



San Francisco Ethics Commission

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

Received On: 05-10-2024 | 10:22:12 PDT

File #: 240154

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
Tonya Jones	628-652-2348
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
ADP Adult Probation Dept. Finance Division	tonya.jones@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Westside Community Mental Health Center	TELEPHONE NUMBER 415-740-5587
STREET ADDRESS (including City, State and Zip Code) 1153 Oak Street, San Francisco, CA 94117	EMAIL DONcken@westside-health.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 5/7/2023	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240154
DESCRIPTION OF AMOUNT OF CONTRACT Not to exceed \$17,308,923		
NATURE OF THE CONTRACT (Please describe) <p>Resolution approving a third amendment to Contract No. 1000022359 for the Treatment, Recovery, and Prevention (TRP) Program between Westside Community Mental Health Center and the City and County of San Francisco, acting by and through its Adult Probation Department, to increase the grant amount by \$7,803,200 for a total not to exceed amount of \$17,308,923 and to extend the performance period to July 31, 2026, effective upon approval of this Resolution.</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	Rowe	Donna	Board of Directors
2	Smith	Ebony	Board of Directors
3	Nash	Carolyn	Board of Directors
4	Patin	Rachele	Board of Directors
5	Smith	Maria	Board of Directors
6	Jones	Dr. Mary Ann	Other Principal Officer
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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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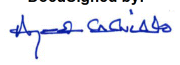
☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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

DocuSigned by:

 988C8F42C3084B5
 Angela Calvillo

DATE SIGNED

05-10-2024 | 10:22:12 PDT