



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: 05-08-2023 | 18:15:50 PDT

File #: 230411

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
Arata Goto	415-701-5500
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
MYR Mayor's Office of Housing & Comm. Dev.	commdevRFP@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Catholic Charities CYO of the Archdiocese of San Franc	TELEPHONE NUMBER (415) 972-1200
STREET ADDRESS (including City, State and Zip Code) 990 Eddy St. San Francisco, CA 94109	EMAIL moreinfo@catholiccharitiessf.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 05/02/2023	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230411
DESCRIPTION OF AMOUNT OF CONTRACT \$1,375,655		
NATURE OF THE CONTRACT (Please describe) \$300,000 in HOPWA funds for Partial rental subsidy program for people with HIV/AIDS (135254-19) \$762,114 in HOPWA funds for Residential care facility for persons with HIV/AIDS (181582-22) \$313,541 in HOPWA funds for Housing stability services for long-term rental subsidy households (181581-22)		

7. COMMENTS
Description of Amount reflected in the Expenditure Schedule attachment in the File.

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	Cordileone	Salvatore	Board of Directors
2	Hammerle	Ellen	CEO
3	Boerio	Joe	Board of Directors
4	Borromeo	Ted	Board of Directors
5	Grogan	Kathleen	Board of Directors
6	Bojorquez	Diana	Board of Directors
7	Clark	Philip	Board of Directors
8	Dahik	Adriana	Board of Directors
9	O'Brien Frimel	Susie	Board of Directors
10	Ghilotti	Michael	Board of Directors
11	Gonzalez	Eleanor	Board of Directors
12	Hultman	David	Board of Directors
13	Ikeda	Lisa	Board of Directors
14	Kearney	Philip	Board of Directors
15	Landis	Scott	Board of Directors
16	Leupp	Jay Paul	Board of Directors
17	McInerney	Maureen	Board of Directors
18	Mirek	Lori	Board of Directors
19	Nascimento	Daniel	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Pohlman	Jack	Board of Directors
21	Reyes	Reymund	Board of Directors
22	Reynaud	Louis	Board of Directors
23	Sangiaco	Jim	Board of Directors
24	Smith	Barbara	Board of Directors
25	Woody	Patrick	Board of Directors
26	Bowen	Thomas	Other Principal Officer
27	Ewers	Cheryl	CFO
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9. AFFILIATES AND SUBCONTRACTORS

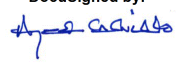
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

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.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>DocuSigned by:  988C8F42C3084B5 Angela Calvillo</p>	<p>DATE SIGNED</p> <p>05-08-2023 18:15:50 PDT</p>
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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
Arata Goto	415-701-5500
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
MYR Mayor's Office of Housing & Comm. Dev.	CommdevRFP@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR PRC	TELEPHONE NUMBER (415) 777-0333
STREET ADDRESS (including City, State and Zip Code) 170 9th St, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 05/02/2023	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230411
DESCRIPTION OF AMOUNT OF CONTRACT \$2,065,000		
NATURE OF THE CONTRACT (Please describe) \$2,065,000 - HOPWA funds for Residential care facility for persons with HIV/AIDS - Project ID:181739-22		

7. COMMENTS
Description of Amount reflected in the Expenditure Schedule attachment in the File.

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
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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	TYPE
1	Teng	Chuan	CEO
2	Gannon	Marc	COO
3	Levenson	Leo	Subcontractor
4	Schneider	Brian	Board of Directors
5	Roger	Kent M.	Board of Directors
6	Schroeder	Tim	Board of Directors
7	Frieman	Josh	Board of Directors
8	Gonzalez	Nelson	Board of Directors
9	Ishida	Ryo	Board of Directors
10	Michaels	Jacques	Board of Directors
11	Niczyporuk	Michael	Board of Directors
12	Papilon	Zack	Board of Directors
13	Smith	Darren	Board of Directors
14	wiley	Nichole	Board of Directors
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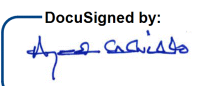
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

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.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>DocuSigned by:  988C8F42C3084B5 Angela Calvillo</p>	<p>DATE SIGNED</p> <p>05-08-2023 18:11:08 PDT</p>
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3. FILER'S CONTACT

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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
Dolly Sithounnolat	415-701-5500
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
MYR Mayor's Office of Housing & Comm. Dev.	commdevRFP@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Dolores Street Community Services, Inc.	TELEPHONE NUMBER 415-282-6209
STREET ADDRESS (including City, State and Zip Code) 938 Valencia Street San Francisco, CA 94110	EMAIL laura@dscs.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 05/02/2023	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230411
DESCRIPTION OF AMOUNT OF CONTRACT \$399,481		
NATURE OF THE CONTRACT (Please describe) \$399,481 - HOPWA funds for Residential care facility for persons with HIV/AIDS (Project ID:181615-22)		

7. COMMENTS
Description of Amount reflected in the Expenditure Schedule attachment in the File.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Valdez	Laura	CEO
2	Saul	Hidalgo	COO
3	Cameron	Anjali	Board of Directors
4	Hernandez, Jr.	Pedro	Board of Directors
5	Lin	Kani	Board of Directors
6	Tanaka	Chelsey	Board of Directors
7	Winn	Michael	Board of Directors
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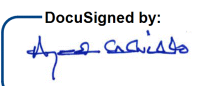
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Board of Supervisors	Members

