

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 #: 240993

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
	$Q_{\lambda}$

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
3rd Street Youth Center and Clinic		415-822-1707	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1728 Bancroft Ave, San Francisco, CA 94124			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>\</mark>			240993
DESCRIPTION OF AMOUNT OF CONTRACT			
\$549,000			
NATURE OF THE CONTRACT (Please describe)			
Rapid rehousing and support services for 14 you	th househol	ds per yea	r.
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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	Jackson-Morgan	Joi	CEO			
2	Nero	Joanna	CF0			
3	Cruz Lopez	Claudia	C00			
4	Magee	Michelle	Board of Directors			
5	Davenport	Susan	Board of Directors			
6	Relyea	JAckie	Board of Directors			
7	Fallon	Laura	Board of Directors			
8	Kunene	Glen	Board of Directors			
9	Eng	Vanessa	Board of Directors			
10	Davidson	Sam	Board of Directors			
11	Savage	Michael	Board of Directors			
12	Rodriguez	Jose	Board of Directors			
13	Rouskey	Craig	Board of Directors			
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	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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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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# **Notification of Contract Approval**

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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/cityofficers/contract-approval-city-officers

1. FILING INFORMATION	2_
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	<b>%</b> .
AMENDMENT DESCRIPTION – Explain reason for amendment	0
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	<b>5</b> ,

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
Dylan Scl	hneider	415-554-5184
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUME	BER
Asian Women's Center	415-751-0880	0
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
3543 18th Street, #19 San Francisco, CA. 94110		
6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER FILE 2409	<b>E NUMBER (I<i>f applicable</i>)</b> 993
DESCRIPTION OF AMOUNT OF CONTRACT		
\$1,281,503		
NATURE OF THE CONTRACT (Please describe)		
Expenditure of Continuum of Care (CoC) funds a Supportive Housing (HSH) to fund Asian Women's services for 25 households per year.	Center to provide Rapid r	rehousing and support
	95	
	N/O/X	
	ON O	
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 ELECTIVE OFFICER(S) IDENT	TIFIED ON THIS FORM SITS

COIIL	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Pusey	Orchard	CEO	
2	Quan	Kit	CF0	
3	Wang	Christine	Board of Directors	
4	Tse	Monica	Board of Directors	
5	Chang	Joan	Board of Directors	
6	Li	Jessica	Board of Directors	
7	Chung Allred	Nancy	Board of Directors	
8	Phelan	Gina	Board of Directors	
9	wei	Јоу	Board of Directors	
10	Low	Samantha	Board of Directors	
11	Angkustsiri Yip	Kesinee	Board of Directors	
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	contract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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		ТҮРЕ
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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.				
SIGI CLE	NATURE OF CITY ELECTIVE OFFICER OR BOARI RK	D SECRETARY OR	DATE SIGNED	

BOS Clerk of the Board



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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dylan Sch	hneider	415-554-5184
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homlessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR	TELE	PHONE N	UMBER
Bernal Heights Neighborhood Corporation	41	5-206-2	2140
STREET ADDRESS (including City, State and Zip Code)	EMA	\IL	
515 Cortland Ave San Francisco CA 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP N	UMBER	FILE NUMBER (If applicable) 240993
DESCRIPTION OF AMOUNT OF CONTRACT	l		
\$260,267			
NATURE OF THE CONTRACT (Please describe)			
Expenditure of Continuum of Care (CoC) funds as Supportive Housing (HSH) to fund Bernal Heights Supportive Housing-Rental assistance for 12 un	s Neighborhood C nits per year.	orporat	tion to provide Permanent
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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 ELECTIVE OFF	FICER(S) IE	DENTIFIED ON THIS FORM SITS

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Dacus	Gina	CEO	
2	Siew	Adeline	CF0	
3	Peng	Mary	C00	
4	Saeli	zelda	Board of Directors	
5	Muniz	Laurel	Board of Directors	
6	Crockron	Robert	Board of Directors	
7	Keith	Jennifer	Board of Directors	
8	Toria	Josephine	Board of Directors	
9	Smith	Michael	Board of Directors	
10	Branson	Jessica	Board of Directors	
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	contract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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** 

#### SAN FRANCISCO ETHICS COMMISSION – SFEC Form 126(f)4 v.12.7.18

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,,
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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Dylan Schneider		628-652-7742	
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL	
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Catholic Charities San Francisco		415-972-	1200
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1555 39th Avenue, San Francisco, 94122			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER ( <i>If applicable</i> ) 240993
₹ <mark>S</mark>			240333
DESCRIPTION OF AMOUNT OF CONTRACT	•		
\$4,761,941			
NATURE OF THE CONTRACT (Please describe)			
Expenditure of 2024 Continuum of Care (CoC) fuand Supportive Housing (HSH) to fund Catholic housing at Rita da Cascia, CCYO Treasure Islan	Charities to d, CCYO Scat	provide po tered site	ermanent supportive s and CCYO Housing Plus.
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State of the second sec			
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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			
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

