

File No. 200571

Committee Item No. 4

Board Item No. 22

# COMMITTEE/BOARD OF SUPERVISORS

## AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date June 10, 2020

Board of Supervisors Meeting

Date June 23, 2020

### Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

### OTHER (Use back side if additional space is needed)

- Recurring FY2020-2021 State Grants
- Recurring FY2020-2021 State Grants (Subcontractors)
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Completed by: Linda Wong

Date June 12 2020

Completed by: Linda Wong

Date June 19, 2020

1 [Accept and Expend Grants - Recurring State Grant Funds - Department of Public Health -  
2 FY2020-2021]

3 **Resolution authorizing the acceptance and expenditure of State grant funds by the San**  
4 **Francisco Department of Public Health for FY2020-2021.**

5  
6 WHEREAS, The San Francisco Administrative Code requires City Departments to  
7 obtain Board of Supervisor’s approval in order to accept or expend any grant funds (Section  
8 10.170 et seq.); and

9 WHEREAS, The Board of Supervisors provided in Section 11.1 of the administrative  
10 provisions of the FY2020-2021 Annual Appropriation Ordinance that approval of recurring  
11 grant funds contained in departmental budget submissions and approved in the FY2020-2021  
12 budget are deemed to meet the requirements of the San Francisco Administrative Code  
13 regarding grant approvals; and

14 WHEREAS, The agencies of the State of California that provide grant funds to  
15 Department of Public Health (DPH) require documentation of the Board’s approval of their  
16 specific grant funds (State Administrative Manual, Section 1208.2 (a)); and

17 WHEREAS, The City’s budget for FY2020-2021 does not list each State grant but  
18 contains two aggregate items; one indicating all Federal, and one all State grant funds; and

19 WHEREAS, Department of Public Health has prepared a document entitled “Recurring  
20 FY2020-2021 State Grants, Attachment A” that lists the estimated amount of each recurring  
21 grant provided by the State of California for FY2020-2021, the State agency that provides the  
22 grant, and the indirect costs of each grant, which is on file with Clerk of the Board of  
23 Supervisors in File No. 200571; and

24  
25

1           WHEREAS, As a result of periodic redistribution of appropriations within the State  
2 budget, Department of Public Health may, in fact, receive more money or less money from  
3 some of the various grants itemized in the attached document that Department of Public  
4 Health estimates at this time; and

5           WHEREAS, This Resolution requires expedited review by the Board of Supervisors to  
6 ensure that documentation of specific grant funds can be provided to the State as early as  
7 possible in the funding year; and

8           WHEREAS, Resolutions authorizing the acceptance and expenditure of grant funds  
9 may be placed automatically on consent agendas in committee, as they are usually  
10 considered to be routine items, and this Resolution authorizes the acceptance and  
11 expenditure of grant funding; now, therefore, be it

12           RESOLVED, That the Board of Supervisors hereby approves the acceptance and  
13 expenditure of Department of Public Health of the State of California grants listed in the  
14 “Recurring FY2020-2021 State Grants, Attachment A;” and, be it

15           FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
16 Agreement, and any amendments, invoices, or any other documents related to or required for  
17 the administration of said Agreement on behalf of the City and County; and, be it

18           FURTHER RESOLVED, That the Director of Health is authorized to certify that DPH  
19 has and will comply with all applicable federal and state statutory and regulatory requirements  
20 related to any grant funds received; and, be it

21           FURTHER RESOLVED, That should Department of Public Health receive more money  
22 or less money on any of the grants than is estimated in the “Recurring FY2020-2021 State  
23 Grants, Attachment A”, that the Board of Supervisors hereby approves the acceptance and  
24 expenditure by Department of Public Health of the additional or reduced money.  
25





