TO:	Angela Calvillo, Clerk of the Board of Supervisors	
FROM:	Elaine Forbes, Port of San Francisco	
DATE:	April 26, 2021	
SUBJECT:	Accept and Expend Gift Resolu	ution
GRANT TITLE:	Hanson Aggregates Mid-Pacifi	c, Inc
Attached please find 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		
_X Gift estimated value of in kind donation		
_X Gift award letter		
_NA Ethics Form 126 (if applicable)		
NA_ Contracts, Leases/Agreements (if applicable)		
Other (Explain):		
Special Timeline Requirements:		
Departmental representative to receive a copy of the adopted resolution:		
Name:	Boris Delepine	Phone: 415-571-6626
Interoffice Mail Address: Pier 1, The Embarcadero, San Francisco, Ca 94111		
Certified copy requi	red Yes 🗌	No X
(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).		