  
**FROM:** Lorna Garrido, Grants and Contracts Manager  
**DATE:** September 22, 2020  
**SUBJECT:** Accept and Expend Resolution for In-kind Gift  
**GIFT TITLE:** In-kind Support for Racial Justice Clinic work

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Attached please find the original\* and 1 copy of each of the following:

X Proposed gift resolution; original\* signed by Department, Mayor, Controller

X Gift information form, including disability checklist

n/a Grant budget – This in-kind gift does not have a budget portion

n/a Grant application

X Gift award letter from funding agency

n/a Ethics Form 126 (if applicable)

n/a Contracts, Leases/Agreements (if applicable)

X Other (Explain): California Form 803 Behested Payment Report

**Special Timeline Requirements:**

Please schedule at the earliest available date.

**Departmental representative to receive a copy of the adopted resolution:**

Name: Lorna Garrido

Phone: (628) 652-4035

Interoffice Mail Address: DAT, 350 Rhode Island Street, North Building, Suite 400N

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).