Item	Title, Services, FY 2019-20	Subcontract Amount	Contractor Name	Address	Executive Director	Board Member Name
2	HIV Care Program - SAM HIV is a two-tiered approach to service prioritization & delivery based on service categories defined by HRSA. Tier 1 services are outpatient & ambulatory medical care. Tier 2 support access to tier 1.	2,851,996	a) Dolores Street Community Services	838 Valencia Street, San Francisco, CA 94110	Laura Valdez	PRESIDENT: Monica Regan; VICE-PRESIDENT: Michael Winn; TREASURER: Justine Luederbach; SECRETARY: Anal Leonard; Victor Ray Aaidvivo; Amy Benoit; Ching Bhakta; Ward Perloff; Rocca Avila
			b) Catholic Charities - Leland House	990 Eddy Street, San Francisco, CA 94109	Jilma Meneses, JD	Archbishop Salvatore J. Cordileone, Chairman; Stephen Molinelli, President; Theodore Borromeo, Secretary; George B. Sundby, Treasurer; Jilma Meneses, JD; Chief Executive Officer; Paula H. Bennett, Joe Boero, Martha Brigham, Gregory A. Bullian, Phil Clark, Timothy Connors, Adriana Danik, Jerilyn Gell, Kathleen A. Grogan, CPA, David R. Hultman, Lisa Ikeda, Steven Kane, Elizabeth L. Keith, Hugo Kostelnik, Jay Paul Leupp, Simon Manning, Maury A. Markus, Sister Maureen McInerney, O.P., Lori Mirek, Reverend Dan Nasciamiento, Jack Polthman, Michael Paulier, Louis Reynaud, Mike Seiffidge, Dr. Pierre Theodore, Rev. Kenneth Westray, Peter J. Wilch
			c) Catholic Charities - Peter Claver	1340 Golden Gate Ave. SF, CA 94115	Jilma Meneses, JD	Archbishop Salvatore J. Cordileone, Chairman; Stephen Molinelli, President; Theodore Borromeo, Secretary; George B. Sundby, Treasurer; Jilma Meneses, JD; Chief Executive Officer; Paula H. Bennett, Joe Boero, Martha Brigham, Gregory A. Bullian, Phil Clark, Timothy Connors, Adriana Danik, Jerilyn Gell, Kathleen A. Grogan, CPA, David R. Hultman, Lisa Ikeda, Steven Kane, Elizabeth L. Keith, Hugo Kostelnik, Jay Paul Leupp, Simon Manning, Maury A. Markus, Sister Maureen McInerney, O.P., Lori Mirek, Reverend Dan Nasciamiento, Jack Polthman, Michael Paulier, Louis Reynaud, Mike Seiffidge, Dr. Pierre Theodore, Rev. Kenneth Westray, Peter J. Wilch
			d) Project Open Hand	730 Polk St. SF, CA 94109	Paul Hefner	Chair: Timothy Barabec; Vice-Chair: Ruth Yankoupe; Secretary: Patricia King; Finance Committee Chair: John Colton; Andrew Chang, Brian Grabenstein, Victoria Grand, Mike Henry, Kristofer Kowetzko, Anesh Krishna, Gary Loeb, Presheen Mairing, Patrick McCreven, Jennifer Petalagia
			e) Maiti AIDS Hospice	401 Duboce Ave. SF, CA 94117	Michael Smithwick	Michael Nemeayer, Jeffrey Paul Salot, Jim King, Walter Parsley, Ray Laporte, William Vigna, Patrick Williams, Jane Wong-Smith, Johannes Casados
			f) UCSF Alliance Health Project	1930 Market St. SF, CA 94102	James W. Dilley, MD	Kate Shumate, Susan M. Breall, Phil De Carlo, Beaux Alexander, Murtaza Ghadiali, MD, Mahsa Hakim, Brad Hare, MD, Enchi Liu, PhD, Dr. Béatrice Mettler, Ken Pearce, Reggie Snowden, Sophia Toh, James C. Ward
6	Local Assistance for Core STD Management To provide local assistance funding to local health jurisdictions to build local infrastructure and workforce capacity to conduct STD surveillance and implement evidence-based effective interventions to reduce the transmission and negative health effects of sexually transmitted infections	347,023	a) San Francisco Public Health Foundation	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Penny Eardley	Elizabeth Ferber, President; Robyn Frye, Vice President; Anyanna Bennett, MD, MPH, FAAP, Secretary; Tim McDowell, Treasurer; Penny Eardley, Executive Director; Nicole Falk, Sarah Fine, Elizabeth Longstreth, James Loyce JR., Courtney Lyles, PhD, Alice Vilagomez, Dee Dee Workman
			b) UCSF - Intervention for Young Adults of Color	1930 Market St. SF, CA 94102	James W. Dilley, MD	Kate Shumate, Susan M. Breall, Phil De Carlo, Beaux Alexander, Murtaza Ghadiali, MD, Mahsa Hakim, Brad Hare, MD, Enchi Liu, PhD, Dr. Béatrice Mettler, Ken Pearce, Reggie Snowden, Sophia Toh, James C. Ward
			c) Heluna Health	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Erik D. Ramanathan, JD, Delvechio Finley, MPP, FACHE; Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carleendes Edwards, PhD; Clarence Lam, MD, MPH; Edward Yip, JD, Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DPH, FACHE; Santosh Veticadani, MD, PhD, MBA; Sarah Mullen Rich, MBA, Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH
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7	Tuberculosis Epidemiology Studies Tuberculosis Epidemiology Studies (TB ESC) Task Order "Improving the Diagnosis and Treatment of Latent Tuberculosis Infection"	73,307	a) San Francisco Public Health Foundation	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Penny Eardley	Elizabeth Ferber, President; Robyn Frye, Vice President; Anyanna Bennett, MD, MPH, FAAP, Secretary; Tim McDowell, Treasurer; Penny Eardley, Executive Director; Nicole Falk, Sarah Fine, Elizabeth Longstreth, James Loyce JR., Courtney Lyles, PhD, Alice Vilagomez, Dee Dee Workman
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			b) UCLA Office of the Chancellor	2147 Murphy Hall Los Angeles, CA 90095	Gene Block, Chancellor	Appointed Regents: Maria Angarito, Richard C. Blum, Gareth Elliott, Howard "Peter" Gubin, George Kieffer, Sheryl L. Lansing, Hadi Makarchian, Elty Otzy Oakley, Lark Park, John A. Pérez, Richard Sherman, Ellen Tauscher, Charlene Zetler, Devon Graves (Student Regent); Ex Officio Regents: Edmund G. Brown, Jr., Gavin Newsom, Anthony Rendón, Thomas Torlakson, Darrin Anderson, Janet Napolitano, Janet Napolitano; Officers of the Regents: Edmund G. Brown, Jr., George Kieffer, John A. Pérez, Jagdeep Singh Bhatnagar, Charles F. Robinson, Anne Shaw, Alexander Bustamante Faculty Representatives to the Regents: Robert May, Staff Adviser to the Board of Regents: Sherry Man
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8	Support Tuberculosis Prevention & Control Activities Local assistance funding to support tuberculosis (TB) prevention & control activities	162,228	a) San Francisco Public Health Foundation	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Penny Eardley	Elizabeth Ferber, President; Robyn Frye, Vice President; Anyanna Bennett, MD, MPH, FAAP, Secretary; Tim McDowell, Treasurer; Penny Eardley, Executive Director; Nicole Falk, Sarah Fine, Elizabeth Longstreth, James Loyce JR., Courtney Lyles, PhD, Alice Vilagomez, Dee Dee Workman
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16	State AIDS Surveillance Program HIV/AIDS Surveillance program provides precise & timely information necessary to identify ongoing patterns of infection & to measure the burden of the disease	115,000	a) San Francisco Public Health Foundation	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Penny Eardley	Elizabeth Ferber, President; Robyn Frye, Vice President; Anyanna Bennett, MD, MPH, FAAP, Secretary; Tim McDowell, Treasurer; Penny Eardley, Executive Director; Nicole Falk, Sarah Fine, Elizabeth Longstreth, James Loyce JR., Courtney Lyles, PhD, Alice Vilagomez, Dee Dee Workman
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17	Tuberculosis Subvention To provide outreach and housing services for homeless tuberculosis patients and implement the "Directly Observed Therapy Program (DOT) for tuberculosis cases"	15,000	a) San Francisco Public Health Foundation	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Penny Eardley	Elizabeth Ferber, President; Robyn Frye, Vice President; Anyanna Bennett, MD, MPH, FAAP, Secretary; Tim McDowell, Treasurer; Penny Eardley, Executive Director; Nicole Falk, Sarah Fine, Elizabeth Longstreth, James Loyce JR., Courtney Lyles, PhD, Alice Vilagomez, Dee Dee Workman
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19	Health Preparedness and Response Prepare for and respond to bioterrorism, infectious disease outbreaks, and other public health threats and emergencies	37,345	a) San Francisco Public Health Foundation	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Penny Eardley	Elizabeth Ferber, President; Robyn Frye, Vice President; Anyanna Bennett, MD, MPH, FAAP, Secretary; Tim McDowell, Treasurer; Penny Eardley, Executive Director; Nicole Falk, Sarah Fine, Elizabeth Longstreth, James Loyce JR., Courtney Lyles, PhD, Alice Vilagomez, Dee Dee Workman
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21	Tobacco Free Project Provide tobacco education in accordance with the State Comprehensive Tobacco Control Plan Guidelines for local lead	1,008,700	a) San Francisco Study Center	1663 Mission Street, Suite 310, San Francisco, CA 94103	Geoffrey Link	Richard Livingston, Tina Tong Yee, Ph.D., Reiko Homma True, Ph.D., John Burke, Hazim Elbagi, Eric Eldon, Benjamin A. Kutnick, Jeanne Kwong, Stas Margorant, Jim McWilliams
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			b) UCSF - Intervention for Young Adults of Color	1930 Market St. SF, CA 94102	James W. Dilley, MD	Kate Shumate, Susan M. Breall, Phil De Carlo, Beaux Alexander, Murtaza Ghadiali, MD, Mahsa Hakim, Brad Hare, MD, Enchi Liu, PhD, Dr. Béatrice Mettler, Ken Pearce, Reggie Snowden, Sophia Toh, James C. Ward
			c) Heluna Health	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Erik D. Ramanathan, JD, Delvechio Finley, MPP, FACHE; Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carleendes Edwards, PhD; Clarence Lam, MD, MPH; Edward Yip, JD, Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DPH, FACHE; Santosh Veticadani, MD, PhD, MBA; Sarah Mullen Rich, MBA, Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH
22	Black Infant Health Program Provide outreach and referral services, pediatric care, education and follow-up support to African American pregnant & postpartum women and their infants	78,942	a) HealthRight 360	1563 Mission St. SF, CA 94103	Dr. Vikka Eisen	Trisha Walsh (Board Chair), James McElwee (Board Vice Chair), Bryan B.C.I. Graham (Board Secretary), Dr. Yener Balan, Deborah Koski, Barbara Kostick, MD, FAAP, Jenna Lavaras, Anji Mandevia, Ann McClanahan, Melissa Mendosa, Paul Pitts, Karen E. Poirier, Ramona Shew
			a) Heluna Health	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Erik D. Ramanathan, JD, Delvechio Finley, MPP, FACHE; Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carleendes Edwards, PhD; Clarence Lam, MD, MPH; Edward Yip, JD, Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DPH, FACHE; Santosh Veticadani, MD, PhD, MBA; Sarah Mullen Rich, MBA, Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH
			b) Felton Institute	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Amy Soliday, Will Smiley, Elisabeth A. Madden, Michael N. Hoffman, Paul Adams, Dale Butler, Dr. Michele Clark, Dr. H. Westley Clark, Veronica Garcia, Terry M. Limpert, Lisa Loughrey, Amelia Maccoun Morris, Lauren Mikuski, Eric Minkov, JD Moltra, Michael Oinas, Yasmine Rafidi, Aleyah Shamshobra, Darren Skolnick, Matt Snyder, Dr. Richard M. Tsai
			a) San Francisco Public Health Foundation	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Penny Eardley	Elizabeth Ferber, President; Robyn Frye, Vice President; Anyanna Bennett, MD, MPH, FAAP, Secretary; Tim McDowell, Treasurer; Penny Eardley, Executive Director; Nicole Falk, Sarah Fine, Elizabeth Longstreth, James Loyce JR., Courtney Lyles, PhD, Alice Vilagomez, Dee Dee Workman
			b) UCLA Office of the Chancellor	2147 Murphy Hall Los Angeles, CA 90095	Gene Block, Chancellor	Appointed Regents: Maria Angarito, Richard C. Blum, Gareth Elliott, Howard "Peter" Gubin, George Kieffer, Sheryl L. Lansing, Hadi Makarchian, Elty Otzy Oakley, Lark Park, John A. Pérez, Richard Sherman, Ellen Tauscher, Charlene Zetler, Devon Graves (Student Regent); Ex Officio Regents: Edmund G. Brown, Jr., Gavin Newsom, Anthony Rendón, Thomas Torlakson, Darrin Anderson, Janet Napolitano, Janet Napolitano; Officers of the Regents: Edmund G. Brown, Jr., George Kieffer, John A. Pérez, Jagdeep Singh Bhatnagar, Charles F. Robinson, Anne Shaw, Alexander Bustamante Faculty Representatives to the Regents: Robert May, Staff Adviser to the Board of Regents: Sherry Man
			c) Children's Council of San Francisco	445 Church Street, San Francisco, CA 94114	Sandee Blechman	Anna Nordberg (Chair), Deborah Sims (Vice Chair), Magda Dusetzka (Treasurer), Shara Chang (Secretary), Omar Butler, Elizabeth Diana, Victoria Fram, Jessica Hillebrand, Sophie Hood, George Isaac, Jim Kirk, Gabe Morony, Fatma Moore, Fatma Page, Peter Rosenberg, Chris Thomas, Brandy Yause
23	Maternal and Child Health Coordination and advocacy for programs and services targeting women and children and review of fetal infant deaths.	301,248	a) Felton Institute	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Amy Soliday, Will Smiley, Elisabeth A. Madden, Michael N. Hoffman, Paul Adams, Dale Butler, Dr. Michele Clark, Dr. H. Westley Clark, Veronica Garcia, Terry M. Limpert, Lisa Loughrey, Amelia Maccoun Morris, Lauren Mikuski, Eric Minkov, JD Moltra, Michael Oinas, Yasmine Rafidi, Aleyah Shamshobra, Darren Skolnick, Matt Snyder, Dr. Richard M. Tsai
			a) Felton Institute	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Amy Soliday, Will Smiley, Elisabeth A. Madden, Michael N. Hoffman, Paul Adams, Dale Butler, Dr. Michele Clark, Dr. H. Westley Clark, Veronica Garcia, Terry M. Limpert, Lisa Loughrey, Amelia Maccoun Morris, Lauren Mikuski, Eric Minkov, JD Moltra, Michael Oinas, Yasmine Rafidi, Aleyah Shamshobra, Darren Skolnick, Matt Snyder, Dr. Richard M. Tsai
			b) Felton Institute	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Amy Soliday, Will Smiley, Elisabeth A. Madden, Michael N. Hoffman, Paul Adams, Dale Butler, Dr. Michele Clark, Dr. H. Westley Clark, Veronica Garcia, Terry M. Limpert, Lisa Loughrey, Amelia Maccoun Morris, Lauren Mikuski, Eric Minkov, JD Moltra, Michael Oinas, Yasmine Rafidi, Aleyah Shamshobra, Darren Skolnick, Matt Snyder, Dr. Richard M. Tsai
			a) San Francisco Public Health Foundation	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Penny Eardley	Elizabeth Ferber, President; Robyn Frye, Vice President; Anyanna Bennett, MD, MPH, FAAP, Secretary; Tim McDowell, Treasurer; Penny Eardley, Executive Director; Nicole Falk, Sarah Fine, Elizabeth Longstreth, James Loyce JR., Courtney Lyles, PhD, Alice Vilagomez, Dee Dee Workman
			b) UCLA Office of the Chancellor	2147 Murphy Hall Los Angeles, CA 90095	Gene Block, Chancellor	Appointed Regents: Maria Angarito, Richard C. Blum, Gareth Elliott, Howard "Peter" Gubin, George Kieffer, Sheryl L. Lansing, Hadi Makarchian, Elty Otzy Oakley, Lark Park, John A. Pérez, Richard Sherman, Ellen Tauscher, Charlene Zetler, Devon Graves (Student Regent); Ex Officio Regents: Edmund G. Brown, Jr., Gavin Newsom, Anthony Rendón, Thomas Torlakson, Darrin Anderson, Janet Napolitano, Janet Napolitano; Officers of the Regents: Edmund G. Brown, Jr., George Kieffer, John A. Pérez, Jagdeep Singh Bhatnagar, Charles F. Robinson, Anne Shaw, Alexander Bustamante Faculty Representatives to the Regents: Robert May, Staff Adviser to the Board of Regents: Sherry Man
			c) Children's Council of San Francisco	445 Church Street, San Francisco, CA 94114	Sandee Blechman	Anna Nordberg (Chair), Deborah Sims (Vice Chair), Magda Dusetzka (Treasurer), Shara Chang (Secretary), Omar Butler, Elizabeth Diana, Victoria Fram, Jessica Hillebrand, Sophie Hood, George Isaac, Jim Kirk, Gabe Morony, Fatma Moore, Fatma Page, Peter Rosenberg, Chris Thomas, Brandy Yause
26	Nutrition Network Project Project to increase nutrition education and physical activity targeted to California's under-served populations	310,000	a) 18 Reasons	3150 18th Street, #315, San Francisco, CA 94110 (Mail) 3074 18th Street, SF, CA 94110 (Visit)	Sarah Nelson	Mark Sanchez, Gabriela Lopez, Alison M. Collins, Steven Cook, Jerry Lam, Faauqa Mollga, Rachel Norton
			b) San Francisco Unified School District	555 Franklin Street, San Francisco, CA 94102	Dr. Vincent Matthews, Superintendent	Anna Nordberg (Chair), Deborah Sims (Vice Chair), Magda Dusetzka (Treasurer), Shara Chang (Secretary), Omar Butler, Elizabeth Diana, Victoria Fram, Jessica Hillebrand, Sophie Hood, George Isaac, Jim Kirk, Gabe Morony, Fatma Moore, Fatma Page, Peter Rosenberg, Chris Thomas, Brandy Yause
			c) Children's Council of San Francisco	445 Church Street, San Francisco, CA 94114	Sandee Blechman	Anna Nordberg (Chair), Deborah Sims (Vice Chair), Magda Dusetzka (Treasurer), Shara Chang (Secretary), Omar Butler, Elizabeth Diana, Victoria Fram, Jessica Hillebrand, Sophie Hood, George Isaac, Jim Kirk, Gabe Morony, Fatma Moore, Fatma Page, Peter Rosenberg, Chris Thomas, Brandy Yause
			a) San Francisco Public Health Foundation	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Penny Eardley	Elizabeth Ferber, President; Robyn Frye, Vice President; Anyanna Bennett, MD, MPH, FAAP, Secretary; Tim McDowell, Treasurer; Penny Eardley, Executive Director; Nicole Falk, Sarah Fine, Elizabeth Longstreth, James Loyce JR., Courtney Lyles, PhD, Alice Vilagomez, Dee Dee Workman
			b) UCLA Office of the Chancellor	2147 Murphy Hall Los Angeles, CA 90095	Gene Block, Chancellor	Appointed Regents: Maria Angarito, Richard C. Blum, Gareth Elliott, Howard "Peter" Gubin, George Kieffer, Sheryl L. Lansing, Hadi Makarchian, Elty Otzy Oakley, Lark Park, John A. Pérez, Richard Sherman, Ellen Tauscher, Charlene Zetler, Devon Graves (Student Regent); Ex Officio Regents: Edmund G. Brown, Jr., Gavin Newsom, Anthony Rendón, Thomas Torlakson, Darrin Anderson, Janet Napolitano, Janet Napolitano; Officers of the Regents: Edmund G. Brown, Jr., George Kieffer, John A. Pérez, Jagdeep Singh Bhatnagar, Charles F. Robinson, Anne Shaw, Alexander Bustamante Faculty Representatives to the Regents: Robert May, Staff Adviser to the Board of Regents: Sherry Man
			c) Children's Council of San Francisco	445 Church Street, San Francisco, CA 94114	Sandee Blechman	Anna Nordberg (Chair), Deborah Sims (Vice Chair), Magda Dusetzka (Treasurer), Shara Chang (Secretary), Omar Butler, Elizabeth Diana, Victoria Fram, Jessica Hillebrand, Sophie Hood, George Isaac, Jim Kirk, Gabe Morony, Fatma Moore, Fatma Page, Peter Rosenberg, Chris Thomas, Brandy Yause
28	Supporting Treatment and Reducing Recidivism (STAR) - PROP 47 To provide additional Substance Use Disorder treatment services for individuals who have been arrested for, charged with, or convicted of a criminal offense	1,005,695	a) San Francisco Public Health Foundation	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Penny Eardley	Elizabeth Ferber, President; Robyn Frye, Vice President; Anyanna Bennett, MD, MPH, FAAP, Secretary; Tim McDowell, Treasurer; Penny Eardley, Executive Director; Nicole Falk, Sarah Fine, Elizabeth Longstreth, James Loyce JR., Courtney Lyles, PhD, Alice Vilagomez, Dee Dee Workman
			b) The Salvation Army, San Francisco Harbor Light Center	1275 Harrison Street, San Francisco, CA 94103	Brian Peddie	The High Council
			c) Felton Institute	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Amy Soliday, Will Smiley, Elisabeth A. Madden, Michael N. Hoffman, Paul Adams, Dale Butler, Dr. Michele Clark, Dr. H. Westley Clark, Veronica Garcia, Terry M. Limpert, Lisa Loughrey, Amelia Maccoun Morris, Lauren Mikuski, Eric Minkov, JD Moltra, Michael Oinas, Yasmine Rafidi, Aleyah Shamshobra, Darren Skolnick, Matt Snyder, Dr. Richard M. Tsai
			d) Hatcher Tabernik & Associates Inc	2560 9th St., Suite 211, Berkeley, CA 94710	Tim Tabernik	Dina Hatcher, Lori Allio, Randy Malai, Daryi Niermeyer, Danielle Toussaint
			a) San Francisco Public Health Foundation	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Penny Eardley	Elizabeth Ferber, President; Robyn Frye, Vice President; Anyanna Bennett, MD, MPH, FAAP, Secretary; Tim McDowell, Treasurer; Penny Eardley, Executive Director; Nicole Falk, Sarah Fine, Elizabeth Longstreth, James Loyce JR., Courtney Lyles, PhD, Alice Vilagomez, Dee Dee Workman
			b) The Salvation Army, San Francisco Harbor Light Center	1275 Harrison Street, San Francisco, CA 94103	Brian Peddie	The High Council
29	Promoting Recovery and Services for Prevention of Recidivism (PRSP) - PROP 47 To provide additional Substance Use Disorder treatment services for individuals who have been arrested for, charged with, or convicted of a criminal offense	1,802,707	a) San Francisco Public Health Foundation	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Penny Eardley	Elizabeth Ferber, President; Robyn Frye, Vice President; Anyanna Bennett, MD, MPH, FAAP, Secretary; Tim McDowell, Treasurer; Penny Eardley, Executive Director; Nicole Falk, Sarah Fine

