

**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
 (S.F. Campaign and Governmental Conduct Code § 1.126)

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s):  Members, SF Board of Supervisors	City elective office(s) held:  Members, SF Board of Supervisors

<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: <b>Richmond Area Multi-Services, Inc. (RAMS)</b>	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
(1) Alvin Alvarez, PhD; Anoshua Chaudhuri, PhD; Cynthia Huie; Loren Krane, PhD; Irina Mandelboym; Ed Obuchowski; Walter Stella; Wil Wong, MD; C. Kitty Wu, PhD; (2) Kavoo Bassiri – CEO, Ken Choi – CFO (3) none (4) none (5) none	
Contractor address: 639 14 <sup>th</sup> Avenue, San Francisco, CA 94118	
Date that contract was approved:	Amount of contract: \$1,021,118 per year and \$3,063,354 total DPH and DOR funds combined for 3 years.
Describe the nature of the contract that was approved: The San Francisco Department of Public Health (DPH) provides a cash match with the California Department of Rehabilitation (DOR) to provide vocational rehabilitation training, employment preparation and employment placement services for adults with severe mental illness.	
Comments:	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)
  - a board on which the City elective officer(s) serves San Francisco Board of Supervisors  
Print Name of Board
  - the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits
- \_\_\_\_\_ Print Name of Board

<b>Filer Information</b> <i>(Please print clearly.)</i>	
Name of filer: Clerk of the SF Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: bos.legislation@sfgov.org

_____ Signature of City Elective Officer (if submitted by City elective officer)	_____ Date Signed
_____ Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)	_____ Date Signed