



San Francisco Ethics Commission

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ethics.commission@sfgov.org . www.sfethics.org

Received On: 10-14-2025 | 16:45:22 PDT

File #: 250930

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

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
Dylan Schneider	628-652-7742
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Health Plan	TELEPHONE NUMBER 415-547-7818
STREET ADDRESS (including City, State and Zip Code) 50 Beale Street, 12th Floor, San Francisco, CA 94105	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 10/07/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250930
DESCRIPTION OF AMOUNT OF CONTRACT NTE \$6,047,884		
NATURE OF THE CONTRACT (Please describe) retroactive authorization for the Department of Homelessness and Supportive Housing ("HSH") to enter into a Grant Agreement Amendment with an effective date of July 1, 2025, between the City and County of San Francisco ("City"), acting by and through HSH, and the San Francisco Health Plan, to continue to provide enhanced onsite services in permanent supportive housing and data integration under the Housing and Homelessness Incentive Program ("HHIP"); amending the existing term of the Grant Agreement through December 31, 2025, with automatic one-year term renewals effective January 1st of each year until the Grant Agreement is terminated by either party; increasing the grant amount by \$2,820,000 for a total not to exceed \$6,047,884.		

7. COMMENTS

8. CONTRACT 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	TYPE
1	Fugaro	Steven	Board of Directors
2	Pickens	Roland	Board of Directors
3	Alderson	Abigail	Board of Directors
4	Chaloeicheep	Juthaporn	Board of Directors
5	Chan	Eddie	Board of Directors
6	Tsai	Daniel	Board of Directors
7	Cooper	Norlissa	Board of Directors
8	Hadley	Deneen	Board of Directors
9	Liu	Johanna	Board of Directors
10	Safer	Adina	Board of Directors
11	Woo	Joseph	Board of Directors
12	Zhang	Jian	Board of Directors
13	Richardson	Yolanda R.	CEO
14	Price	Anne	CFO
15	Moore	Jenn	COO
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9. AFFILIATES AND SUBCONTRACTORS

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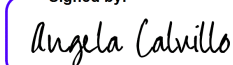
☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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

Signed by:

 988C8F42C3084B5...
 Angela Calvillo

DATE SIGNED

10-14-2025 | 16:45:22 PDT