		m) FSA Geriatric	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Amy Soliday, Will Smiley, Elisabeth A. Madden, Michael N. Hofman, Paul Adams, Dale Butler, Dr. Michelle Clark, Dr. H. Westley Clark, Veronica Garcia, Terry M. Limpert, Lisa Loughney, Amelia Maccoun Morris, Lauren Mikulski, Eric Minkove, JD Mohr, Michael Onas, Yasmine Rafidi, Aletyiah Shambhoora, Damen Skolnick, Matt Snyder, Dr. Richard M. Tsai
		n) RAMS	3628 Balboa St, SF, CA 94124	Jorge Wong	Cynthia Hui, Loren Krane, Anoshua Chaudhuri, Alvin N. Alvarez, Elizabeth Loh, Tom Yeh
		o) San Francisco Public Health Foundation	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Penny Eardley	Elizabeth Farber, President; Robyn Frye, Vice President; Aynna Bennett, MD, MPH, FAAP, Secretary; Tim McDowell, Treasurer; Penny Eardley, Executive Director; Nicole Falk, Sarah Fine, Elizabeth Longstrech, James Joyce Jr., Courtney Livesy, PhD, Alice Wagoner, Dee Dee Workman
39	Oral Health Program Prop 56 Provide activities that support oral health plan and build capacity for the facilitation and implementation of education, prevention, linkage to treatment, surveillance, and case management services.	a) APA Family Support Services	10 Nottingham Place, San Francisco, CA 94133	Rick Yuen	Rose Chung, Cary Chen, Jacqueline Hui, Julie Hoise, Joyce Tso, Mai-Sie Chan, M.D., Van Diep, Stephen Koh, CLF, Fanny Lam, Kory Lam, Susan Sung, Ph. D., Dean Yao, Ph.D., Rick Yuen
		b) CARECEN	3101 Mission St Suite #101, San Francisco, CA 94110	Jose Arliga	Jose Arliga, Elena Asturias, Kathleen Coll, Honorable Carmen Flores, Michelle Loya-Talantes, Gabriela Rodeno, Father Richard Smith, Ph.D.
		c) University of California, San Francisco	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	William E. Oberdorfer, Arthur H. Kern, Andrew Ach, Faustino Bernadett, Peter Briger, Todd Carter, Selina Gau Cha, Fred Cohen, Connie Chen, Robin Richards Donohue, Dana Emery, William S. Fisher, Sameer Gandhi, Brian Grossman, Philip Hammarskjöld, Julia Hertz, Cel Kanjia, Richard Kimball, George Marcus, Nion McEvoy, Amy McKnight, Jason Moment, Lisa Pritzker, Steven Read, George Scangos, Shahan Soghikian, Amanda M. Wallis, Joan Weili, Andrew Webster
		d) NIOS Chinese Health Coalition	1208 Mason St, San Francisco, CA 94108	Kent Woo	Ben Lui, M.D., May Leong, Cathy Chan, Nancy Lim-Yee
41	SB 82 Triage TAY To create a multidisciplinary, integrated crisis TRIAGE intervention and support program specifically for Transition Age Youth (TAY) age 16 to 25	a) Felton Institute	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Amy Soliday, Will Smiley, Elisabeth A. Madden, Michael N. Hofman, Paul Adams, Dale Butler, Dr. Michelle Clark, Dr. H. Westley Clark, Veronica Garcia, Terry M. Limpert, Lisa Loughney, Amelia Maccoun Morris, Lauren Mikulski, Eric Minkove, JD Mohr, Michael Onas, Yasmine Rafidi, Aletyiah Shambhoora, Damen Skolnick, Matt Snyder, Dr. Richard M. Tsai
		b) HealthRight 360	1563 Mission St, SF, CA 94103	Dr. Vikta Eisen	Trisha Walsh (Board Chair), James McElwee (Board Vice Chair), Bryan B. C.1. Graham (Board Secretary), Dr. Yener Balan, Deborah Koski, Barbara Kostick, MD, FAAP, Jemma Lavarias, Arj Mandavala, Ann McClanahan, Melissa Mendoza, Paul Pitts, Karen E. Pointer, Ramona Shewl
42	Pre-Trial Felony Mental Division Program To implement and demonstrate the effectiveness of a pre-trial diversion program specifically geared to individuals with specific serious mental disorders who have been charged with at least one felony	a) University of California, San Francisco	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	William E. Oberdorfer, Arthur H. Kern, Andrew Ach, Faustino Bernadett, Peter Briger, Todd Carter, Selina Gau Cha, Fred Cohen, Connie Chen, Robin Richards Donohue, Dana Emery, William S. Fisher, Sameer Gandhi, Brian Grossman, Philip Hammarskjöld, Julia Hertz, Cel Kanjia, Richard Kimball, George Marcus, Nion McEvoy, Amy McKnight, Jason Moment, Lisa Pritzker, Steven Read, George Scangos, Shahan Soghikian, Amanda M. Wallis, Joan Weili, Andrew Webster
		c) Hatchuel Tabemik & Associates Inc	2560 9th St, Suite 211, Berkeley, CA 94710	Tim Tabemik	Dina Hatchuel, Lori Aino, Randy Matari, Dany Nienewer, Danielle Toussaint
43	Hepatitis C Virus (HCV) Prevention and Control Activities Support hepatitis C (HCV) elimination activities for populations at risk of forward transmission.	a) Heluna Health	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Erik D. Ramanathan, JD, Delvecchio Frinley, MPP, FACHE, Robert R. Jenks, MBA; Tamara Joseph, JD, Alex Baker, MBA, Carladense Edwards, PhD; Clarence Lam, MD, MPH; Edward Yip, JD, Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DPH, FACHE; Sanjosh Veticaden, MD, PhD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH
		b) Shanti	730 Polk Street, 3rd Floor San Francisco, CA 94109	Kaushik Roy	William L. Dawes, Jamie Emis, Jerry Francone, Sheila Fischer Kieman, Mick Keenan, MD, Catherine Lawlor, Pay D., Colleen McCarthy, John Sell, Ethan M. Sullivan, Chip Sugartich, Josh Weinstein
47	Overdose Prevention Program in Single Room Occupancy (SRO) Hotels To implement an overdose prevention program in Single Room Occupancy (SRO) hotel rooms.	a) Heluna Health	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Erik D. Ramanathan, JD, Delvecchio Frinley, MPP, FACHE, Robert R. Jenks, MBA; Tamara Joseph, JD, Alex Baker, MBA, Carladense Edwards, PhD; Clarence Lam, MD, MPH; Edward Yip, JD, Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DPH, FACHE; Sanjosh Veticaden, MD, PhD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH
		b) Harm Reduction Coalition DOPE Project	1111 Broadway, 3rd Floor Oakland, CA 94607	Monique Tula	Russel Barbour, PhD, Tito Fuentes, Corinne Green, Mark Kristy, Alex H. Kral, PhD, (Vice-Chair), Dakara Lametti, Manisa S. Mohitash, (Treasurer), William O. Pick, MSW, JD, Nandini Pillai, (Secretary), Lisa Ramirez, Carlos Rogi, Susan Sherman, MPH, PhD (President), Julie Stamper, Hansel Tookes
49	Overdose Data to Action - Academic Detailing To reduce drug-overdose deaths by conducting public education and community outreach, expanding medication assisted treatment efforts, and utilizing opioid data to inform actions and interventions at the hospital level.	a) Heluna Health	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Erik D. Ramanathan, JD, Delvecchio Frinley, MPP, FACHE, Robert R. Jenks, MBA; Tamara Joseph, JD, Alex Baker, MBA, Carladense Edwards, PhD; Clarence Lam, MD, MPH; Edward Yip, JD, Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DPH, FACHE; Sanjosh Veticaden, MD, PhD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH
<b>Total</b>					<b>12,282,199</b>

