то:	Angela Calvillo, Clerk of the Board of Supervisors	
FROM:	Lisa Pagan, Director of Policy and Planning, Office of Economic and Workforce Development	
DATE:	January 19, 2021	
SUBJECT:	Accept and Expend Resolution	
GRANT TITLE:	Non-Competitive CARES Act Revolving Loan Fund	

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

<u>X</u> Proposed grant ordinance; original\* signed by Department, Mayor, Controller

X Grant information form, including disability checklist

<u>X</u> 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:**

Non-Competitive CARES Act Revolving Loan Fund. Start date January 1, 2021

## Departmental representative to receive a copy of the adopted ordinance:

Name: Lisa Pagan

Phone/Email: <u>lisa.pagan@sfgov.org</u>

Interoffice Mail Address: 1 Dr. Carlton B. Goodlett Pl., City Hall, Room 448, San Francisco, CA 94102

Certified copy required Yes	$\boxtimes$	No 🗌
(Note: certified copies have the sea	l of the Ci	ity/County affixed and are occasionally required by
funding agencies. In most cases or	dinary co	pies without the seal are sufficient)