COIII	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Hammerle	Ellen	CEO			
2	Gacia	Dennis	CF0			
3	Bowen	Thomas	C00			
4	Cordileone	Salvatore	Board of Directors			
5	O'Brien Frimel	Susie	Board of Directors			
6	Grogan	Kathleen	Board of Directors			
7	Aquino	Marc	Board of Directors			
8	Bojorquez	Diana	Board of Directors			
9	whelan	Christine	Board of Directors			
10	Boerio	Joe	Board of Directors			
11	Cuadro	Nicole	Board of Directors			
12	Clark	Phillip	Board of Directors			
13	Cullinane	Lisa	Board of Directors			
14	Dahik	Adriana	Board of Directors			
15	Ghilotti	Michael	Board of Directors			
16	Gonzalez	Eleanor	Board of Directors			
17	Ikeda	Lisa	Board of Directors			
18	Kearney	Philip	Board of Directors			
19	Kostelni	Hugo	Board of Directors			

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
20	Landis	Scott	Board of Directors		
21	Leupp	Jay Paul	Board of Directors		
22	Lauber	Debbie	Board of Directors		
23	Mirek	Lori	Board of Directors		
24	Nascimento	Daniel	Board of Directors		
25	Reyes	Raymond	Board of Directors		
26	Saia	John	Board of Directors		
27	Sangiacomo	Jim	Board of Directors		
28	Smith	Barbara	Board of Directors		
29	Woody	Patrick	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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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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 DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dylan Sc	hneider	628-652-7742
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness	dylan.schneider@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Chinatown Community Development Corporation		415-929-5258	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
663 Clay Street San Francisco CA 94111			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER ( <i>If applicable</i> ) 240993
Real Property of the Property			240333
DESCRIPTION OF AMOUNT OF CONTRACT			
\$751,577			
NATURE OF THE CONTRACT (Please describe)			
Expenditure of Continuum of Care (CoC) funds a Supportive Housing (HSH) to fund Chinatown Com permanent supportive housing rental assistance Center (20 units) and 1296 Shotwell (12 units)	nunity Develor at two loca	opment Corp tions: Mar	poration to provide y Helen Rogers Senior
	S		
Short Control of the			
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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			
Board of Supervisors			
		/= 0==\c==\c^* ··	DENTIFIED ON THE COURSE
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	ТУРЕ		
1	Yeung	Malcom	CEO		
2	Louie	Cindy	CF0		
3	Jones	Whitney	C00		
4	Chin	Jane	Board of Directors		
5	Quock	Lindsey	Board of Directors		
6	Zoubi	Fady	Board of Directors		
7	Cordero	Terence	Board of Directors		
8	Brookter	Dion-Jay	Board of Directors		
9	Chan	Тотту	Board of Directors		
10	Cheng	Claudine	Board of Directors		
11	Chang	Eric	Board of Directors		
12	Chin	Gregory	Board of Directors		
13	Fagler	Jim	Board of Directors		
14	Hilton	Irene	Board of Directors		
15	Hollins	Guy	Board of Directors		
16	Huie	Jeanette	Board of Directors		
17	Lee	Olson	Board of Directors		
18	Lim	Aaron	Board of Directors		
19	Louie	Michael	Board of Directors		

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Poe	Irma	Board of Directors
21	Rosenquest	Nils	Board of Directors
22	Saini	Ramneek	Board of Directors
23	Wong-Che	Rosa	Board of Directors
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	<b>A</b>		
9. A	FFILIATES AND SUBCONTRACTORS		
List exec who	the names of (A) members of the contrac cutive officer, chief financial officer, chief has an ownership interest of 10 percent	operating officer, or other persons with s	imilar titles; (C) any individual or entity
con	tract.		T
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include ad Select "Supplemental" for filing type.	ditional names. Please submit a separate	form with complete information.
<u> 10.</u>	VERIFICATION		
I ha	ive used all reasonable diligence in prepar owledge the information I have provided h		tatement and to the best of my

# 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 BOS Clerk of the Board



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 #: 240993

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

1. FILING INFORMATION			
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)		
	40		
Original			
AMENDMENT DESCRIPTION – Explain reason for amendment			
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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
Dylan Schneider		628-652-7742
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