Recurring FY 2020 - 2021 State Grants, Attachment A

	Program/ Sub-Program	Agency	Grant Type	State Contract Number	FY 20-21 Grant Term	FY 20-21 Grant Amount	FY 20-21 Indirect Costs	Indirect Cost Information	Match	In-kind	Subcontract Amount	Title, Services, FY 2020-21	Program Manager	Phone Number	Grant Code	Project code	Staff	Grant Status
1	Administration	CDPH - EPO	Federal Pass-through	17-10188	7/1/20 - 6/30/21	302,300	15,115	7.11% of personnel cost	-	-	-	Hospital Preparedness Program Grant funds the planning and coordination of hospital preparedness activities for health care facilities	Amanda Kwong	628-206-7618	HCAC11-21	10035549	Peter	Active
2	AIDS Office - Health Services	CA Dept. of Public Health (CDPH)	Federal Pass-through	18-10886	4/1/20 - 3/31/21	3,248,921	-	-	-	-	2,851,996	HCP is a Two-tiered approach to service prioritization & delivery based on service categories defined by HRSA. Tier 1 services are outpatient & ambulatory medical care. Tier 2 support access to Western States Node of the National Drug Abuse Treatment Clinical Trials Network.	Bill Blum / Saj Shaikh	415-255-3512	HCAO16-20	10035478	Olive	Active
3	Center for Research	The Regents of the University of California	Federal Pass-through	8952sc	6/1/21-5/31/22	19,558	1,778	10% of total direct costs	-	-	-	SFDPH will work in conjunction with the UCSF to provide the infrastructure for the Western States Node of the Nat'l Drug Abuse Treatment Clinical Trials Network.	P. Coffin / Saj Shaikh	415-255-3512	HCAO98-21	10035467	Jeannette	Active
4	Epidemiology & Disease Control	CDPH-Emergency Preparedness	State	17-10188	7/1/20-6/30/21	88,788	4,438	5.3% if personnel	-	-	-	CA Pandemic Influenza Preparedness Prepare for and respond to bioterrorism, infectious disease outbreaks, and other public health threats and emergencies.	Amanda Kwong	628-206-7618	HCD113-21	10035505	Elizabeth	Active
5	Center for Learning & Innovation	The Regents of the University of California	Federal Pass-through	10612sc	9/1/20 - 8/31/21	27,227	2,917	12% of tdc	-	-	-	UCSF-GIVI Center for AIDS Research The goal of the CFAR Mentoring Program Director is to create a new vision for and sustain a comprehensive two year mentoring program for early career HIV investigators, providing each with access to the tools needed for future success in academic research..	J. Fuchs / Saj Shaikh	415-255-3512	HCD134-21	10035527	David	Pending
6	STD Control	The California Department of Public Health	State	16-10733	07/01/20 - 06/30/21	554,425	12,512	25% based on personnel cost	-	-	347,023	Local Assistance for Core STD Management To provide local assistance funding to local health jurisdictions to build local infrastructure and workforce capacity to conduct STD surveillance and implement evidence-based, effective interventions to reduce the transmission and negative health effects of sexually transmitted infections	Maggie Han	206-628-2681	HCD142-21	10035480	Victoria	Pending
7	TB Control	CA Department of Public Health	Federal Pass-through	1990TBESC09	9/29/20 - 9/28/21	214,468	-	-	-	-	73,307	Tuberculosis Epidemiologic Studies Tuberculosis Epidemiology Studies (TB ESC) Task Order "Improving the Diagnosis and Treatment of Latent Tuberculosis Infection	Laura Romo	415-206-2276	HCDC12-21	10035496	Victoria	Active
8	TB Control	California Department of Public Health	State	1990CTCA00	7/01/20 - 6/30/21	200,000	4,554	2.33% Personnel & Contractual	-	-	162,226	Support Tuberculosis Prevention & Control Activities Local assistance funding to support tuberculosis (TB) prevention & control activities	Maggie Han	415-206-6101	HCDC22-21	10035495	Victoria	Active
9	Environmental Health	State Water Resources Control Board	State	D19-08-005	7/1/20 - 6/30/21	493,000	43,866	10% of personnel	-	-	-	State Local Oversight Program Local oversight of clean-up activities of leaking underground storage tank sites.	Stephanie Cushing	415-252-3926	HCEH08-21	10035469	Olive	Active
10	Center for Research	The Regents of the University of California	Federal Pass-through	10129sc 01	4/1/21 - 3/31/22	44,295	4,746	12% of total direct expenses	-	-	-	UCSF Technical Assistance, 10129sc GH13-1368, HQ, Technical Assistance to Countries Supported by the PEPFAR and Global	W. McFarland / Jessica Huang	415-255-3702	HCIV20-21	10035533	Jeannette	Active
11	Center for Research	The Regents of the University of California	Federal Pass-through	10409sc	7/1/20 - 6/30/21	22,101	2,368	12% of tdc	-	-	-	Improving the HIV PreP Cascade using an Intervention for Provider SFDPH will provide technical assistance to UCSF.	A. Liu / Saj Shaikh	415-255-3512	HCIV24-21	10035561	David	pending
12	Center for Research	The Regents of the University of California	Federal Pass-through	10815sc	4/1/21 - 3/31/22	41,488	4,445	12% of tdc	-	-	-	UCSF Technical Assistance, 10815sc SFDPH will provide technical assistance to UCSF	W. McFarland / Jessica Huang	415-255-3702	HCIV25-21	10035532	Jeannette	Active
13	MCH	CDPH - MCH Branch	Federal Pass-through	19-38	7/1/20-6/30/21	1,412,236	65,252	5.45% of personnel	-	-	-	Nurse Family Partnership Nurses providing home visits with priority given to women with high risk factors to help women break the cycle of poverty and abuse.	Joshua Nossiter/ Mary Hansell	415-558-4037	HCMC02-21	10035506	Elizabeth	Active
14	Environmental Health	CDPH-CLPPB	Multiple funding sources	Program Letter 2019-03 dated 11/25/19	7/1/20 - 6/30/21	692,216	74,810	15% of personnel costs	-	-	-	Lead Case Management Contract Identify and manage cases of children with elevated lead levels in their blood.	Haroon Ahmad	415-252-3956	HCPB02-21	10035471	Olive	Active
15	AIDS Office - Health Services	CDPH-OA-ADAP	State	15-10498 AO1	7/1/20 - 6/30/21	145,000	-	-	-	-	-	State AIDS Drug Assistance Program Administration of the AIDS Drug Assistance Program enrollment process provided by SFDPH and/or its subcontractors.	Kevin Hutchcroft/ Saj Shaikh	415-437-6244	HCPD10-21	10026702 10001992 10001810 10001859	Cynthia Huang	SFGH
16	ARCHES	CDPH-Office of AIDS	State	16-10798	7/1/20 - 6/30/21	760,728	85,626	15% of personnel costs	-	-	115,000	State AIDS Surveillance Program HIV/AIDS Surveillance program provides precise & timely information necessary to identify ongoing patterns of infection & to measure the burden of the disease.	Susan Scheer / Saj Shaikh	415-255-3512	HCPD14-21	10035498	David	Pending
17	TB Control	Department of Health Services	State	1990BASE00 & 1990FSIE00	7/1/20 - 6/30/21	339,570	13,493	5% Salaries	-	-	15,000	Tuberculosis Subvention To provide outreach and housing services for homeless tuberculosis patients and implement the "Directly Observed Therapy Program (DOT) for tuberculosis cases.	Maggie Han	628-206-2681	HCPD21-21	10035494	Victoria	Active
18	Epidemiology & Disease Control	CDPH - Immunization Branch	Federal Pass-through	17-10345	7/1/20-6/30/21	275,070	-	-	-	-	-	Immunization Services Grant Administers an immunization program against nine vaccine preventable diseases and prenatal Hepatitis B services.	Amanda Kwong / Wesley Wong	628-206-7618 / 415-554-2669	HCPD29-21	10035550	Peter	Active
19	PHEPR	CDPH Emergency Preparedness	Federal Pass-through	17-10188	7/1/20-6/30/21	622,712	27,266	5.4% of personnel	-	-	37,345	Health Preparedness and Response Prepare for and respond to bioterrorism, infectious disease outbreaks, and other public health threats and emergencies	Jan Gurley/ Amanda Kwong	628-206-7618	HCPD69-21	10035547	Elizabeth	Active
20	PHEPR	CDPH-Emergency Preparedness	Federal Pass-through	17-10188	7/1/20-6/30/21	149,081	7,625	5.4% of personnel	-	-	-	Cities Readiness Initiative Increase & enhance readiness to make effective use of the Strategic National Stockpile (SNS) in the event of several possible types of catastrophic terrorist attacks.	Jan Gurley/ Amanda Kwong	628-206-7618	HCPD95-21	10035548	Elizabeth	Active

Recurring FY 2020 - 2021 State Grants, Attachment A

21	Health Education-Health Promotion	DHS - Tobacco Section	State	CTCP-17-38	7/1/20 - 6/30/21	2,445,694	176,999	15% of personnel cost	-	-	1,008,700	Tobacco Free Project Provide tobacco education in accordance with the State Comprehensive Tobacco Control Plan Guidelines for local lead agencies.	Derek Smith	628-206-7640	HCPH01-21	10035500	Miguel	Active
22	MCH	DHS-MCH Branch	Federal Pass-through	201938	7/1/20 - 6/30/21	1,282,356	37,730	based on time study, and 25% of salary & fringe	597,734	-	78,942	Black Infant Health Program Provide outreach and referral services, pediatric care, education and follow-up support to African American pregnant & postpartum women and their infants.	Joshua Nossiter/ Aline Armstorg	415-558-4037	HCPM02-21	10035507	Peter	Active
23	MCH	CDPH - MCH Branch	Federal Pass-through	201938	7/1/20-6/30/21	5,899,878	886,441	25% of personnel costs based on time study	7,274,965	-	301,248	Maternal and Child Health Coordination and advocacy for programs and services targeting women and children and review of fetal infant deaths.	Joshua Nossiter/ Aline Armstorg	415-558-4037	HCPM03-21	10035508	Elizabeth	Active
24	MCH	CDPH - CMS Branch	Multiple funding sources	19-01	7/1/20 - 6/30/21	1,758,079	218,078	2001 & 2002: 25% of salary	594,555	-	-	CHDP/EPSTDT Children's health and disability prevention services	Dorothy Quan	415- 575-5784	HCPM05-21	10035509	Peter	Active
25	MCAH	Health and Human Services (WIC)	Federal Pass-through	19-10182	10/1/20 - 9/30/21	2,861,565	-	-	-	-	-	WIC Program Nutrition, education, and supplemental foods to pregnant, lactating or post-partum women and to children under 5 years who are receiving on-going medical care.	Priti Rane	415- 575-5716	HCPM08-21	10035510	Peter	Active
26	MCAH	CDPH	Federal Pass-through	19-10345	10/1/20 - 9/30/21	803,000	-	-	-	-	310,000	Nutrition Network Project Project to increase nutrition education and physical activity targeted to California's under-served populations.	Priti Rane	415- 575-5716	HCPM13-21	10035511	Peter	Active
27	MCH	CA Dept. of Health Services/CMS	Federal Pass-through	19-02	7/1/20 - 6/30/21	758,466	-	-	-	-	-	Health Care Program Children in Foster Care To provide health care program for children in foster care	Kimberlee Pitters / Josh Nossiter	415- 575-5764	HCPM14-21	10035512	Peter	Active
28	Substance Use Disorder	Board of State & Community Corrections	State	553-19	1/1/21-12/31/21	1,458,183	69,437	5% of total direct project costs, excluding equipm	498,064	-	1,005,695	Starr Prop 47 Providing additional residential treatment beds, outpatient case management, and support services for criminal justice-involved adults with co-occurring substance use disorder and mental health issues	Angelica Almeida	415- 255-3722	HCSA17-20	10035553	Peter	Active
29	Substance Abuse	California State & Community Corrections	State	BSCC 553-17	6/16/20 - 8/15/21	2,004,523	200,452	10% of the total grant amount	2,107,972	-	1,802,707	Promoting Recovery and Services for Prevention of Recidivism (PRSPR) -PROP 47 To provide additional Substance Use Disorder treatment services	Angelica Almeida	415- 255-3722	HCSA16-21	10035557	Peter	Active
30	CBHS-Mental Health	CA. Dept. of Corrections and Rehab	State	CS606530	7/1/20 - 6/30/21	703,467	-	-	-	-	703,467	Integrated Services to Mentally Ill Parolees The ISMIP program provides comprehensive mental health and supportive services, including housing subsidies, to parolees who suffer from mental illness and are at risk of homelessness	Edwin Batongbacal	415-255-3446	HMAD01-21	10035503	Miguel	Active
31	CBHS - Mental Health	Ca Department of Rehabilitation	Federal Pass-through	30952	7/1/20 - 6/30/21	90,400	-	-	818,875	-	-	State Vocational Rehabilitation Services Provide vocational rehabilitation services	Juan Ibarra	415-255-3693	HMAD04-21	10035502	Miguel	Active
32	CBHS-Mental Health	Regents of The University of California	Federal Pass-through	10259c02	8/01/20-7/31/21	97,531	-	-	-	-	-	HRSA Title IV HIV Services Center for Special Problems provides professional outpatient mental health services to women who have HIV and their adult family members.	Sajid Shaikh	415-255-3512	HMM005-21	10035481	Victoria	Active
33	CBHS-Mental Health	Dept. of Health Care Services Mental Health	Federal Pass-through	Letter sent 11/13/19	7/1/20 - 6/30/21	4,804,415	-	-	-	-	1,780,466	SAMSHA - MHBG, System of Care To provide timely access to appropriate care for severely mentally ill (SMI), dually diagnosed adults and seriously emotionally disturbed (SED) children and youth	Edwin Batongbacal	415-255-3446	HMM007-21	10035461	Miguel	Active
34	Primary Care	The Regents of the University of California	State	11096sc	7/1/20 - 6/30/21	111,674	22,335	25% of personnel	-	-	-	Funds will be used to support an entry-level quality improvement coordinator/data analyst for the San Francisco Health Network who will serve as the tobacco project coordinator for the duration	Beth Neary	628-206-7679	PC101-21	10035566	Jeannette	Pending
35	Center for Research	The Regents of the University of California	State	10214sc	4/1/21 - 3/31/22	29,729	3,185	12% of tdc	-	-	-	Development of a UCSF-Gladstone CFAR Health Disparities Core Dr. Liu is the Assistant Core Director for this project. He is responsible for attending quarterly meetings, addressing issues of funding and budgets and addressing core user needs.	A. Liu / Saj Shaikh	415-255-3512	PD106-21	10035560	David	Pending
36	Environmental Health	California Department of Public Health	State	20-10012	7/1/20 - 6/30/21	290,500	-	-	-	-	-	CDPH Prop 56 Tobacco Grant The Department provides funding to local law enforcement agencies to attend trainings to ensure staff are trained properly and are knowledgeable in tobacco-related laws and protocols.	Jen Callewaert	415-252-3971	PD108-21	10035534	Jeannette	Active
37	Center for Research	The Regents of the University of California	Federal Pass-through	11580sc	9/30/20- 9/29/21	70,196	7,521	12% of mtdc	-	-	-	Recent Infection Surveillance Consortium Dr. McFarland will provide high level technical assistance on surveillance strategy.	W. McFarland / Jessica Huang	415-255-3702	PD113-21	10035529	Jeannette	Pending
38	Environmental Health	California Department of Justice	State	DOJ-PROP56-2019-20-1-055	7/1/20 - 6/30/21	160,651	7,650	5% of total personnel services	-	-	-	DOJ Tobacco Grant Program This enforcement grant will allow SFDPH to increase the Department's capacity for outreach and education; expand police decoy operations; eliminate illegal sales of tobacco; develop a protocol to investigate consumption; and to share data and knowledge.	Jen Callewaert	415-252-3971	PD116-21	10035535	Jeannette	Pending
39	MCH	CDPH - Office of Oral Health	State	17-10719	7/1/20 - 6/30/21	308,879	38,301	17% of Personnel Cost	-	-	25,000	Oral Health Program Prop 56 Provide activities that support oral health plan and build capacity for the facilitation and implementation of education, prevention, linkage to treatment, surveillance, and case management services.	Prasanthi Patel	415-575-5706	PM101-21	10035513	Peter	Active
40	MCH	DHS-MCH Branch	State	19-10604	7/1/20 - 6/30/21	459,560	-	-	-	-	-	California Perinatal Equity Initiative Deepen understanding of the gaps in services within the Black community contributing to increased infant mortality rates and the promising interventions to reduce Black infant mortality	Joshua Nossiter / Aline Armstrong	415-558-4037	PM102-21	10035931	Peter	Pending
41	CBHS-Mental Health	Mental Health Services Oversight & Accountability Commission	State	17MHSOAC045	7/1/20 - 6/30/21	453,517	-	-	-	-	333,354	SB 82 Traige TAY To create a multidisciplinary, integrated crisis TRIAGE intervention and support programspecially for Transition Age Youth(TAY) age 16 to 25	Marlo Simmons	415-255-3915	HM101-21	10035462	Miguel	Pending

