

San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org Received On:⁰²⁻⁰²⁻²⁰²³ | 19:20:21 PST

File #: 221184

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4 (S.F. Campaign and Governmental Conduct Code § 1.126(f)4) A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <u>https://sfethics.org/compliance/city-officers/contract-approval-city-officers</u>

1. FILING INFORMATION				
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)			
Original				
AMENDMENT DESCRIPTION – Explain reason for amendment	-			

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER	
Board of Supervisors	Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
Kelly Hiramoto		4152553492	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	kelly.hiramoto@sfdph.org	

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Special Service for Groups, Inc.	213-553-1800	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
905 E. 8th Street, Los Angeles, CA 90021	colleen.devine@ottp-sf.org	

6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NU	MBER	FILE NUMBER (<i>If applicable</i>)
01/31/2023				221184
DESCRIPTION OF AMOUNT OF CONTRACT				
\$31,513,419				
NATURE OF THE CONTRACT (Please describe)				
Provide therapeutic and other s youth	specialty mental	health services	for s	school-aged children and

7. COMMENTS

Description of Amount reflects reducing the total amount not to exceed from '\$31,730,191' to '\$31,513,419' as amended in Committee.

8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Hatanaka	Herbert K.	Other Principal Officer
2	Levy	Hayley	Other Principal Officer
3	De Los Santos	Elizabeth	Other Principal Officer
4	Diaz	Antonia (Tonie)	Other Principal Officer
5	Kageyama	Naomi	Other Principal Officer
6	Eckman	John	Board of Directors
7	Wong	Donna	Board of Directors
8	Kincey	Donald	Board of Directors
9	Hatanaka	Herbert	Board of Directors
10	Del Rio	Fernando	Board of Directors
11	Trias	Anthony	Board of Directors
12	Wong	Henry	Board of Directors
13	Chhugani	Sanjay	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief
executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity
who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or
contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include add Select "Supplemental" for filing type.	litional names. Please submit a separate	form with complete information.

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
CLERK DocuSigned by: 988C8F42C3084B5 Angela Calvillo	02-02-2023 19:20:21 PST