



San Francisco Department of Public Health

Grant Colfax, MD
Director of Health

City and County of San Francisco
London N. Breed
Mayor



Tuesday, June 25, 2024

**California Department of Public Health
Office of Infectious Disease Preparedness and Response,
Medical Countermeasure Unit**

To Whom It May Concern,

Thank you for your generous contribution to the San Francisco Department of Public Health (DPH). In order to help DPH comply with the San Francisco Sunshine Ordinance,* we ask that you please complete this form and return it as soon as possible to: Department of Public Health, 101 Grove St #110, San Francisco CA 94102.

Contributor & Contribution Information:

Name: Chloe Le Marchand, Medical Countermeasure Strategy Lead with CID Date: 6/19/24

Phone: 626-436-4456 Address: 850 Marina Bay Pkwy, Richmond CA 94804

Money, Goods, or Services (description): COVID-19 Tests (Abbott BinaxNow, Pro 40 count – CA3000130) Qty - 24,800

Estimated Value: \$166,984.60 (provided to the state of CA from ASPR/federal government)

The above address is a: Business Residence

Financial Interest:

The San Francisco Sunshine Ordinance requires that a department that receives a gift of money, goods, or services worth more than \$100 in the aggregate to report any financial interest that the contributor has involving the City and County of San Francisco (the City). Please check the appropriate box or boxes that describe your financial interest in the City.

- Contract with City (Please describe): _____
- Grant from the City (Please describe): _____
- Lease of Space to or from the City (Please describe): _____
- City License, Permit, or Entitlement for Use (Please describe): _____
- Other Financial Interest (Please describe): _____
- Pending Financial Interest (Please describe): _____
- No Financial Interest

*San Francisco Administrative Code Chapter 67 section 67.29-6 (Sources of Outside Funding) provides:

No official or employee or agent of the City shall accept, allow to be collected, or direct or influence the spending of, any money, or any goods or services worth more than one hundred dollars in aggregate, for the purpose of carrying out or assisting any City function unless the amount and source of all such funds is disclosed as a public record and made available on the website for the department to which the funds are directed. When such funds are provided or managed by an entity, and not an individual, that entity must agree in writing to abide by this ordinance. The disclosure shall include the names of all individuals or organizations contributing such money and a statement as to any financial interest the contributor has involving the City.

Chloe Le Marchand
Signature

6/26/2024
Date



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Contributor & Contribution Information:

Name: Chloe Le Marchand, Medical Countermeasure Strategy Lead with CID Date: 6/19/24

Phone: 626-436-4456 Address: 850 Marina Bay Pkwy, Richmond CA 94804

Money, Goods, or Services (description): COVID-19 Tests (Abbott BinaxNow, OTC, 2 pack - CA100131) Qty – 61,800

Estimated Value: \$490,692.00 (provided to the state of CA from ASPR/federal government)

The above address is a: Business Residence

Financial Interest:

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- | | |
|---|--------------------------|
| <input type="checkbox"/> Contract with City | (Please describe): _____ |
| <input type="checkbox"/> Grant from the City | (Please describe): _____ |
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| <input type="checkbox"/> City License, Permit, or Entitlement for Use | (Please describe): _____ |
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Name: Chloe Le Marchand, Medical Countermeasure Strategy Lead with CID Date: 6/19/24

Phone: 626-436-4456 Address: 850 Marina Bay Pkwy, Richmond CA 94804

Money, Goods, or Services (description): COVID-19 Tests (Abbott BinaxNow, OTC 4 pack – CA1000132) Qty – 37,562

Estimated Value: \$280,588.14 (provided to the state of CA from ASPR/federal government)

The above address is a: Business Residence

Financial Interest:

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Name: Chloe Le Marchand, Medical Countermeasure Strategy Lead with CID Date: 6/19/24
Phone: 626-436-4456 Address: 850 Marina Bay Pkwy, Richmond CA 94804
Money, Goods, or Services (description): COVID-19 Tests (InteliSwab, OTC 2 pack – CA1000133) Qty – 9,504
Estimated Value: \$83,255.04 (provided to the state of CA from ASPR/federal government)

The above address is a: Business Residence

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6/26/2024

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Wednesday, June 26, 2024

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Name: Chloe Le Marchand, Medical Countermeasure Strategy Lead with CID Date: 6/19/24
Phone: 626-436-4456 Address: 850 Marina Bay Pkwy, Richmond CA 94804
Money, Goods, or Services (description): COVID-19 Tests (InteliSwab, OTC 2 pack Large – CA1000134) Qty – 2,448
Estimated Value: \$21,444.48 (provided to the state of CA from ASPR/federal government)

The above address is a: Business Residence

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Chloe Le Marchand

Signature

6/28/24

Date



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Contributor & Contribution Information:

Name: Chloe Le Marchand, Medical Countermeasure Strategy Lead with CID Date: 6/19/24
Phone: 626-436-4456 Address: 850 Marina Bay Pkwy, Richmond CA 94804
Money, Goods, or Services (description): COVID-19 Tests (OHC, Antigen Self Test – CA1000135) Qty – 4,250
Estimated Value: \$21,983.13 (provided to the state of CA from ASPR/federal government)

The above address is a: Business Residence

Financial Interest:

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Name: Chloe Le Marchand, Medical Countermeasure Strategy Lead with CID Date: 6/19/24
Phone: 626-436-4456 Address: 850 Marina Bay Pkwy, Richmond CA 94804
Money, Goods, or Services (description): Inteliswab OTC Covid-19 CDC – CA1000136) Qty – 30,000
Estimated Value: \$262,800 (provided to the state of CA from ASPR/federal government)

The above address is a: Business _____ Residence

Financial Interest:

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6/28/24
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Friday, June 28, 2024

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Contributor & Contribution Information:

Name: Chloe Le Marchand, Medical Countermeasure Strategy Lead with CID Date: 6/19/24
Phone: 626-436-4456 Address: 850 Marina Bay Pkwy, Richmond CA 94804
Money, Goods, or Services (description): COVID-19 Tests (InteliSwab, OTC 2 pack – CA1000133) Qty – 5,088
Estimated Value: \$44,570.88 (provided to the state of CA from ASPR/federal government)

The above address is a: Business Residence

Financial Interest:

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- | | |
|---|------------------------------|
| <input type="checkbox"/> Contract with City | (Please describe): <u>9/</u> |
| <input type="checkbox"/> Grant from the City | (Please describe): _____ |
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7/19/25

Date