Recurring FY 2020 - 2021 State Grants, Attachment A

42	CBHS-Mental Health	Department of State Hospitals	State	Pending	7/1/20 - 6/30/21	760,047	68,986	10% Direct Charges	155,503	-	524,669	Pre-Trial Felony Mental Division Program To implement and demonstrate the effectiveness of a pre-trial diversion program specifically geared to individuals with specific serious mental disorders who have been charged with at least	Angelica Almeida	415-255-3722	HM105-21	10035198	Miguel	Pending
43	AIDS Office - Health Services	CA Dept. of Public Health (CDPH)	State	award letter dated November 21, 2019	7/1/20 - 6/30/21	190,046	-	-	-	-	188,211	Hepatitis C Virus (HCV) Prevention and Control Activities Support hepatitis C (HCV) elimination activities for populations at risk of forward transmission.	Katie Burk / Sajid Shaikh	415-255-3512	PD126	10035887	Miguel	Pending
44	Bridge HIV	The Regents of the University of California	State	11324sc	4/1/21 - 3/31/22	99,636	10,675	12% of mtdc	-	-	-	Evaluation of doxycycline post-exposure prophylaxis to reduce sexually transmitted infections in PreP users and HIV infected men who have sex with men	Susan Buchbinder / Sajid Shaikh	415-255-3512	PD111-21	10035546	David	Pending
45	Center for Learning & Innovation	Center for Learning & Innovation	State	UFRA-177	7/1/20 - 6/30/21	82,497	7,500	12% of tdc	-	-	-	UCSF PTBi The director of Center for Learning and Innovation (DPH-CLI) will serve as PTBi-CA team member, collective impact director, and policy research core lead for this project.	J. Fuchs / Amanda Kwong	628-206-7618	PD128-21	10036021	David	Pending
46	Center for Research	The Regents of the University of California	Federal Pass-through	8940sc	9/30/20-9/29/21	14,026	1,502	12% of tdc	-	-	-	UCSF-GSI Technical Assistance in Strategic Information and Health Systems under NAM-PHACTS Dr. William McFarland will work with MOHSS, CDC Namibia and other partners to provide technical assistance in the implementation and completion of IBBS/PDI and / or other surveillance and survey activities.	W. McFarland / Jessica Huang	415-255-3702	HCA054-20	10034024	Jeannette	Pending
47	Center for Research	California Department of Public Health	State	19-10741	2/1/21 - 1/31/22	350,000	-	-	-	-	344,000	Overdose Prevention Program in Single Room Occupancy (SRO) Hotels To implement an overdose prevention program in Single Room Occupancy (SRO) hotel rooms	Phillip Coffin / Sajid Shaikh	415-255-3512	PD117-21	10035941	Jeannette	Pending
48	Center for Research	California Department of Public Health	Federal Pass-through	19-10808	9/1/20 - 8/31/21	250,000	-	-	-	-	-	Overdose Data to Action - Peer to Peer To reduce drug-overdose deaths by conduction public education and community outreach, expanding medication assisted treatment efforts, and utilizing opioid data to inform actions and interventions at the local level	Phillip Coffin / Sajid Shaikh	415-255-3512	PD124-21	10035942	Jeannette	Pending
49	Center for Research	California Department of Public Health	Federal Pass-through	19-10807	9/1/20 - 8/31/21	300,000	-	-	-	-	273,843	Overdose Data to Action - Academic Detailing To reduce drug-overdose deaths by conduction public education and community outreach, expanding medication assisted treatment efforts, and utilizing opioid data to inform actions and interventions at the local level	Phillip Coffin / Sajid Shaikh	415-255-3512	PD118-21	10035943	Jeannette	Pending
Total						38,551,699	2,127,603		12,047,668	-	12,282,199							



London N. Breed  
Mayor

Grant Colfax, MD  
Director of Health

**TO:** Angela Calvillo, Clerk of the Board of Supervisors  
**FROM:** Grant Colfax, MD  
Director of Health  
**DATE:** Thursday, March 26, 2020  
**SUBJECT:** Accept & Expend Resolution for State Grants  
**TITLE:** FY 2020-2021 Recurring State Grants

---

Attached please find the original and 1 copy of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist (*Not required, these are recurring grants which are included in the FY 2020-2021 budget.*)
- Other (Explain): List of State grants (Attachment A)

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Gregory Wong

Phone: 554-2521

Interoffice Mail Address: 101 Grove, Ste. 110

Certified copy required Yes

No



June 1, 2020

President Norman Yee  
Board of Supervisors, City and County of San Francisco

Supervisor Sandra Lee Fewer  
Chair, Budget and Finance Committee  
Board of Supervisors, City and County of San Francisco

**Re: Fiscal Years 2020-21 and 2021-22 Interim Budget**

Dear President Yee, Chair Fewer, and Members of the Board of Supervisors,

Today we submitted the interim budget for Fiscal Years (FY) 2020-21 and 2021-22 to the Clerk of the Board. This budget serves as a continuity budget allowing essential city spending and operations to continue on July 1, 2020 until the final budget is adopted by the Mayor and Board of Supervisors by October 1, 2020. Due to the delayed budget timelines this year the Mayor's Proposed Budget will be submitted the Board on August 1<sup>st</sup>, when the difficult choices to close the projected \$1.5 billion two-year deficit and adopt a balanced budget will be considered.

The interim budget is based on the previously adopted FY 2020-21 budget, adopted by the Mayor and the Board in August, 2019. This interim budget does, however, contain three key changes from the previously adopted budget:

1. Wage delays for city employees, as triggered by the March Joint Report and consistent with language in negotiated memorandums of understanding (MOUs);
2. No inclusion of appropriation for the gross hourly increase for the IHSS Minimum Compensation Ordinance (MCO) on July 1, 2020. An ability to fund a wage increase in FY 2020-21 will be determined with August budget deliberations and subject to October appropriation levels; and
3. No July 1<sup>st</sup> implementation of the 2.5% cost-of-doing business (CODB) increase for non-profit providers. Any ability to fund a CODB increase in FY 2020-21 will be contemplated with August budget deliberations and subject to October appropriation levels.

While the Mayor and Board deliberate the extremely difficult choices needed to balance the budget, departments are instructed to continue to freeze non-essential hiring and to not move forward with new programs or projects. Additionally, the Controller's Office has issued guidance to contracting departments on how to modify contracts to bridge the interim budget period.

We know that many hard choices lie ahead of us to balance the historic shortfalls we're confronted with, and we will have to work together to bridge these significant budget gaps.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kelly Kirkpatrick".

Kelly Kirkpatrick  
Mayor's Budget Director

cc: Severin Campbell, Budget and Legislative Analyst  
Ben Rosenfield, Controller

**From:** [Peacock, Rebecca \(MYR\)](#)  
**To:** [BOS Legislation, \(BOS\)](#)  
**Cc:** [Kittler, Sophia \(MYR\)](#); [Kirkpatrick, Kelly \(MYR\)](#); [Groffenberger, Ashley \(MYR\)](#)  
**Subject:** Mayor -- [Interim Budget Documents & Trailing legislation]  
**Date:** Monday, June 1, 2020 4:16:19 PM  
**Attachments:** [Interim Annual Appropriations Ordinance.zip](#)  
[Interim Annual Salary Ordinance.zip](#)  
[OCII Interim Budget.zip](#)  
[DPH State Recurring Grants.zip](#)

---

Attached for introduction to the Board of Supervisors are the following:

- Interim proposed AAO
- Interim proposed ASO
- Trailing Legislation
  - DPH State Recurring Grants
  - Interim proposed budget of OCII

Please let me know if you have any questions.