NA CONTRACTOR OF THE CONTRACTO			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Community Housing Partnership dba HomeRise		415-852-5300	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
20 Jones Street, Suite 200 San Francisco, CA 94	1102		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240993
DESCRIPTION OF AMOUNT OF CONTRACT	I		
\$1,118,762			
NATURE OF THE CONTRACT (Please describe)			
Expenditure of Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund supportive services at Iroquois Residence and permanent supportive housing rental assistance for 28 units of scattered sites supportive housing			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			

THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES

Board of Supervisors

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Jackson	Jamea	CEO		
2	Levenson	Leo	CEO		
3	Erickson	Karen	CF0		
4	Miller	Gregg	Board of Directors		
5	wyler	Jonathan	Board of Directors		
6	Fisher	John	Board of Directors		
7	Aharoni	Sheila	Board of Directors		
8	Barnes	Derek	Board of Directors		
9	Braverman	неidy	Board of Directors		
10	Chaleicheep	Juthaporn	Board of Directors		
11	Edelman	Devra	Board of Directors		
12	Haller Groshelle	Heidi	Board of Directors		
13	Kyser	Tyler	Board of Directors		
14	Avalos	John	Board of Directors		
15	Graves	Donald	Board of Directors		
16	Sims	Neil	Board of Directors		
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	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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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.

# 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 BOS Clerk of the Board



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File #: 240993

Bid/RFP #:

## **Notification of Contract Approval**

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(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

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1. FILING INFORMATION			
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)		
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Original	0,,		
AMENDMENT DESCRIPTION – Explain reason for amendment			
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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	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dylan Sch	nneider	628-652-7742
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	UMBER
Compass Family Services		415-644-0504	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
37 Grove Street San Francisco CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>\$</mark>			240993
DESCRIPTION OF AMOUNT OF CONTRACT			
\$910,226.46			
NATURE OF THE CONTRACT (Please describe)			
Expenditure of Continuum of Care (CoC) funds a Supportive Housing (HSH) to fund supportive se supportive housing rental assistance for 28 un	rvices at Ir	oquois Res	idence and permanent
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A POADD ON WHICH THE CITY ELECTIVE OFFICED(C) CEDVEC			
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	ТУРЕ		
1	Kisch	Erica	CEO		
2	Martinez	Rosa	CF0		
3	Chacon	Cecilia	C00		
4	Corvin	Dana	Board of Directors		
5	Daoro	Robert	Board of Directors		
6	Dinkelspiel	Steven	Board of Directors		
7	Garfinkel	Kimberley	Board of Directors		
8	Goldman Goldman	David	Board of Directors		
9	Garcia Houts	Valerie	Board of Directors		
10	Marangu	Kimathi	Board of Directors		
11	McCarthy	Michael	Board of Directors		
12	McCleskey	Donnie	Board of Directors		
13	Moffet	Tim	Board of Directors		
14	Perkins	Kowonda	Board of Directors		
15	Roy Jenkin	Beth	Board of Directors		
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COIT	contract.			
#	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 CLERK	DATE SIGNED	
BOS Clerk of the Board		



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 #: 240993

1

Bid/RFP #:

# **Notification of Contract Approval**

SFEC Form 126(f)4
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A Public Document

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	<b>3</b> ,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
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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
Dylan Sch	hneider	628-652-7742
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Conard	\$2,335,057.00
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1385 Mission St #200, San Francisco, CA 94103	
6. CONTRACT	
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER   FILE NUMBER (If applicable) 240993
DESCRIPTION OF AMOUNT OF CONTRACT	
\$2,335,057	
NATURE OF THE CONTRACT (Please describe)	
Expenditure of 2024 Continuum of Care (CoC) fur and Supportive Housing (HSH) to fund Conard to Hotel, El Dorado/Midori, Lyric, and El Dorado I	provide permanent affordable housing at Allen Expansion.
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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) IDENTIFIED ON THIS FORM SITS

	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
,			
1	Quintance	Anne	CEO
2	Bettles	Cole	CF0
3	Baltazar	Francis	C00
4	Segal	Glen	Board of Directors
5	Yu	Wendy	Board of Directors
6	Thorpe	Dayton	Board of Directors
7	Rodriguez	Eddie	Board of Directors
8	Seve Ghose	Subhajeet	Board of Directors
9	Outten	Joel	Board of Directors
10	Owen	James	Board of Directors
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. A	FFILIATES AND SUBCONTRACTORS		
List	the names of (A) members of the contrac	tor's board of directors; (B) the contracto	r's principal officers, including chief
	cutive officer, chief financial officer, chief		
	has an ownership interest of 10 percent	or more in the contractor; and (D) any su	bcontractor listed in the bid or
cont	ract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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.			
	VERIFICATION		
	ve used all reasonable diligence in prepar wledge the information I have provided h		tatement and to the best of my

# 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 BOS Clerk of the Board



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:

