

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Lorna Garrido, Grants and Contracts Manager
DATE: July 30, 2021
SUBJECT: Accept and Expend Resolution for Subject Grant
GRANT TITLE: CalVCB – Compensation for Crime Victims

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

- ☒ Proposed grant resolution; original* signed by Department, Mayor, Controller
- ☒ 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)
- ☒ Other (Explain): Cover letter for Department submission

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).