---

**Rebecca Peacock** ([they/she](#))  
(415) 554-6982 | [Rebecca.Peacock@sfgov.org](mailto:Rebecca.Peacock@sfgov.org)  
Office of Mayor London N. Breed  
City & County of San Francisco

\*\*\* I am working remotely. Please call me at 267-663-8648 with any questions \*\*\*\*



<b>Subcontractor</b>	<b>Amount</b>
18 Reasons Provide outreach to targeted populations	45,000
APA Family Support Services Provide support for oral health program	8,000
BVHP	5,000
CARECEN Provide support for oral health program	8,000
Catholic Charities - Leland House	245,665
Catholic Charities - Peter Claver	154,875
Children's Council of San Francisco	65,000
Curry Senior Center	114,273
Dolores Street Community Services	135,305
Family Services Agency	295,315
Felton Institute	20,000
Felton Institute	117,370
Felton Institute	605,047
Felton Institute	87,750
Felton Institute	429,339
FSA Geriatric	5,000
Harm Reduction Coalition DOPE Project	120,511
Harm Reduction Therapy Center	18,480
Hatchuel Tabernik & Associates Inc	80,000
Hatchuel Tabernik & Associates Inc	100,000
Hatchuel Tabernik & Associates Inc	45,000
HealthRight 360	20,000
HealthRight 360	139,082
HealthRight 360	703,467
HealthRight 360	78,942
HealthRight 360	54,000
Heluna Health	115,000
Heluna Health	73,307
Heluna Health	93,008
Heluna Health	271,989
Heluna Health	213,497
Heluna Health	223,489
Heluna Health	222,085
Hyde Street Community Services	5,000
IFR (Instituto Familiar de la Raza)	5,000
IFR (Instituto Familiar de la Raza)	17,883
Maitri AIDS Hospice	487,166
NICOS Chinese Health Coalition	8,000
Positive Resource Center DBA Aids Emergency Fund	164,867
Project Open Hand	1,426,235
Rafiki Coalition for Health & Wellness	100,000
RAMS	150,266
RAMS	249,691
RAMS	273,182
RAMS	5,000
RAMS	5,000

RAMS	<b>154,419</b>
Richmond Area Multi-Services	<b>428,437</b>
San Francisco Mental Health Educational Board	<b>61,488</b>
San Francisco Public Health Foundation	<b>52,750</b>
San Francisco Public Health Foundation	<b>170,999</b>
San Francisco Public Health Foundation	<b>82,547</b>
San Francisco Public Health Foundation	<b>73,848</b>
San Francisco Public Health Foundation	<b>27,237</b>
San Francisco Public Health Foundation	<b>638,250</b>
San Francisco Study Center	<b>13,732</b>
San Francisco Unified School District	<b>230,000</b>
Shanti	<b>95,203</b>
The Salvation Army, San Francisco Harbor Light Center	<b>238,101</b>
The Salvation Army, San Francisco Harbor Light Center	<b>1,357,070</b>
UCSF Alliance Health Project	<b>120,000</b>
University of California, San Francisco	<b>425,669</b>
University of California, San Francisco	<b>10,000</b>
Westside OP	<b>5,000</b>

Total

**11,994,836**



## 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 #: 200571

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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> 18 Reasons	<b>TELEPHONE NUMBER</b> (415) 568-2710
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3150 18th Street, #315, 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$45,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide outreach to targeted populations		

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	Farrar-Rivas	PATRICIA	Other Principal Officer
2	HARDISTRY	AARON	Other Principal Officer
3	Meksavan	JESSICA	Other Principal Officer
4	ROSNER	BOB	Other Principal Officer
5	TSAY	CALVIN	Board of Directors
6	Mogannam	SAM	Board of Directors
7	NELSON	SARAH	Board of Directors
8	POON	SUSANNA	Board of Directors
9	Buwembo	ISSAC	Board of Directors
10	SANCHEZ	JURI	Board of Directors
11	SPICER	MAGGIE	Board of Directors
12	TAO	ROSABEL	Board of Directors
13	COGEN	SHANNON	Board of Directors
14			
15			
16			
17			
18			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
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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.**

<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:

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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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> APA Family Support Services	<b>TELEPHONE NUMBER</b> (415) 617-0061
<b>STREET ADDRESS (including City, State and Zip Code)</b> 10 Nottingham Place, San Francisco, CA 94133	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$8,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide support for oral health program		

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	CHUNG	ROSE	Board of Directors
2	CHEN	CARY	Other Principal Officer
3	HUIE	Jacqueline	Other Principal Officer
4	Hoxie	JULIE	Other Principal Officer
5	TSO	JOYCE	Other Principal Officer
6	CHAN	MAI-SIE	Board of Directors
7	DIEP	VAN	Board of Directors
8	LAM	FANNY	Board of Directors
9	LAM	KORY	Board of Directors
10	SUNG	SUSAN	Board of Directors
11	YAO	DEAN	Board of Directors
12	YUEN	RICK	Board of Directors
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**9. AFFILIATES AND SUBCONTRACTORS**

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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>
---	---------------------------



## 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 #: 200571

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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> BVHP	<b>TELEPHONE NUMBER</b> (415) 468-5100
<b>STREET ADDRESS (including City, State and Zip Code)</b> 150 Executive Park Blvd. Suite 2800 SF CA 94134	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$5,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides funding for wrap around clients and program expenses for wellness-recovery		

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	WATSON	SUSAN	Other Principal Officer
2	FULLER	WAYZEL	Other Principal Officer
3	ABMA	DEANNA	Other Principal Officer
4	KENDRIX	JAMES	Other Principal Officer
5	EVERHART	CLAUDE	Board of Directors
6	CRAY	ADAM	Board of Directors
7	COULSON	CHUCK	Board of Directors
8	MARTENS	ALYCIA	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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## San Francisco Ethics Commission

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Received On:

File #: 200571

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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> CARECEN	<b>TELEPHONE NUMBER</b> (415) 642-4400
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3101 Mission St Suite #101, 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$8,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide support for oral health program		

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	ARTIGA	JOSE	Board of Directors
2	Asturias	ELENA	CFO
3	COLL	KATHLEEN	Board of Directors
4	FLORES	CARMEN	Board of Directors
5	Loya-Talamantes	MICHELLE	Board of Directors
6	Rodezno	GABRIELLA	Board of Directors
7	SMITH	RICHARD	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.

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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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## San Francisco Ethics Commission

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Phone: 415.252.3100 . Fax: 415.252.3112

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Received On:

File #: 200571

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>
Legislative Clerks Division	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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Catholic Charities - Leland House	<b>TELEPHONE NUMBER</b> (415) 972-1200
<b>STREET ADDRESS (including City, State and Zip Code)</b> 990 Eddy 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$245,665		
<b>NATURE OF THE CONTRACT (Please describe)</b> To provide attendant care services in compliance with the Standard of Care for Client Centered Services to multiply diagnosed individuals at Leland House an RCF-CI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.		

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	Cordileone	SALVATORE	Board of Directors
2	Molinelli	STEPHEN	Other Principal Officer
3	Borromeo	THEODORE	Other Principal Officer
4	Sundby	GEORGE	Other Principal Officer
5	Meneses	JILMA	CEO
6	Bennett	PAULA	Board of Directors
7	Boerio	Joe	Board of Directors
8	Bojorquez	DIANA	Board of Directors
9	Brigham	MARTHA	Board of Directors
10	Bullian	GREGORY	Board of Directors
11	CLARK	PHILLIP	Board of Directors
12	CONNORS	TIMOTHY	Board of Directors
13	DAHLIK	ADRIANA	Board of Directors
14	GELT	Jerilyn	Board of Directors
15	GROGAN	KATHLEEN	Board of Directors
16	Hultman	DAVID	Board of Directors
17	IKEDA	LISA	Board of Directors
18	KANE	STEVEN	Board of Directors
19	KEITH	ELIZABETH	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	LEUPP	JAY	Board of Directors
21	MANNING	SIMON	Board of Directors
22	McInerney	MAUREEN	Board of Directors
23	MIREK	LORI	Board of Directors
24	Nasciamento	DAN	Board of Directors
25	Pohlman	JACK	Board of Directors
26	Pautler	MICHAEL	Board of Directors
27	Reynaud	LOUIS	Board of Directors
28	Sangiaco	JIM	Board of Directors
29	Westray	KENNETH	Board of Directors
30	WILCH	PETER	Board of Directors
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Received On:

File #: 200571

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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#### 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

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<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Catholic Charities - Peter Claver	<b>TELEPHONE NUMBER</b> (415) 972-1200
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1340 Golden Gate Ave, SF, CA 94115	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$154,875		
<b>NATURE OF THE CONTRACT (Please describe)</b> To provide attendant care services in compliance with the Standard of Care for Client Centered Services to multiply diagnosed individuals at Peter Claver Community an RCFCI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.		

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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**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Cordileone	Salvatore	Board of Directors
2	Molinelli	Stephen	Other Principal Officer
3	Borromeo	Theodore	Other Principal Officer
4	Sundby	George	Other Principal Officer
5	Meneses	Jilma	CEO
6	Bennett	Paula	Board of Directors
7	Boerio	Joe	Board of Directors
8	Bojorquez	Diana	Board of Directors
9	Brigham	Martha	Board of Directors
10	Bullian	Gregory	Board of Directors
11	Clark	Phillip	Board of Directors
12	Connors	Timothy	Board of Directors
13	Dahik	Adriana	Board of Directors
14	Gelt	Jerilyn	Board of Directors
15	Grogan	Kathleen	Board of Directors
16	Hultman	David	Board of Directors
17	Ikeda	Lisa	Board of Directors
18	Kane	Steven	Board of Directors
19	Keith	Elizabeth	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	Leupp	Jay	Board of Directors
21	Manning	Simon	Board of Directors
22	McInerney	Maureen	Board of Directors
23	Mirek	Lori	Board of Directors
24	Nasciamento	Dan	Board of Directors
25	Pohlman	Jack	Board of Directors
26	Pautler	Michael	Board of Directors
27	Reynaud	Louis	Board of Directors
28	Sangiaco	Jim	Board of Directors
29	Westray	Kenneth	Board of Directors
30	wilch	Peter	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 #: 200571

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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Children's Council of San Francisco	<b>TELEPHONE NUMBER</b> (415) 276-2900
<b>STREET ADDRESS (including City, State and Zip Code)</b> 445 Church Street, San Francisco, CA 94114	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$65,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide outreach to targeted populations		

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	Nordberg	ANNA	Board of Directors
2	SIMS	DEBORAH	Board of Directors
3	Dusedau	MARGA	Other Principal Officer
4	Chang	SHARA	Other Principal Officer
5	BUTLER	OMAR	Board of Directors
6	DIANA	ELIZABETH	Board of Directors
7	FRAM	VICTORIA	Board of Directors
8	Hilberman	JESSICA	Board of Directors
9	HOOD	SOPHIE	Board of Directors
10	ISRAEL	GEORGE	Board of Directors
11	KIRK	JIM	Board of Directors
12	MONDRY	GALE	Board of Directors
13	MOORE	FATIMA	Board of Directors
14	PAGE	FARRIS	Board of Directors
15	ROSBERG	PETER	Board of Directors
16	THOMAS	CHRIS	Board of Directors
17	VAUSE	BRANDY	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 #: 200571

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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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Curry Senior Center	<b>TELEPHONE NUMBER</b> (415) 885-2274
<b>STREET ADDRESS (including City, State and Zip Code)</b> 333 Turk 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$114,273		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides support for older adults with mental health issues and are homeless or risk of losing their houses		

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	DAVILA	JONRIE	Other Principal Officer
2	Quitugua	SHIRLEY	Other Principal Officer
3	RAZZO	ROBERT	Other Principal Officer
4	BICKHAM	DAVID	Other Principal Officer
5	DWYER	DIANE	Board of Directors
6	HUH	JA EUN GUERRERO	Board of Directors
7	MCKINNON	JOHN	Board of Directors
8	Lincecum	Hannah	Board of Directors
9	SCHILLER	ZACK	Board of Directors
10	SKLAR	DIANE	Board of Directors
11	SULLIVAN	RICHARD	Board of Directors
12	ZACHARY	WENDY	Board of Directors
13	ZHANG	ALICE	Board of Directors
14	Pritchett	PATTIE	Board of Directors
15	selvam	SASHA	Board of Directors
16	SLAM	Arielle	Board of Directors
17	VALENTE	JULIE	Board of Directors
18	wulfovich	YAEL	Board of Directors
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**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>
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Received On:

File #: 200571

Bid/RFP #:

### Notification of Contract Approval

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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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Dolores Street Community Services	<b>TELEPHONE NUMBER</b> (415) 282-6209
<b>STREET ADDRESS (including City, State and Zip Code)</b> 938 Valencia St, 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$135,305		
<b>NATURE OF THE CONTRACT (Please describe)</b> To improve and maintain the health of our residents through the provision of facility-based health care and other supportive services.		

