



**San Francisco Ethics Commission**

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102  
 Phone: 415.252.3100 . Fax: 415.252.3112  
[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

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

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dylan Schneider	628-652-7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> 3rd Street Youth Center and Clinic	<b>TELEPHONE NUMBER</b> 415-822-1707
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1728 Bancroft Ave, San Francisco, CA 94124	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$549,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Rapid rehousing and support services for 14 youth households per year.		

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	Jackson-Morgan	Joi	CEO
2	Nero	Joanna	CFO
3	Cruz Lopez	Claudia	COO
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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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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Dylan Schneider	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Asian Women's Center	<b>TELEPHONE NUMBER</b> 415-751-0880
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3543 18th Street, #19 San Francisco, CA. 94110	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$1,281,503		
<b>NATURE OF THE CONTRACT (Please describe)</b> Expenditure of Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund Asian Women's Center to provide Rapid rehousing and support services for 25 households per year.		

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	Pusey	Orchard	CEO
2	Quan	Kit	CFO
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	Joy	Board of Directors
10	Low	Samantha	Board of Directors
11	Angkustsiri Yip	Kesine	Board of Directors
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dylan Schneider	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Bernal Heights Neighborhood Corporation	<b>TELEPHONE NUMBER</b> 415-206-2140
<b>STREET ADDRESS (including City, State and Zip Code)</b> 515 Cortland Ave San Francisco CA 94110	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$260,267		
<b>NATURE OF THE CONTRACT (Please describe)</b> Expenditure of Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund Bernal Heights Neighborhood Corporation to provide Permanent Supportive Housing-Rental assistance for 12 units per year.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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1	Dacus	Gina	CEO
2	Siew	Adeline	CFO
3	Peng	Mary	COO
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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Board of Supervisors	Members

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



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Catholic Charities San Francisco	<b>TELEPHONE NUMBER</b> 415-972-1200
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1555 39th Avenue, San Francisco, 94122	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$4,761,941		
<b>NATURE OF THE CONTRACT (Please describe)</b> Expenditure of 2024 Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund Catholic Charities to provide permanent supportive housing at Rita da Cascia, CCYO Treasure Island, CCYO Scattered sites and CCYO Housing Plus.		

7. COMMENTS

8. CONTRACT APPROVAL	
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<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
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1	Hammerle	Ellen	CEO
2	Gacia	Dennis	CFO
3	Bowen	Thomas	COO
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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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	Sangiaco	Jim	Board of Directors
28	Smith	Barbara	Board of Directors
29	Woody	Patrick	Board of Directors
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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness	dylan.schneider@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Chinatown Community Development Corporation	<b>TELEPHONE NUMBER</b> 415-929-5258
<b>STREET ADDRESS (including City, State and Zip Code)</b> 663 Clay Street San Francisco CA 94111	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$751,577		
<b>NATURE OF THE CONTRACT (Please describe)</b> Expenditure of Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund Chinatown Community Development Corporation to provide permanent supportive housing rental assistance at two locations: Mary Helen Rogers Senior Center (20 units) and 1296 Shotwell (12 units).		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
<input checked="" type="checkbox"/>	<b>A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES</b> Board of Supervisors
<input type="checkbox"/>	<b>THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS</b>

**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	Yeung	Malcom	CEO
2	Louie	Cindy	CFO
3	Jones	Whitney	COO
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	Tommy	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

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

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



**San Francisco Ethics Commission**

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102  
 Phone: 415.252.3100 . Fax: 415.252.3112  
[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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

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

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dylan Schneider	628-652-7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Community Housing Partnership dba HomeRise	<b>TELEPHONE NUMBER</b> 415-852-5300
<b>STREET ADDRESS (including City, State and Zip Code)</b> 20 Jones Street, Suite 200 San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$1,118,762		
<b>NATURE OF THE CONTRACT (Please describe)</b> 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:	
<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	Jackson	Jamea	CEO
2	Levenson	Leo	CEO
3	Erickson	Karen	CFO
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	Heidy	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
17			
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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.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



