



## 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](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 250580

Bid/RFP #: 1177

### 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: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Tahir Shaikh	415-557-6085
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
045 Human Services Agency	tahir.shaikh@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Sels-Help for the Elderly	<b>TELEPHONE NUMBER</b> 415-677-7600
<b>STREET ADDRESS (including City, State and Zip Code)</b> 731 Sansome Street, Suite 100, San Francisco, CA 94111	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b> 1177	<b>FILE NUMBER (If applicable)</b> 250580
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> 13,871,295		
<b>NATURE OF THE CONTRACT (Please describe)</b> <p>The Department of Disability and Aging Services (DAS) requests authorization to enter into new grant agreements with Self-Help for the Elderly for the provision of Home-Delivered nutrition services for older adults for the period of July 1, 2025 through June 30, 2029, in the amount of \$12,610,268 plus a 10% contingency for a total amount not to exceed \$13,871,295. The purpose of these grants is to support Home-Delivered nutrition services across multiple districts and neighborhoods in San Francisco.</p>		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	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	TYPE
1	Chung	Anni	CEO
2	Nait	Leny	CFO
3	Au	Yat-Pang	Other Principal Officer
4	Chang	Mary	Other Principal Officer
5	Chang	Tilly	Other Principal Officer
6	Hinton	Anne	Other Principal Officer
7	Jay	Nicholas K.	Other Principal Officer
8	Kaung	Janie	Other Principal Officer
9	Lau	Joseph	Other Principal Officer
10	Lee	Jerry	Other Principal Officer
11	Li	Dominic	Other Principal Officer
12	Low	Dr. Randall	Other Principal Officer
13	Mui	Magdalen	Other Principal Officer
14	Schulte	William	Other Principal Officer
15	Soon	Deborah	Other Principal Officer
16	Sum	Dickson	Other Principal Officer
17	Wong	Sebastian	Other Principal Officer
18	Zen	Paul	Other Principal Officer
19			

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### 9. AFFILIATES AND SUBCONTRACTORS

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

### 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 CLERK**

**DATE SIGNED**

BOS Clerk of the Board