

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:

File #: 250355

1

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0,3.
AMENDMENT DESCRIPTION – Explain reason for amendment	10
	7 8
	X

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Alison Ti	irone	(415) 701-5500
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
MYR	Mayor's Office of Comm. Dev.	CommDevRFP@sfgov.org

^			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Catholic Charities CYO of the Archdiocese of San Fran		(415) 97	2-1211
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
990 Eddy Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 250355
DESCRIPTION OF AMOUNT OF CONTRACT			
\$567,698			
NATURE OF THE CONTRACT (Please describe)			
\$567,698 - HOPWA funds for Residential Care Fac with HIV/AIDS (Proposal ID:63186833)		hronically	
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Hammerle	Ellen	CEO	
2	Pommier	Michelle	C00	
3	Garcia	Dennis	Other Principal Officer	
4	Clement	Patty	Other Principal Officer	
5	Godt	Stephanie J.	Other Principal Officer	
6	Santoni	Carmen	Other Principal Officer	
7	Lee	Kathryn	Other Principal Officer	
8	Grant	Steve	Other Principal Officer	
9	Brown	Erik	Other Principal Officer	
10	McCarthy	Colleen	Other Principal Officer	
11	Smith-Cambridge	Kurlene	Other Principal Officer	
12	van der Muehlen	Jochen	Other Principal Officer	
13	Autumn	Kathie	Other Principal Officer	
14	Avalos	Bill	Other Principal Officer	
15	Cartagena	Jose	Other Principal Officer	
16	Fauteux	Kevin	Other Principal Officer	
17	Garcia	Ricardo	Other Principal Officer	
18	Landaverde	Jose	Other Principal Officer	
19	Sagun	Tonja	Other Principal Officer	

#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Mendez	Rosa	Other Principal Officer
21	Nave	Erica	Other Principal Officer
22	Rodriguez	Liz	Other Principal Officer
23	Cordileone	Salvatore	Board of Directors
24	Hammerle	Ellen	Board of Directors
25	Grogan	Kathleen	Board of Directors
26	O'Brien Frimel	Susie	Board of Directors
27	Whelan	Christine	Board of Directors
28	Aquino	Marc	Board of Directors
29	Bojorquez	Diana I.	Board of Directors
30	Boerio	Joe	Board of Directors
31	Cuadro	Nicole	Board of Directors
32	Clark	Philip	Board of Directors
33	Cullinane	Lisa	Board of Directors
34	Dahik	Adriana	Board of Directors
35	Ghilotti	Michael	Board of Directors
36	Gonzalez	Eleanor	Board of Directors
37	Ikeda	Lisa	Board of Directors
38	Kearney	Phillip	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39	Kostelni	Hugo	Board of Directors
40	Landis	Scott	Board of Directors
41	Leupp	Jay Paul	Board of Directors
42	Lauber	Debbie Dizon	Board of Directors
43	Mirek	Lori P.	Board of Directors
44	Nascimento	Daniel	Board of Directors
45	Reyes	Raymund	Board of Directors
46	Saia	John	Board of Directors
47	Sangiacomo	Jim	Board of Directors
48	Smith	Barbara	Board of Directors
49	Woody	Patrick	Board of Directors
50			
	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	



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Original	0 ,5°
AMENDMENT DESCRIPTION – Explain reason for amendment	10
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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	
Alison Tirone		(415) 701-5500	
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL	
MYR	Mayor's Office of Comm. Dev.	CommDevRFP@sfgov.org	

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	UMBER	
Maitri Compassionate Care		(415) 55	8-3000	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
401 Duboce Avenue, San Francisco, CA 94117				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/R	FP NUMBER	FILE NUMBER (<i>If applicable</i>) 250355	
DESCRIPTION OF AMOUNT OF CONTRACT	l			
\$333,098				
NATURE OF THE CONTRACT (Please describe)				
\$333,098 - HOPWA funds for Residential Care Facwith HIV/AIDS (Proposal ID:62957797)	cility for Ch	ronically	Ill (RCFCI) persons	
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with HIV/AIDS (Proposal ID:62957797)				
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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) II	DENTIFIED ON THIS FORM SITS	

cont	ontract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Armentrout	Michael	CEO		
2	Herzig	Molly	Other Principal Officer		
3	Matsuda	Andre	CF0		
4	Moreno	Tomas	Other Principal Officer		
5	Dupree	Monique	Other Principal Officer		
6	Kong	Ann	Other Principal Officer		
7	Valentine	David	Other Principal Officer		
8	Bautista	Roland	Other Principal Officer		
9	Wong	Jane	Board of Directors		
10	Miller	Austin	Board of Directors		
11	Ludlow	David	Board of Directors		
12	Hilbert	Gary	Board of Directors		
13	King	Jim	Board of Directors		
14	Lapointe	Ray	Board of Directors		
15	Bright	Andrew	Board of Directors		
16	Fraas	Erika	Board of Directors		
17	Ling	Alvin	Board of Directors		
18	Buckley	Sloane	Board of Directors		
19	Schoenefeld	Ryan	Board of Directors		