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	REGAN	MONICA	Other Principal Officer
2	WINN	MICHAEL	Other Principal Officer
3	LAUDERBACK	JUSTINE	Board of Directors
4	LEONARD	ANAT	Other Principal Officer
5	LIN	KANI	Board of Directors
6	BEINART	AMY	Board of Directors
7	BHAKTA	CHIRAG	Board of Directors
8	PENFOLD	WARD	Board of Directors
9	AVILA	ROCIO	Board of Directors
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**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.

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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:

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#### 1. FILING INFORMATION

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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>
GREGORY WONG	(415) 474-7310
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Family Services Agency	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$295,315		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides services First Episode Psychosis, families suffering from signs & symptoms of schizophrenia		

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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**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	SOLLIDAY	AMY	Board of Directors
2	Eichinger	Gretchen	Board of Directors
3	MADDEN	ELIZABETH	Other Principal Officer
4	HOFMAN	MICHAEL	Board of Directors
5	ADAMS	PAUL	Board of Directors
6	CLARK	MICHELLE	Board of Directors
7	CLARK	WESTLEY	Board of Directors
8	ORIAS	MICHAEL	Board of Directors
9	RAFIDI	YASMINE	Board of Directors
10	ROJO	PETER	Board of Directors
11	SEAMAN	CHRISTOPHER	Board of Directors
12	Shambhoora	Alefiyah	Board of Directors
13	Skolnick	DARREN	Board of Directors
14	SNYDER	MATT	Board of Directors
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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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## 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 #: 200571

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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$20,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides mental health technical assistance to community based MH crisisresponse to trauma		

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	Solliday	AMY	Board of Directors
2	Eichinger	GRETCHEN	Board of Directors
3	MADDEN	ELIZABETH	Other Principal Officer
4	HOFMAN	MICHAEL	Board of Directors
5	ADAMS	PAUL	Board of Directors
6	CLARK	MICHELLE	Board of Directors
7	CLARK	WESTLEY	Board of Directors
8	ORIAS	MICHAEL	Board of Directors
9	RAFIDI	YASMINE	Board of Directors
10	ROJO	PETER	Board of Directors
11	SEAMAN	CHRISTOPHER	Board of Directors
12	BOBULSKY	SUSAN	Board of Directors
13	Skolnick	DARREN	Board of Directors
14	SNYDER	MATT	Board of Directors
15	GIBSON	MARK	Board of Directors
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<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$87,750		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide support for TAPP program		

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

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Board of Supervisors	Members

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<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$117,370		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide program support		

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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#### 1. FILING INFORMATION

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Angela Calvillo	415-554-5184
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DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$429,339		
<b>NATURE OF THE CONTRACT (Please describe)</b> To provide mental health services.		

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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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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$605,047		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide program support		

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	SOLLIDAY	AMY	Board of Directors
2	EICHINGER	GRETCHEN	Board of Directors
3	MADDEN	ELIZABETH	Board of Directors
4	HOFMAN	MICHAEL	Board of Directors
5	ADAMS	PAUL	Board of Directors
6	CLARK	MICHELLE	Board of Directors
7	CLARK	WESTLEY	Board of Directors
8	ORIAS	MICHAEL	Board of Directors
9	RAFIDI	YASMINE	Board of Directors
10	ROJO	PETER	Board of Directors
11	SEAMAN	CHRISTOPHER	Board of Directors
12	BOBULSKY	SUSAN	Board of Directors
13	SKOLNICK	DARREN	Board of Directors
14	SNYDER	MATT	Board of Directors
15	GIBSON	MARK	Board of Directors
16	LIMPERT	TERRY	Board of Directors
17	SMITH	SANDRA	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>
---	---------------------------



## 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 #: 200571

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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> FSA Geriatric	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$5,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides funding for wrap around clients and program expenses for wellness-recovery		

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	Solliday	AMY	Board of Directors
2	Eichinger	Gretchen	Board of Directors
3	MADDEN	Elisabeth	Other Principal Officer
4	HOFMAN	MICHAEL	Board of Directors
5	ADAMS	PAUL	Board of Directors
6	CLARK	MICHELLE	Board of Directors
7	CLARK	WESTLEY	Board of Directors
8	ORIAS	MICHAEL	Board of Directors
9	RAFIDI	YASMINE	Board of Directors
10	ROJO	PETER	Board of Directors
11	SEAMAN	CHRISTOPHER	Board of Directors
12	Shambhoora	Alefiyah	Board of Directors
13	SKOLNICK	DARREN	Board of Directors
14	SNYDER	MATT	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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## San Francisco Ethics Commission

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Received On:

File #: 200571

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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Harm Reduction Coalition DOPE Project	<b>TELEPHONE NUMBER</b> (510) 285-2799
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1111 Broadway, 3rd Floor Oakland, CA 94607	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$120,511		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing services for the DOPE Project - Fiscal Intermediary		

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	BARBOUR	RUSSELL	Board of Directors
2	FUENTES	TINO	Board of Directors
3	GREEN	CORINNE	Board of Directors
4	KINZLY	MARK	Board of Directors
5	KRAL	ALEX	Board of Directors
6	LARRIETT	Dakarai	Other Principal Officer
7	MCINTOSH	MARCIA	Other Principal Officer
8	PICK	WILLIAM	Board of Directors
9	PILLAI	NANDINI	Other Principal Officer
10	RAMIREZ	LISA	Board of Directors
11	ROIG	CARLOS	Board of Directors
12	SHERMAN	SUSAN	Other Principal Officer
13	STAMPLER	JULIE	Board of Directors
14	TOOKES	HANSEL	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**

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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## San Francisco Ethics Commission

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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 #: 200571

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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Harm Reduction Therapy Center	<b>TELEPHONE NUMBER</b> 415 863 4282
<b>STREET ADDRESS (including City, State and Zip Code)</b> 45 Franklin 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$18,480		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide Clinical Consultation Services to LINC frontline staff		

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	EMERY	JIM	Other Principal Officer
2	CARPENTER	JOHN	Board of Directors
3	DENNING	PATT	Board of Directors
4	GAETA	KRISTA	Board of Directors
5	LITTLE	JEANNIE	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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**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 #: 200571

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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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>
Legislative Clerks Division	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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Hatchuel Tabernik & Associates Inc	<b>TELEPHONE NUMBER</b> (510) 559-3193
<b>STREET ADDRESS (including City, State and Zip Code)</b> 2560 Ninth St # 211, Berkeley, CA 94710	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$45,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide consulting services in support of the Pre-Trial Felony Mental Health Diversion (MHD) program		

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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**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	HATCHUEL	DINA	Board of Directors
2	ALLIO	LORI	Board of Directors
3	MALAT	RANDY	Board of Directors
4	TOUSSAINT	DANIELLE	Board of Directors
5	TABERNIK	TIM	CEO
6	CLAY	CHANDREVE	COO
7	LOBAR	RUSS	CFO
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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 #: 200571

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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Hatchuel Tabernik & Associates Inc	<b>TELEPHONE NUMBER</b> (510) 559-3193
<b>STREET ADDRESS (including City, State and Zip Code)</b> 2560 Ninth St # 211, Berkeley, CA 94710	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$80,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide program evaluation services		

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	HATCHUEL	DINA	Board of Directors
2	ALLIO	LORI	Board of Directors
3	MALAT	RANDY	Board of Directors
4	Niemerow	DARYL	Board of Directors
5	Toussaint	DANIELLE	Board of Directors
6	TABERNIK	TIM	CEO
7	CLAY	CHANDREVE	COO
8	LOBAR	RUSS	CFO
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<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

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GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

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<b>NAME OF CONTRACTOR</b> Hatchuel Tabernik & Associates Inc	<b>TELEPHONE NUMBER</b> (510) 559-3193
<b>STREET ADDRESS (including City, State and Zip Code)</b> 2560 9th St., Suite 211, Berkeley, CA 94710	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$100,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide program evaluation services		

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



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Received On:

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#### 1. FILING INFORMATION

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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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Health Right 360	<b>TELEPHONE NUMBER</b> 415.762.3700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1563 Mission St, SF, 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$20,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide fiscal intermediary services		

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

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1	GRAHAM	BRYAN	Board of Directors
2	IRELAND	DIANA	Board of Directors
3	MCELWEE	JAMES	Board of Directors
4	BALAN	YENER	Board of Directors
5	BINDER	DANIEL	Board of Directors
6	MENDOZA	MELYSSA	Board of Directors
7	POINTER	KAREN	Board of Directors
8	PUGH	ALEX	Board of Directors
9	TORRES	TIMOTHY	Board of Directors
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Received On:

File #: 200571

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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>
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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> HealthRight 360	<b>TELEPHONE NUMBER</b> 415.762.3700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1563 Mission St, SF, 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$54,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide fiscal intermediary check-writing services		

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**

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DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> HealthRight 360	<b>TELEPHONE NUMBER</b> 415.762.3700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1563 Mission St, SF, 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$78,942		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary		

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.

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**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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## 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 #: 200571

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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> HealthRight 360	<b>TELEPHONE NUMBER</b> (415) 762-3700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1563 Mission St, SF, 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$139,082		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides Fiscal intermediary services		

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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Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
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<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG



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<b>NAME OF CONTRACTOR</b> HealthRight 360	<b>TELEPHONE NUMBER</b> (415) 762-3700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1563 Mission St, SF, 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$703,467		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide mental health and substance abuse services.		

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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Board of Supervisors	Members

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<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

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<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Heluna Health	<b>TELEPHONE NUMBER</b> 800.201.7320
<b>STREET ADDRESS (including City, State and Zip Code)</b> 13300 Crossroads Parkway North Suite 450 CID 91746	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$73,307		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing program administration and support services in support of Population Health Division - Tuberculosis Prevention and Control Program.		

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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4	BAKER	ALEX	Board of Directors
5	EDWARDS	Carladenise	Board of Directors
6	YIP	EDWARD	Board of Directors
7	Casciato	GEORGIA	Board of Directors
8	O'Connor	JEAN	Board of Directors
9	Vetticaden	SANTOSH	Board of Directors
10	RICH	SARAH	Board of Directors
11	FILER	SCOTT	Board of Directors
12	DE SANTI	SUSAN	Board of Directors
13	VASALLO	VIVIAN	Board of Directors
14	NGUYEN	VON	Board of Directors
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<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$93,008		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing program administration and support services - Fiscal Intermediary		

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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## 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 #: 200571

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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Heluna Health	<b>TELEPHONE NUMBER</b> (800) 201-7320
<b>STREET ADDRESS (including City, State and Zip Code)</b> 13300 Crossroads Pkwy N #450, City of Industry, CA 917	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$115,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing program administration and support services - Fiscal Intermediary		

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	Ramanathan	ERIK	Board of Directors
2	JENKS	ROBERT	Other Principal Officer
3	JOSEPH	TAMARA	Other Principal Officer
4	BAKER	ALEX	Board of Directors
5	EDWARDS	Carladenise	Board of Directors
6	YIP	EDWARD	Board of Directors
7	Casciato	GEORGIA	Board of Directors
8	O'Connor	JEAN	Board of Directors
9	Vetticaden	SANTOSH	Board of Directors
10	RICH	SARAH	Board of Directors
11	FILER	SCOTT	Board of Directors
12	De Santi	SUSAN	Board of Directors
13	Vasallo	VIVIAN	Board of Directors
14	Nguyen	VON	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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office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Heluna Health	<b>TELEPHONE NUMBER</b> 800.201.7320
<b>STREET ADDRESS (including City, State and Zip Code)</b> 13300 Crossroads Parkway North Suite 450 CID 91746	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$213,497		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide support for Expecting Justice Program		

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.