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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)
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Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	
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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 DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dylan Sc	hneider	628-652-7742
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Episcopal Community Services	(415)	487-3300	
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
165 8th Street San Francisco CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBI	FILE NUMBER (If applicable) 240993	
DESCRIPTION OF AMOUNT OF CONTRACT			
\$6,074,957.34			
NATURE OF THE CONTRACT (Please describe)			
Expenditure of 2024 Continuum of Care (CoC) fur and Supportive Housing (HSH) to fund permanent Bishop Swing Community House (17 units), Canon Granada (92 units).	supportive housing Barcus (15 units),	at Canon Kip (80 units), Henry Hotel (22 units), and	
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
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	

COIII	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
1	Stokes	Beth	CEO	
2	Larra	Eric	CF0	
3	Cordova Flores	Mauricio	C00	
4	Rios	Austin	Board of Directors	
5	Bond	Doug	Board of Directors	
6	Geeslin	Keith	Board of Directors	
7	Но	неіdі	Board of Directors	
8	Ketcham	Susan	Board of Directors	
9	Martinez	Alejandro	Board of Directors	
10	McTiernan	Megan	Board of Directors	
11	Metoyer	Eric	Board of Directors	
12	Rodriguez	Jonathan	Board of Directors	
13	Silveira	Dara	Board of Directors	
14	Singer	Susanna	Board of Directors	
15	Solomon	Barbara	Board of Directors	
16	Springwater	Richard	Board of Directors	
17	Tennant	Meredith	Board of Directors	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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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File #: 240993

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Bid/RFP #:

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(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

1. FILING INFORMATION	2_
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	<b>♥</b> .
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
	<b>'0</b> ,

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
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Glide		415-674-	6070
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
330 Ellis St, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240993
DESCRIPTION OF AMOUNT OF CONTRACT			
\$589,383			
NATURE OF THE CONTRACT (Please describe)			
Expenditure of Continuum of Care (CoC) funds as Supportive Housing (HSH) to fund Glide to opera Permanent Supportive Housing-Rental assistance	ate the Ceci	l Williams	Community House,
	<b>'</b> C	A CO	
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	Fromer	Gina	CEO		
2	Aquino McMillen	Rosalia	CF0		
3	Mark	Lilian	C00		
4	Glide	Mary	Board of Directors		
5	McDonnell	Logan	Board of Directors		
6	Flick	Cheryl	Board of Directors		
7	Cimino	Chris	Board of Directors		
8	Cohen	Emily	Board of Directors		
9	Collard	Harold	Board of Directors		
10	Collins	Paula	Board of Directors		
11	Foster	Кауе	Board of Directors		
12	Lawson	Erica	Board of Directors		
13	Magee	Allison	Board of Directors		
14	Crompton	Charles	Board of Directors		
15	Layney	Tracy	Board of Directors		
16	Mendoza	Hydra	Board of Directors		
17	Osberg	Sharon	Board of Directors		
18	Seymour	Del	Board of Directors		
19	Walker	Malcom	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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 o	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



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Received On:

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Bid/RFP #:

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A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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
Dylan Schneider		628-652-7742
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Hamilton Families		415-321-	2612
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
273 9th St, San Francisco, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240993
DESCRIPTION OF AMOUNT OF CONTRACT			
\$1,111,800.13			
NATURE OF THE CONTRACT (Please describe)			
Expenditure of Continuum of Care (CoC) funds a Supportive Housing (HSH) to fund Hamilton Famiservices for 25 households year.	lies to prov	ide Rapid	Rehousing and support
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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	Noon	Kyriell	CEO		
2	Sanders	Valerie	CF0		
3	Kim	Kenneth	C00		
4	Bernstein	Ruth	Board of Directors		
5	вТоот	Marissa	Board of Directors		
6	Boutiette	Dale	Board of Directors		
7	Buck	Paige	Board of Directors		
8	Eng	Vinny	Board of Directors		
9	Grist	Sarah	Board of Directors		
10	Goldin	David	Board of Directors		
11	Jackson	Rebecca	Board of Directors		
12	Kurtze	DJ	Board of Directors		
13	Lane	Jessica	Board of Directors		
14	Maidenberg	Ted	Board of Directors		
15	Moreno	Karina	Board of Directors		
16	Stoll	Annie	Board of Directors		
17	Toland	Susan	Board of Directors		
18	Vance	Ryan	Board of Directors		
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	contract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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 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 BOS Clerk of the Board