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Yang	Jun	Board of Directors
21	Morgenstern	Amy	Board of Directors
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9. A	FFILIATES AND SUBCONTRACTORS				
exec who	the names of (A) members of the contract outive officer, chief financial officer, chief has an ownership interest of 10 percent tract.	operating officer, or other pe	ersons with sim	nilar titles; (C) any individual or en	
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	1	ГҮРЕ	
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	Check this box if you need to include ad Select "Supplemental" for filing type.	ditional names. Please submi	t a separate fo	orm with complete information.	
	VERIFICATION				
	ve used all reasonable diligence in prepar wledge the information I have provided h		viewed this sta	tement and to the best of my	
I ce	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARI	D SECRETARY OR DATE SIG	NED		

BOS Clerk of the Board

CLERK



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Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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	
Alison Tirone		(415) 701-5500	
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL	
MYR	Mayor's Office of Comm. Dev.	CommDevRFP@sfgov.org	

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Mission Action, Inc.		(718) 91	5-0121	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
938 Valencia Street San Francisco, CA 94110				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 250355	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$399,481				
NATURE OF THE CONTRACT (Please describe)				
\$399,481 - HOPWA funds for Transitional Reside HIV/AIDS (Proposal ID:63256635)	ntial Care F	acility (T	RCF) for persons with	
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HIV/AIDS (Proposal ID:63256635)				
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7. COMMENTS				
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

2	AST NAME/ENTITY/SUBCONTRACTOR Valdéz Hidalgo Yulan	Laura Saúl	TYPE CEO Other Principal Officer
2	нidalgo	Saúl	
		.	Other Principal Officer
3	Yulan	Nolia	
		*	Other Principal Officer
4	Gonzalez Ruiz	Maribel	CFO
5	Mitzel	Kara	Other Principal Officer
6	Penton	Renee	Other Principal Officer
7	Cameron	Anjali	Board of Directors
8	Hernandez	Pedro	Board of Directors
9	Lin	Kani	Board of Directors
10	Tanaka	Chelsey	Board of Directors
11	Lo	Kevin	Board of Directors
12	Chehab	Sam	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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 **DATE SIGNED**

BOS Clerk of the Board

CLERK



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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	0,3.
AMENDMENT DESCRIPTION – Explain reason for amendment	10
	7 8
	X

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Alison Tirone		(415) 701-5500
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
MYR	Mayor's Office of Comm. Dev	CommDevRFP@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
PRC		(415)-77	7-0333
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
170 9th Street,San Francisco, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 250355
DESCRIPTION OF AMOUNT OF CONTRACT	1		
\$1,123,216			
NATURE OF THE CONTRACT (Please describe)			
\$1,123,216 - HOPWA funds for Transitional Resi HIV/AIDS (Proposal ID:63427434)	dential Care	Facility	(TRCF) for persons with
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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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Teng	Chuan	CEO		
2	Gannon	Marc	C00		
3	Henneman	Tasha	Other Principal Officer		
4	Mazie	Beth	Other Principal Officer		
5	Paul	Randi	Other Principal Officer		
6	Cinq-Mars	Jason	Other Principal Officer		
7	Morais	Erickson	Other Principal Officer		
8	Muneton	Martin	Other Principal Officer		
9	Perez	Greg	Other Principal Officer		
10	Solorzano	Melida	Other Principal Officer		
11	Suwarno	Lanny	Other Principal Officer		
12	Tsuchitani-Watson	Jeremy	Other Principal Officer		
13	Wegman	Jim	Other Principal Officer		
14	William	Brent	CF0		
15	Winterrowd	Jessica	Other Principal Officer		
16	Schneider	Brian	Board of Directors		
17	Smith	Darren	Board of Directors		
18	Frieman	Josh	Board of Directors		
19	Wiley	Nichole	Board of Directors		

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
20	Day	Lukejohn	Board of Directors		
21	Hartke	Colin	Board of Directors		
22	Henry	Ahmad	Board of Directors		
23	Keeling	Phillip	Board of Directors		
24	ку1е	Michael	Board of Directors		
25	Michaels	Jacques	Board of Directors		
26	Niczyporuk	Michael	Board of Directors		
27	Ngo Peabody	Camellia	Board of Directors		
28	Peabody	John	Board of Directors		
29	Prevost	Tamarah	Board of Directors		
30	Schaaf	Jacob	Board of Directors		
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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 39 40 41 42 43 44 45 46 47 48 49 50 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		



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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Alison Ti	irone	(415) 701-5500
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
MYR	Mayor's Office of Comm. Dev.	CommDevRFP@sfgov.org

`					
5. CONTRACTOR					
NAME OF CONTRACTOR		TELEPHONE NUMBER			
Rafiki Coalition for Health and Wellness		(415) 615-9945			
STREET ADDRESS (including City, State and Zip Code)		EMAIL			
601 Cesar Chavez Street, San Francisco, CA 94124					
6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 250355		
DESCRIPTION OF AMOUNT OF CONTRACT	l				
\$100,000					
NATURE OF THE CONTRACT (Please describe)					
\$100,000 - HOPWA funds for Transitional housing facility for persons with HIV/AIDS (Proposal ID:62991242)					
			6		
7 COMMENTS					
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS		

con	tract.		T
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Williams	Shanell	CEO
2	Aikins	Andre	Other Principal Officer
3	Broome	Francis	Other Principal Officer
4	Hampton	Rico	C00
5	Seng	Tina	CF0
6	Ransom-Scott	Carolyn	Board of Directors
7	Williams	Lisa	Board of Directors
8	Bryant	Rachel	Board of Directors
9	Strong	Shirley	Board of Directors
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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 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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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.					
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED				
BOS Clerk of the Board					