



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #:

191023

Bid/RFP #:

RFP#APD2017-03

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Veronica Martinez	415-553-9250
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
ADP Adult Probation	veronica.martinez@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR The Regents of the University of California, on behalf of its San Francisco Campus	TELEPHONE NUMBER 415-794-1070
STREET ADDRESS (including City, State and Zip Code) 3333 California Street San Francisco, CA 94118	EMAIL Navjot.Mahal-Gill@ucsf.edu

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER RFP#APD2017-03	FILE NUMBER (If applicable) 191023
DESCRIPTION OF AMOUNT OF CONTRACT \$18,007,010		
NATURE OF THE CONTRACT (Please describe) Contractor provides behavioral health and reentry services through its Community Assessment and Services Center (CASC). The CASC is a one-stop services center that provides on-site adult probation supervision and a wide range of community services to clients of the San Francisco Adult Probation Department (SFAPD) and other justice involved San Francisco residents. The CASC is a joint operation of SFAPD and Contractor.		

7. COMMENTS
This is a 1st amendment to ADP's existing contract with UCSF. This amendment extends the performance period for 3 more years, for a total 5 year term. And increases the not to exceed amount from \$5,800,000 to \$18,007,010.

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	Perez, Chair of the Board	John	Other Principal Officer
2	Estolano, Vice Chair of the Board	Cecilia	Other Principal Officer
3	Anguiano	Maria	CFO
4	Guber	Howard	CEO
5	Cohen	Michael	Board of Directors
6	Park	Lark	Board of Directors
7	Leib	Richard	Board of Directors
8	Elliot	Gareth	Board of Directors
9	Kieffer	George	Board of Directors
10	Lansing	Sherry	Board of Directors
11	Makarechian	Hadi	Board of Directors
12	Butler	Laphonza	Board of Directors
13	Works West	Community	Subcontractor
14	Janitorial	Karla's	Subcontractor
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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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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