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 #: 240993

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)
	40
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	
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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
Dylan Sch	nneider	628-652-7742
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Larkin Street Youth Services		415-673-0911	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
134 Golden Gate Ave, San Francisco, CA 94102			
	•		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>\</mark>			240993
DESCRIPTION OF AMOUNT OF CONTRACT			
\$1,164,256.41			
NATURE OF THE CONTRACT (Please describe)			
Expenditure of 2024 Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund permanent supportive housing at Larkin Street YAC Collaborative (10 units), transitional housing and support services at Geary House (23 TAY participants), and rapid re-housing for TAY (10 TAY per year).			Larkin Street YAC at Geary House (23 TAY
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			<u> </u>
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 FI FCTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
	Ciri ELLCIIV	_ 5	

COM	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Adams	Sherilyn	CEO		
2	Middlebrooks	Al	CF0		
3	VanAlstyne	Bryn	C00		
4	Barnett	Fiona	Board of Directors		
5	Berg	Siri	Board of Directors		
6	Cohen	Andy	Board of Directors		
7	Corey	Lara	Board of Directors		
8	Franet	zak	Board of Directors		
9	Horn	Tim	Board of Directors		
10	JOhnson	Eric	Board of Directors		
11	Hatvaney Kitchen	Natalie	Board of Directors		
12	Lindner	Marcus	Board of Directors		
13	Matlock	Michael	Board of Directors		
14	McCo11	Bill	Board of Directors		
15	Mclnerney	Thomas	Board of Directors		
16	Modi	Kunal	Board of Directors		
17	Ogan	Heather	Board of Directors		
18	Perkins	Edward	Board of Directors		
19	Slivka	Melissa	Board of Directors		

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Viola	John	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		



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 #: 240993

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)
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Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	10
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	YA COMPANYA MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARA

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
Dylan Sch	hneider	628-652-7742
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Mercy Housing		415-355-7100	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1390 Misson Street San Francisco 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	<b>FILE NUMBER (</b> <i>If applicable</i> <b>)</b> 240993
DESCRIPTION OF AMOUNT OF CONTRACT			
\$1,230,634.78			
NATURE OF THE CONTRACT (Please describe)			
Expenditure of Continuum of Care (CoC) funds as Supportive Housing (HSH) to fund permanent supposed Bayview Hill Gardens (17 units), Richardson Ha	portive hous	ing at 95	Laguna (15 units),
	<b>Y</b> 9	DO CO	
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 ALEX		DENTIFIED ON THE TOTAL STR
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	Guerro	Ismael	CEO		
2	Bruni	Angela	CF0		
3	walsh	Dee	C00		
4	Cochran	Patricia	Board of Directors		
5	Aguilar Perez	Katherine	Board of Directors		
6	Betges	JoAnn	Board of Directors		
7	Byers	Tom	Board of Directors		
8	Camacho	Yvonne	Board of Directors		
9	Eck	Patricia	Board of Directors		
10	Gerety	Jane	Board of Directors		
11	Gray	Katherine	Board of Directors		
12	Нејпа	Diane	Board of Directors		
13	Jackson	David	Board of Directors		
14	Kelley	Barbara	Board of Directors		
15	Neumann	Paul	Board of Directors		
16	Olmstead	Diance	Board of Directors		
17	Powell	John	Board of Directors		
18	Ross	Sam	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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 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 BOS Clerk of the Board



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 #: 240993

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)
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Original	0,,
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
Dylan Sch	hneider	628-652-7742
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Mission Housing Development Corporation		415-864-6432	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
474 Valencia St # 280, San Francisco, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			240993
DESCRIPTION OF AMOUNT OF CONTRACT	1		
\$443,408.36			
NATURE OF THE CONTRACT (Please describe)			
Expenditure of 2024 Continuum of Care (CoC) fur and Supportive Housing (HSH) to fund permanent units) and Mission Housing South Park Residence	supportive es (3 units)	housing at	Juan Pifarre Plaza (15
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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