**San Francisco Ethics Commission**

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Received On:

File #: 240993

Bid/RFP #:

**Notification of Contract Approval**

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

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dylan Schneider	628-652-7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Compass Family Services	<b>TELEPHONE NUMBER</b> 415-644-0504
<b>STREET ADDRESS (including City, State and Zip Code)</b> 37 Grove Street San Francisco CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$910,226.46		
<b>NATURE OF THE CONTRACT (Please describe)</b> 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:	
<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	Kisch	Erica	CEO
2	Martinez	Rosa	CFO
3	Chacon	Cecilia	COO
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	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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



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Received On:

File #: 240993

Bid/RFP #:

**Notification of Contract Approval**

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 A Public Document

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

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dylan Schneider	628-652-7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Conard	<b>TELEPHONE NUMBER</b> \$2,335,057.00
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1385 Mission St #200, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$2,335,057		
<b>NATURE OF THE CONTRACT (Please describe)</b> Expenditure of 2024 Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund Conard to provide permanent affordable housing at Allen Hotel, El Dorado/Midori, Lyric, and El Dorado Expansion.		

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	Quintance	Anne	CEO
2	Bettles	Cole	CFO
3	Baltazar	Francis	COO
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	Joe	Board of Directors
10	Owen	James	Board of Directors
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**9. AFFILIATES AND SUBCONTRACTORS**

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

**10. VERIFICATION**

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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Received On:

File #: 240993

Bid/RFP #:

**Notification of Contract Approval**

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

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dylan Schneider	628-652-7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Episcopal Community Services	<b>TELEPHONE NUMBER</b> (415) 487-3300
<b>STREET ADDRESS (including City, State and Zip Code)</b> 165 8th Street San Francisco CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$6,074,957.34		
<b>NATURE OF THE CONTRACT (Please describe)</b> Expenditure of 2024 Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund permanent supportive housing at Canon Kip (80 units), Bishop Swing Community House (17 units), Canon Barcus (15 units), Henry Hotel (22 units), and Granada (92 units).		

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**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Stokes	Beth	CEO
2	Larra	Eric	CFO
3	Cordova Flores	Mauricio	COO
4	Rios	Austin	Board of Directors
5	Bond	Doug	Board of Directors
6	Geeslin	Keith	Board of Directors
7	Ho	Heidi	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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**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
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



**San Francisco Ethics Commission**

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102  
 Phone: 415.252.3100 . Fax: 415.252.3112  
[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 240993

Bid/RFP #:

**Notification of Contract Approval**

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

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

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dylan Schneider	628-652-7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Glide	<b>TELEPHONE NUMBER</b> 415-674-6070
<b>STREET ADDRESS (including City, State and Zip Code)</b> 330 Ellis St, San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$589,383		
<b>NATURE OF THE CONTRACT (Please describe)</b> Expenditure of Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund Glide to operate the Cecil Williams Community House, Permanent Supportive Housing-Rental assistance for 54 units per year.		

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	Fromer	Gina	CEO
2	Aquino McMillen	Rosalia	CFO
3	Mark	Lilian	COO
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	Kaye	Board of Directors
12	Lawson	Erica	Board of Directors
13	Magee	Allison	Board of Directors
14	Crompton	Charles	Board of Directors
15	Layne	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	TYPE
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**10. VERIFICATION**

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<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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1. FILING INFORMATION	
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2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dylan Schneider	628-652-7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Hamilton Families	<b>TELEPHONE NUMBER</b> 415-321-2612
<b>STREET ADDRESS (including City, State and Zip Code)</b> 273 9th St, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$1,111,800.13		
<b>NATURE OF THE CONTRACT (Please describe)</b> Expenditure of Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund Hamilton Families to provide Rapid Rehousing and support services for 25 households year.		

