TO:	Angela Calvillo, Clerk of the Board of Supervisors	
FROM:	Mary Ellen Carroll Executive Director of DEM	
DATE:	02/16/2021	
SUBJECT:	Grant Accept and Expend	
GRANT TITLE:	FY20 Community Power Resili	ency
Attached please find the original* and 1 copy of each of the following:		
X Proposed grant resolution; original* signed by Department		
X Grant information form, including disability checklist		
X Grant budget		
Grant application: Not Applicable. No application submitted.		
X Grant award letter from funding agency		
Other (Explain):		
Special Timeline Requirements:		
Departmental representative to receive a copy of the adopted resolution:		
Name: Emily Wang	(emily.wang@sfgov.org)	Phone: (415) 554-4881
Interoffice Mail Address: 1 Carlton B Goodlett PI, Suite 348, SF, CA 94102		
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).		