# LAST NAME/ENTITY/SUBCONTRACTOR FIRST NAME TYPE  1 Moss Sam CEO 2 Lommer Craig CFO 3 Bautista-Ong Marizza COO 4 Gonzales Irving Board of Directors 5 SO Musetta Board of Directors 6 Rosales Mara Board of Directors 7 Laymann Jon Board of Directors 8 9 10 11 12 13 14 15 16 17 18	cont	contract.				
2 Lommer Craig CFO 3 Bautista-Ong Marizza COO 4 Gonzales Irving Board of Directors 5 So Musetta Board of Directors 6 Rosales Mara Board of Directors 7 Laymann Jon Board of Directors 8 9 10 11 12 12 13 14 15 16 16 17 18	#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
Bautista-ong Marizza COO  Gonzales Irving Board of Directors Board of Directors  Ara Board of Directors  Laymann Jon Board of Directors  Board of Directors  Coo  Musetta Board of Directors  Coo  Mara Board of Directors  Coo  Coo  Mara Board of Directors  Coo  Coo  Coo  Coo  Coo  Coo  Coo	1	Moss	Sam	CEO		
4 Gonzales Irving Board of Directors  5 So Musetta Board of Directors  6 Rosales Mara Board of Directors  7 Laymann Jon Board of Directors  8 9 10 11 12 12 13 14 15 16 16 17 18	2	Lommer	Craig	CF0		
5         So         Musetta         Board of Directors           6         Rosales         Mara         Board of Directors           7         Laymann         Jon         Board of Directors           8         9         10           10         11         12           13         14         15           16         17         18	3	Bautista-Ong	Marizza	C00		
6 Rosales Mara Board of Directors 7 Laymann Jon Board of Directors 8 9 10 11 12 12 13 14 15 16 16 17 18	4	Gonzales	Irving	Board of Directors		
7 Laymann Jon Board of Directors  8	5	So	Musetta	Board of Directors		
8       9       10       11       12       13       14       15       16       17       18	6	Rosales	Mara	Board of Directors		
9	7	Laymann	Jon	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		ТҮРЕ	
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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					

BOS Clerk of the Board



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:

1

File #: 240993

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)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0
	<b>'0'</b>

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

5. CONTRACTOR					
NAME OF CONTRACTOR			TELEPHONE NUMBER		
Reality House West		415-920-1351			
STREET ADDRESS (including City, State and Zip Code)		EMAIL			
380 Eddy Street San Francisco CA 94102					
	<u>'</u>				
6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	<b>FILE NUMBER (</b> <i>If applicable</i> <b>)</b> 240993		
DESCRIPTION OF AMOUNT OF CONTRACT	<u>l</u>				
\$1,595,509.94					
NATURE OF THE CONTRACT (Please describe)					
Expenditure of Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund Reality House West to operate 80 units of Permanent Supportive Housing-Rental assistance.					
CHO CHARLES TO SERVICE STATE OF THE CONTRACT O					
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 ASSESSOR ON WHICH AN ARROWS	THE CITY ELECTIV	E OFFICER(s)	DENITIFIED ON THIS FORM SITS		
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS		

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Looper	Katherine	CEO	
2	Looper	Esan	Board of Directors	
3	Clark	Joel	Board of Directors	
4	James	Maurice	Board of Directors	
5	Zamora	Elaine	Board of Directors	
6	Looper	Camlo	Board of Directors	
7	Harbinski	Christie	Board of Directors	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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		



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 #: 240993

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

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

1. FILING INFORMATION			
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)		
	40		
Original	0,,		
AMENDMENT DESCRIPTION – Explain reason for amendment			
	·60		
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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
Dylan Schneider		628-652-7742
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
SafeHouse		415-518-	1517
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
145 Eddy Street San Francisco 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240993
DESCRIPTION OF AMOUNT OF CONTRACT	1		
\$1,020,104			
NATURE OF THE CONTRACT (Please describe)			
Expenditure of 2024 Continuum of Care award to Housing to fund SafeHouse to provide 22 units Gough.	of permanent	supportiv	e housing annually a 101
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7. COMMENTS			
7. 66.11111.2.113			
9 CONTRACT ARRESTA			
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	/F OFFICER/S) II	DENTIFIED ON THIS FORM SITS
THE BOARD OF A STATE AGENCY ON WHICH AN AFPOINTEE OF	THE CITY ELECTIV	L OITICEN(3) II	DERTHIED OR THIS FORM 3113

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Eby	Toni	CEO		
2	Diez Bonilla	Daniela	CF0		
3	Brown	Jazmyn	C00		
4	Hua	Julietta	Board of Directors		
5	Comelo	Anil	Board of Directors		
6	ма	Collen	Board of Directors		
7	Sum	Juliann	Board of Directors		
8	Nunez	Sandra	Board of Directors		
9	Monson	Susie	Board of Directors		
10	Philp	Susan	Board of Directors		
11	Merchant	Pamela	Board of Directors		
12	Plummer	Noel	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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 CLERK** BOS Clerk of the Board



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 #: 240993

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

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

1. FILING INFORMATION		
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)	
	40	
Original		
AMENDMENT DESCRIPTION – Explain reason for amendment		
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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	
Dylan Schneider		628-652-7742	
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL	
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
SF Network Ministries Housing Corporation		415-643-7861	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
559 Ellis St, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240993
No.			
DESCRIPTION OF AMOUNT OF CONTRACT			
\$2,311,192			
NATURE OF THE CONTRACT (Please describe)			
Expenditure of Continuum of Care (CoC) funds a Supportive Housing (HSH) to fund SF Network Mi Permanent Housing-Rapid Rehousing (PH-RRH) usi for Survivors of Domestic Violence, 25 units p	nistries Hou ng Rental As er year	sing Corpo sistance a	ration to provide nd Supportive Services
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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