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**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Noon	Kyriell	CEO
2	Sanders	Valerie	CFO
3	Kim	Kenneth	COO
4	Bernstein	Ruth	Board of Directors
5	Bloom	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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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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Received On:

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Bid/RFP #:

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Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dylan Schneider	628-652-7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Larkin Street Youth Services	<b>TELEPHONE NUMBER</b> 415-673-0911
<b>STREET ADDRESS (including City, State and Zip Code)</b> 134 Golden Gate Ave, San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$1,164,256.41		
<b>NATURE OF THE CONTRACT (Please describe)</b> 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).		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
<input checked="" type="checkbox"/>	<b>A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES</b> Board of Supervisors
<input type="checkbox"/>	<b>THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS</b>

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Adams	Sherilyn	CEO
2	Middlebrooks	Al	CFO
3	VanAlstyne	Bryn	COO
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	McColl	Bill	Board of Directors
15	McInerney	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

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Viola	John	Board of Directors
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Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dylan Schneider	628-652-7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Mercy Housing	<b>TELEPHONE NUMBER</b> 415-355-7100
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1390 Misson Street San Francisco 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$1,230,634.78		
<b>NATURE OF THE CONTRACT (Please describe)</b> Expenditure of Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund permanent supportive housing at 95 Laguna (15 units), Bayview Hill Gardens (17 units), Richardson Hall/55 Laguna (8 units).		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
<input checked="" type="checkbox"/>	<b>A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES</b> Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Guerro	Ismael	CEO
2	Bruni	Angela	CFO
3	walsh	Dee	COO
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	Hejna	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
19			

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



**San Francisco Ethics Commission**

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102  
 Phone: 415.252.3100 . Fax: 415.252.3112  
[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

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

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dylan Schneider	628-652-7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Mission Housing Development Corporation	<b>TELEPHONE NUMBER</b> 415-864-6432
<b>STREET ADDRESS (including City, State and Zip Code)</b> 474 Valencia St # 280, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$443,408.36		
<b>NATURE OF THE CONTRACT (Please describe)</b> Expenditure of 2024 Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund permanent supportive housing at Juan Pifarre Plaza (15 units) and Mission Housing South Park Residences (3 units).		

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	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
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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**

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1. FILING INFORMATION	
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<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
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Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dylan Schneider	628-652-7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Reality House West	<b>TELEPHONE NUMBER</b> 415-920-1351
<b>STREET ADDRESS (including City, State and Zip Code)</b> 380 Eddy Street San Francisco CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$1,595,509.94		
<b>NATURE OF THE CONTRACT (Please describe)</b> 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.		

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	Looper	Katherine	CEO
2	Looper	Esan	Board of Directors
3	Clark	Joe	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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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.**

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Received On:

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1. FILING INFORMATION	
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<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dylan Schneider	628-652-7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> SafeHouse	<b>TELEPHONE NUMBER</b> 415-518-1517
<b>STREET ADDRESS (including City, State and Zip Code)</b> 145 Eddy Street San Francisco 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$1,020,104		
<b>NATURE OF THE CONTRACT (Please describe)</b> Expenditure of 2024 Continuum of Care award to the Department of Homelessness and Supportive Housing to fund SafeHouse to provide 22 units of permanent supportive housing annually a 101 Gough.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Eby	Toni	CEO
2	Diez Bonilla	Daniela	CFO
3	Brown	Jazmyn	COO
4	Hua	Julietta	Board of Directors
5	Comelo	Anil	Board of Directors
6	Ma	collen	Board of Directors
7	Sum	Julian	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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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**10. VERIFICATION**

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Received On:

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**Notification of Contract Approval**