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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
Dolly Sithounnolat	415-701-5500
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
MYR Mayor's Office of Housing & Comm. Dev	commdevRFP@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Larkin Street Youth Services	TELEPHONE NUMBER 415-673-0911
STREET ADDRESS (including City, State and Zip Code) 134 Golden Gate Avenue, San Francisco, CA 94102	EMAIL sadams@larkinstreetyouth.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 05/02/2023	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230411
DESCRIPTION OF AMOUNT OF CONTRACT \$197,044		
NATURE OF THE CONTRACT (Please describe) \$197,044 - HOPWA funds for Residential care facility for persons with HIV/AIDS (Project ID:181648-22).		

7. COMMENTS
Description of Amount reflected in the Expenditure Schedule attachment in the File.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Adams	Sherilyn	CEO
2	Middlebrooks	Al	CFO
3	Boy	Nancy	Board of Directors
4	Shapiro	Sally	Board of Directors
5	Valentine	D	Board of Directors
6	Moise	Adam	Board of Directors
7	Cameron	Cecily	Board of Directors
8	Elias	Marcie	Board of Directors
9	Grossman	Blake	Board of Directors
10	Obaro	Bambo	Board of Directors
11	Barnett	Fiona	Board of Directors
12	Berg	Siri	Board of Directors
13	Cohen	Andy	Board of Directors
14	Foo	Catherine	Board of Directors
15	Hoecker	Anne	Board of Directors
16	Horn	Tim	Board of Directors
17	Johnson	Eric	Board of Directors
18	Kerzic	Richard	Board of Directors
19	Kiss	Patrick	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Kitchen	Natalie Hatvany	Board of Directors
21	Lindner	Marcus	Board of Directors
22	Matlock	Michael	Board of Directors
23	Modi	Kunal	Board of Directors
24	Ogan	Heather	Board of Directors
25	Perkins III	Edward	Board of Directors
26	Viola	John	Board of Directors
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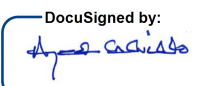
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Dolly Sithounnolatt	415-701-5500
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
MYR Mayor's Office of Housing & Comm. Dev.	commdevRFP@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Rafiki Coalition for Health and Wellness	TELEPHONE NUMBER 415-615-9945
STREET ADDRESS (including City, State and Zip Code) 601 Cesar Chavez Street, San Francisco, CA 94124	EMAIL mlesarre@rafikicoalition.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 05/02/2023	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230411
DESCRIPTION OF AMOUNT OF CONTRACT \$150,000		
NATURE OF THE CONTRACT (Please describe) \$150,000 - HOPWA funds for Transitional housing facility for persons with HIV/AIDS (Project ID:181682-22)		

7. COMMENTS
Description of Amount reflected in the Expenditure Schedule attachment in the File.

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	LeSarre	Monique	CEO
2	Brown	David	CFO
3	Strong	Shirley	Board of Directors
4	williams	Lisa	Board of Directors
5	Gaines	Mark	Board of Directors
6	williams	Shannel	Board of Directors
7	Scott	Carolyn	Board of Directors
8	Bryant	Rachel	Board of Directors
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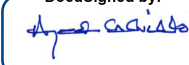
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

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.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>DocuSigned by:  988C8F42C3084B5 Angela Calvillo</p>	<p>DATE SIGNED</p> <p>05-08-2023 18:10:10 PDT</p>
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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: 05-08-2023 | 18:11:53 PDT

File #: 230411

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
Hanna Blanton	415-701-5500
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
MYR Mayor's Office of Comm. Dev,	hanna.blanton@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Maitri Compassionate Care	TELEPHONE NUMBER 415-558-3000
STREET ADDRESS (including City, State and Zip Code) 401 Duboce Avenue, San Francisco, CA 94117	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 05/02/2023	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230411
DESCRIPTION OF AMOUNT OF CONTRACT \$492,167		
NATURE OF THE CONTRACT (Please describe) \$492,167 - HOPWA funds for Residential care facility for persons with HIV/AIDS (Project ID:181655-22)		

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
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Armentrout	Michael	CEO
2	Richardson	Justin	CFO
3	Lapointe	Ray	Board of Directors
4	Wong	Jane	Board of Directors
5	Miller	Austin	Board of Directors
6	Cummings	Gregg	Board of Directors
7	King	Jim	Board of Directors
8	Casados	Johannes	Board of Directors
9	Cummings	Donna	Board of Directors
10	Dilawri	Namita	Board of Directors
11	Ling	Alvin	Board of Directors
12	Ludlow	David	Board of Directors
13	Rana	Sameera	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

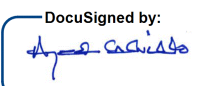
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10. VERIFICATION

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

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>DocuSigned by:  988C8F42C3084B5 Angela Calvillo</p>	<p>DATE SIGNED</p> <p>05-08-2023 18:11:53 PDT</p>
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