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Норе	Glenda	CEO		
2	Spade	Rania	CF0		
3	Bailey	Salena	C00		
4	Hermanson	Barry	Board of Directors		
5	Kwan	Jackie	Board of Directors		
6	Marty	Gene	Board of Directors		
7	Moore	Shirley	Board of Directors		
8	Polastri	Robin	Board of Directors		
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	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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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** 



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 #: 240993

1

Bid/RFP #:

#### **Notification of Contract Approval**

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1. FILING INFORMATION	<b>7</b> _
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	
	<b>*</b>

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 DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL	
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org	

5. CC	ONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Sw	ords to Plowshares		415 727-8387	
STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
10	60 Howard St, San Francisco, CA 94103			
	-0			
	ONTRACT			
DATE	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER ( <i>If applicable</i> ) 240993
	₹ <mark>0</mark>			240333
DESC	RIPTION OF AMOUNT OF CONTRACT			
\$2	,162,644			
NATU	JRE OF THE CONTRACT (Please describe)			
Su B Ac	penditure of Continuum of Care (CoC) funds awar pportive Housing (HSH) to fund permanent suppor ay; to fund support services for veterans with ademy at the Presidio; to fund rental assistand pportive housing.	rtive hous <sup>.</sup> disabilit <sup>.</sup> ce for homo	ing at Vete ies residin	erans Commons and Mission ng at the Veterans rans in permanent
7. CC	DMMENTS			
8. CC	ONTRACT APPROVAL			
	contract was approved by:			
]	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
Ш				
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
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	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF TH	E CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

COM	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Blecker	Michael	CEO		
2	Chen	Stephen	CF0		
3	Garner	Tramecia	C00		
4	Thiel	Michael	Board of Directors		
5	Chan	Julie	Board of Directors		
6	Saavedra	Barbara	Board of Directors		
7	Adame	Christopher	Board of Directors		
8	Cox	Paul	Board of Directors		
9	Dekshenieks	Michael	Board of Directors		
10	Edwards	Erik	Board of Directors		
11	Fassler	Michael	Board of Directors		
12	Guy	Dottie	Board of Directors		
13	Ordona	Placido	Board of Directors		
14	Richardson	Kate	Board of Directors		
15	Seymour	Del	Board of Directors		
16	Steward	Seth	Board of Directors		
17	Williamson	Diane	Board of Directors		
18	Yeats-Rowe	Maile	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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		



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 #: 240993

1

Bid/RFP #:

#### **Notification of Contract Approval**

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	10
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	YA COMPANYA MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARA

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	
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org	

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Tenderloin Housing Clinic	415-885-3286
STREET ADDRESS (including City, State and Zip Code)	EMAIL
126 Hyde Street, San Francisco, СА 94102	dylan.schneider@sfgov.org

			-		
6. CONTR	ACT	*			
DATE CON	TRACT WAS APPROVED BY TH	E CITY ELECTIVE OFFICER(S)	ORIGINAL BID/R	FP NUMBER	FILE NUMBER (If applicable)
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DESCRIPT	ON OF AMOUNT OF CONTRAC	т	•		
\$6,172	2,000.24	· ()'.			
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Suppor the Ga	tive Housing (HSH) to	o fund Tenderloin Hou	using Clinic for veterans	permanent ) and Nat	nt of Homelessness and supportive housing at ional Crown Winston (172
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7. COMN	IENTS				
8. CONTR	ACT APPROVAL				
	ract was approved by:				-
	CITY ELECTIVE OFFICER(S) IDE	NTIFIED ON THIS FORM			
	AADD ON 11111000 TO 5000 TO 5000	OTIVE OFFICED (2) ATTIVE			
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	oard of Supervisors				
THE	BOARD OF A STATE AGENCY O	ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE	OFFICER(S) I	DENTIFIED ON THIS FORM SITS
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cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Shaw	Randy	CE0	
2	Tang	Wynne	CF0	
3	Allen	Tabitha	C00	
4	Wilson	Randy	Board of Directors	
5	Tiedemann	Chris	Board of Directors	
6	Brophy	Ben	Board of Directors	
7	Pujals	Ferando	Board of Directors	
8	Aguilar	Enrique	Board of Directors	
9	Ruiz	Gabriella	Board of Directors	
10	Vaughn	Kathy	Board of Directors	
11	Crawford	Majeid	Board of Directors	
12	Taylor	Karen	Board of Directors	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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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Received On:

File #: 240993

1

Bid/RFP #:

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	10
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	YA COMPANYA MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARA