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

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dylan Schneider	628-652-7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> SF Network Ministries Housing Corporation	<b>TELEPHONE NUMBER</b> 415-643-7861
<b>STREET ADDRESS (including City, State and Zip Code)</b> 559 Ellis St, San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$2,311,192		
<b>NATURE OF THE CONTRACT (Please describe)</b> Expenditure of Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund SF Network Ministries Housing Corporation to provide Permanent Housing-Rapid Rehousing (PH-RRH) using Rental Assistance and Supportive Services for survivors of Domestic Violence, 25 units per year.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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**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	Hope	Glenda	CEO
2	Spade	Rania	CFO
3	Bailey	Salena	COO
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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3. FILER'S CONTACT	
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Angela Calvillo	415-554-5184
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Dylan Schneider	628-652-7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Swords to Plowshares	<b>TELEPHONE NUMBER</b> 415 727-8387
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1060 Howard St, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$2,162,644		
<b>NATURE OF THE CONTRACT (Please describe)</b> Expenditure of Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund permanent supportive housing at Veterans Commons and Mission Bay; to fund support services for veterans with disabilities residing at the Veterans Academy at the Presidio; to fund rental assistance for homeless veterans in permanent supportive housing.		

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	Blecker	Michael	CEO
2	Chen	Stephen	CFO
3	Garner	Tramecia	COO
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	Deksheniek	Michael	Board of Directors
10	Edwards	Erik	Board of Directors
11	Fassler	Michael	Board of Directors
12	Guy	Dottie	Board of Directors
13	Ordon	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
19			



**9. AFFILIATES AND SUBCONTRACTORS**

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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



**San Francisco Ethics Commission**

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[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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

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

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dylan Schneider	628-652-7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$6,172,000.24		
<b>NATURE OF THE CONTRACT (Please describe)</b> Expenditure of Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund Tenderloin Housing Clinic permanent supportive housing at the Garland, formerly Baldwin House (108 units for veterans) and National Crown Winston (172 units for veterans).		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Shaw	Randy	CEO
2	Tang	Wynne	CFO
3	Allen	Tabitha	COO
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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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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Received On:

File #: 240993

Bid/RFP #:

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

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dylan Schneider	628-652-7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> TODCO Development Co	<b>TELEPHONE NUMBER</b> 415-896-1880
<b>STREET ADDRESS (including City, State and Zip Code)</b> 230 4th St, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$558,428.08		
<b>NATURE OF THE CONTRACT (Please describe)</b> Expenditure of 2024 Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund permanent supportive housing for veterans at Knox (11 units) and Hotel Isabel (4 units)		

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	Phillips	Jean	CEO
2	Kufman	Anne	CFO
3	Roberts	Elizabeth	COO
4	Ang	April	Board of Directors
5	Falk	Don	Board of Directors
6	Gilbert	Al	Board of Directors
7	Hemi	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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**9. AFFILIATES AND SUBCONTRACTORS**

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

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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Received On:

File #: 240993

Bid/RFP #:

**Notification of Contract Approval**

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

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dylan Schneider	628-652-7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Felton Institute	<b>TELEPHONE NUMBER</b> 415-474-7310
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1500 Franklin Street, San Francisco CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$3,135,647		
<b>NATURE OF THE CONTRACT (Please describe)</b> Expenditure of 2024 Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund Felton Institute to provide support services to 40 households who reside at veterans Hope House, a Harbor House for Veterans, and to fund scattered site leasing and property management of 85 bedrooms for homeless veterans.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
<input checked="" type="checkbox"/>	<b>A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES</b> Board of Supervisors
<input type="checkbox"/>	<b>THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS</b>

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Gilbert	Al	CEO
2	Davis	Marvin	CFO
3	Quiroz	Yohana	COO
4	Bobulsky	Susan	Board of Directors
5	Brooks	Olver	Board of Directors
6	Rajo	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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Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
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Dylan Schneider	628-652-7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240993
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$6,172,000.24		
<b>NATURE OF THE CONTRACT (Please describe)</b> Expenditure of Continuum of Care (CoC) funds awarded to the Department of Homelessness and Supportive Housing (HSH) to fund Tenderloin Housing Clinic permanent supportive housing at the Garland, formerly Baldwin House (108 units for veterans) and National Crown Winston (172 units for veterans).		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
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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
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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
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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