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 DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL	
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
TODCO Development Co		415-896-	1880
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
230 4th St, San Francisco, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240993
DESCRIPTION OF AMOUNT OF CONTRACT			
\$558,428.08			
NATURE OF THE CONTRACT (Please describe)			
Expenditure of 2024 Continuum of Care (CoC) fu and Supportive Housing (HSH) to fund permanent units) and Hotel Isabel (4 units)	supportive	housing fo	r veterans at Knox (11
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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			
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	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Phillips	Jean	CEO		
2	Kufman	Anne	CF0		
3	Roberts	Elizabeth	C00		
4	Ang	April	Board of Directors		
5	Falk	Don	Board of Directors		
6	Gilbert	А	Board of Directors		
7	Неті	Denis	Board of Directors		
8	Izumizaki	Henry	Board of Directors		
9	Lee	Dora	Board of Directors		
10	Manalo	Allen	Board of Directors		
11	Mormino	Mattias	Board of Directors		
12	Pacia	Michael	Board of Directors		
13	Engman	Douglas	Board of Directors		
14	Borja	Bernadette	Board of Directors		
15	Duke	Alicia	Board of Directors		
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	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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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 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 BOS Clerk of the Board



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 #: 240993

1

Bid/RFP #:

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(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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers</a>

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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	
Dylan Schneider		628-652-7742	
FULL DEPARTN	MENT NAME	DEPARTMENT CONTACT EMAIL	
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Felton Institute		415-474	-7310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin 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) 240993
DESCRIPTION OF AMOUNT OF CONTRACT			
\$3,135,647			
NATURE OF THE CONTRACT (Please describe)			
Expenditure of 2024 Continuum of Care (CoC) fur and Supportive Housing (HSH) to fund Felton Inshouseholds who reside at veterans Hope House, a scattered site leasing and property management	stitute to p i Harbor Hou of 85 bedro	rovide supp se for Veto	port services to 40 erans, and to fund meless veterans.
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
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Gilbert	Al	CEO
2	Davis	Marvin	CF0
3	Quiroz	Yohana	C00
4	Bobulsky	Susan	Board of Directors
5	Brooks	Olver	Board of Directors
6	Rojo	Peter	Board of Directors
7	Vinson	Sarah	Board of Directors
8	Costello	Daniel	Board of Directors
9	Nalls	Clifford	Board of Directors
10	Wafer	Deborah	Board of Directors
11	Woods	Georgia	Board of Directors
12	Steele	Tamara	Board of Directors
13	Neal	Kathy	Board of Directors
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	contract.			
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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** 

#### SAN FRANCISCO ETHICS COMMISSION – SFEC Form 126(f)4 v.12.7.18

BOS Clerk of the Board

**CLERK** 



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 #: 240993

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

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1. FILING INFORMATION				
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)			
	40			
Original	0,,			
AMENDMENT DESCRIPTION – Explain reason for amendment				
	<b>10</b>			
	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
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NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
Dylan Schneider		628-652-7742	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org	

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Tenderloin Housing Clinic	415-885-3286
STREET ADDRESS (including City, State and Zip Code)	EMAIL
126 Hyde Street, San Francisco, СА 94102	dylan.schneider@sfgov.org

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6. CONTR	ACT	•			
DATE CON	TRACT WAS APPROVED BY TH	E CITY ELECTIVE OFFICER(S)	ORIGINAL BID/R	FP NUMBER	FILE NUMBER (If applicable)
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DESCRIPT	ON OF AMOUNT OF CONTRAC	Т	•		
\$6,172	2,000.24	· O'			
NATURE C	F THE CONTRACT (Please desc	rihe)			
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Suppor the Ga	tive Housing (HSH) to	o fund Tenderloin Hou	using Clinic for veterans	permanent ) and Nat	nt of Homelessness and supportive housing at ional Crown Winston (172
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	AADD AALUUUUU = A	OTIVE OFFICED(2) 2-21-22			
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	oard of Supervisors				
THE	BOARD OF A STATE AGENCY C	N WHICH AN APPOINTEE OF	THE CITY ELECTIVE	OFFICER(S) I	DENTIFIED ON THIS FORM SITS
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Shaw	Randy	CE0		
2	Tang	Wynne	CF0		
3	Allen	Tabitha	C00		
4	Wilson	Randy	Board of Directors		
5	Tiedemann	Chris	Board of Directors		
6	Brophy	Ben	Board of Directors		
7	Pujals	Ferando	Board of Directors		
8	Aguilar	Enrique	Board of Directors		
9	Ruiz	Gabriella	Board of Directors		
10	Vaughn	Kathy	Board of Directors		
11	Crawford	Majeid	Board of Directors		
12	Taylor	Karen	Board of Directors		
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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				