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1	Ramanathan	ERIK	Board of Directors
2	JENKS	ROBERT	Board of Directors
3	JOSEPH	TAMARA	Board of Directors
4	BAKER	ALEX	Board of Directors
5	EDWARDS	CARLADENISE	Board of Directors
6	YIP	EDWARD	Board of Directors
7	CASCIATO	GEORGIA	Board of Directors
8	O'CONNOR	JEAN	Board of Directors
9	VETTICADEN	SANTOSH	Board of Directors
10	RICH	SARAH	Board of Directors
11	FILER	SCOTT	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.**

<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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GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Heluna Health	<b>TELEPHONE NUMBER</b> 800.201.7320
<b>STREET ADDRESS (including City, State and Zip Code)</b> 13300 Crossroads Parkway North Suite 450 CID 91746	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$223,489		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing program administration and support services - Fiscal Intermediary		

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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#### 2. CITY ELECTIVE OFFICE OR BOARD

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DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Heluna Health	<b>TELEPHONE NUMBER</b> 800.201.7320
<b>STREET ADDRESS (including City, State and Zip Code)</b> 13300 Crossroads Parkway North Suite 450 CID CA 91746	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$222,085		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing program administration and support services - Fiscal Intermediary		

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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<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$271,989		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing program administration and support services - Fiscal Intermediary		

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	Ramanathan	ERIK	Board of Directors
2	JENKS	ROBERT	Board of Directors
3	JOSEPH	TAMARA	Board of Directors
4	BAKER	ALEX	Board of Directors
5	EDWARDS	Carladenise	Board of Directors
6	YIP	EDWARD	Board of Directors
7	Casciato	GEORGIA	Board of Directors
8	O'Connor	JEAN	Board of Directors
9	Vetticaden	SANTOSH	Board of Directors
10	RICH	SARAH	Board of Directors
11	FILER	SCOTT	Board of Directors
12	DE SANTI	SUSAN	Board of Directors
13	VASALLO	VIVIAN	Board of Directors
14	NGUYEN	VON	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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## 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 #: 200571

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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Hyde Street Community Services	<b>TELEPHONE NUMBER</b> (415) 673-5700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 815 Hyde 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$5,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides funding for wrap around clients and program expenses for wellness-recovery		

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	DAVEY	MARK	Other Principal Officer
2	Goosens-Larsen	DINO	Other Principal Officer
3	CUTTS	JULIE	Other Principal Officer
4	KNOX	JOHN	Board of Directors
5	BHAT	MITUL	Board of Directors
6	LIN	HOLLY	Board of Directors
7	BARNARD	KRISTEN	Board of Directors
8	ESHOO	MARC	Board of Directors
9	LAUDER	SANDRA	Board of Directors
10	STRANDBERG	SELENA	Board of Directors
11	HARRISON	ROY	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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> IFR (Instituto Familiar de la Raza)	<b>TELEPHONE NUMBER</b> (415) 229-0500
<b>STREET ADDRESS (including City, State and Zip Code)</b> 2919 Mission Street, 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> 5000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides funding for wrap around clients and program expenses for wellness-recovery		

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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**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.

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1	NAVARRO	TYRONE	Other Principal Officer
2	AVILA	LUPE	Other Principal Officer
3	SERE	NICHOLAS	Board of Directors
4	ROGERS	PAT	Board of Directors
5	Gutierrez	KENNY	Board of Directors
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office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

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<b>STREET ADDRESS (including City, State and Zip Code)</b> 2919 Mission St, SF, 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$17,883		
<b>NATURE OF THE CONTRACT (Please describe)</b> To improve the health and quality of life of Latinos living with HIV/AIDS by increasing their access to appropriate medical care, mental health, social and support services, with an emphasis on Spanish speaking, low income individuals.		

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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6	RUIZ	SANTIAGO	Board of Directors
7	CARUSO	WHITNEY	Board of Directors
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Received On:

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GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Maitri AIDS Hospice	<b>TELEPHONE NUMBER</b> (415) 558-3000
<b>STREET ADDRESS (including City, State and Zip Code)</b> 401 Duboce Ave, SF, CA 94114	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$487,166		
<b>NATURE OF THE CONTRACT (Please describe)</b> To provide safe housing, medical care and nutrition supports for those with HIV at end of life and those needing respite to return to independence as defined by the resident.		

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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**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	KING	JIM	Other Principal Officer
2	VIGNA	WILLIAM	Other Principal Officer
3	WILLIAMS	PATRICK	Other Principal Officer
4	WONG	JANE	Other Principal Officer
5	CASADOS	JOHANNES	Board of Directors
6	NIEMEYER	MICHAEL	Board of Directors
7	LAPOINTE	RAY	Board of Directors
8	ANSARI	OMAR	Board of Directors
9	CUMMINGS	DONNA	Board of Directors
10	CUMMINGS	GREGG	Board of Directors
11	MILLER	AUSTIN	Board of Directors
12	Boettcher	EVA	Board of Directors
13	RANA	Sameera	Board of Directors
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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>
---	---------------------------



## 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 #: 200571

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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> NICOS Chinese Health Coalition	<b>TELEPHONE NUMBER</b> (415) 788-6426
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1208 Mason St, San Francisco, CA 94108	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$8,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide support for oral health program		

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	CHAN	CATHY	Other Principal Officer
2	FONG	NORMAN	Other Principal Officer
3	FONG	STUART	Board of Directors
4	Iyanrick	JOHN	Other Principal Officer
5	Kawasaki-Yee	DIANA	Board of Directors
6	LEE	KARI	Board of Directors
7	LEONG	MAY	Board of Directors
8	LI	GRACE	Board of Directors
9	LIM-YEE	NANCY	Board of Directors
10	LUI	BEN	Board of Directors
11	CHOW	VINCY	Board of Directors
12	WONG	DIANA	Board of Directors
13	KWONG	YULANDA	Board of Directors
14	WONG	JORGE	Board of Directors
15	WOO	KENT	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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Positive Resource Center DBA Aids Emergency Fund	<b>TELEPHONE NUMBER</b> 415.777.0333
<b>STREET ADDRESS (including City, State and Zip Code)</b> 12 Grace Street, Suite 300, SF, 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$164,867		
<b>NATURE OF THE CONTRACT (Please describe)</b> To provide emergency financial assistance grants to low income individuals with HIV/ AIDS to stabilize their living situation and improve the quality of their lives.		

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	SCHNEIDER	BRIAN	Other Principal Officer
2	ROGER	KENT	Other Principal Officer
3	JUSTUS	SCOTT	Other Principal Officer
4	MATHESON	BILL	Other Principal Officer
5	BROWNING	DOUG	Board of Directors
6	ISHIDA	RYO	Board of Directors
7	MCKEEL	RYAN	Board of Directors
8	MICHAELS	JACQUES	Board of Directors
9	SCHROEDER	TIM	Board of Directors
10	STEINBERG	MICHAEL	Board of Directors
11	TREASTER	MERREDITH	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.

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Original	
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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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Project Open Hand	<b>TELEPHONE NUMBER</b> (415) 447-2300
<b>STREET ADDRESS (including City, State and Zip Code)</b> 730 Polk St, SF, 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$1,426,235		
<b>NATURE OF THE CONTRACT (Please describe)</b> To improve the nutritional health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments and other food and nutrition services.		

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	HENRY	MIKE	Board of Directors
2	YANKROUPE	RUTH	Board of Directors
3	KING	PATRICIA	Other Principal Officer
4	COLTON	JOHN	Board of Directors
5	CHANG	ANDREW	Board of Directors
6	CHANDRA	VISHWA	Board of Directors
7	KRISHNA	ANEESH	Board of Directors
8	MARING	PRESTON	Board of Directors
9	MCSWINE	GINNY	Board of Directors
10	wakankar	ADITYA	Board of Directors
11	Petraglia	JENNIFER	Board of Directors
12	WILKINSON	ANDREA	Board of Directors
13	YORK	HELENE	Board of Directors
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Received On:

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#### 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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Rafiki Coalition for Health & wellness	<b>TELEPHONE NUMBER</b> (415) 615-9945
<b>STREET ADDRESS (including City, State and Zip Code)</b> 601 Cesar Chavez Street, SF, 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$100,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> The goal of this contract is to provide safety, stability and transitional housing to formerly homeless men and women with HIV/AIDS in San Francisco and provide the necessary support needed to move towards permanent and safe housing.		

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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**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	ELAWAR	MAY	Board of Directors
2	PRINCE	CYNTHIA	Board of Directors
3	WILLIAMS	LISA	Other Principal Officer
4	GAINES	MARK	Other Principal Officer
5	FRANKEL	KEVIN	Board of Directors
6	LESARRE	MONIQUE	Board of Directors
7	MOATS	PHYLLIS	Board of Directors
8	OERTEL	DIANA	Board of Directors
9	STRONG	SHIRLEY	Board of Directors
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#### 3. FILER'S CONTACT

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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> RAMS, Inc. (Richmond Area Multi-Services)	<b>TELEPHONE NUMBER</b> (415) 668-5955
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3626 Balboa St, San Francisco, CA 94121	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$5,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic		

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	HUIE	CYNTHIA	Board of Directors
2	Chaudhuri	Anoshua	Board of Directors
3	ALVAREZ	ALVIN	Board of Directors
4	YEH	TOM	Board of Directors
5	HSU	LEE	Board of Directors
6	SchoItz	MARJORIE	Board of Directors
7	ROBERTS	MAGGIE	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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## 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 #: 200571

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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> RAMS, Inc. (Richmond Area Multi-Services)	<b>TELEPHONE NUMBER</b> (415) 668-5955
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3626 Balboa St, San Francisco, CA 94121	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$5,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides funding for wrap around clients and program expenses for wellness-recovery		

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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Received On:

File #: 200571

Bid/RFP #:

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#### 1. FILING INFORMATION

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<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

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<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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> RAMS, Inc. (Richmond Area Multi-Services)	<b>TELEPHONE NUMBER</b> (415) 668-5955
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3626 Balboa St, San Francisco, CA 94121	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$150,266		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides support of consumer-run centers serving manu dually-diagnosed individuals		

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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1	HUIE	CYNTHIA	Board of Directors
2	Chaudhuri	Anoshua	Board of Directors
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4	YEH	TOM	Board of Directors
5	HSU	LEE	Board of Directors
6	SCHOLTZ	MARJORIE	Board of Directors
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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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Received On:

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### Notification of Contract Approval

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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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> RAMS, Inc. (Richmond Area Multi-Services)	<b>TELEPHONE NUMBER</b> (415) 668-5955
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3626 Balboa St, San Francisco, CA 94121	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$154,419		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide program support		

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	HUIE	CYNTHIA	Other Principal Officer
2	Chaudhuri	Anoshua	Other Principal Officer
3	ALVAREZ	ALVIN	Board of Directors
4	YEH	TOM	Board of Directors
5	HSU	LEE	Board of Directors
6	SCHOLTZ	MARJORIE	Board of Directors
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#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
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DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> RAMS, Inc. (Richmond Area Multi-Services)	<b>TELEPHONE NUMBER</b> (415) 668-5955
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3626 Balboa St, San Francisco, CA 94121	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$249,691		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides Peer Internship Program that prepares clients for employment in peer support and counseling		

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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**9. AFFILIATES AND SUBCONTRACTORS**

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6	Scholtz	Marjorie	Board of Directors
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## 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 #: 200571

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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> RAMS, Inc. (Richmond Area Multi-Services)	<b>TELEPHONE NUMBER</b> (415) 668-5955
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3626 Balboa St, San Francisco, CA 94121	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$273,182		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides Bilingual-designated counselor positions		

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	HUIE	CYNTHIA	Board of Directors
2	Chaudhuri	Anoshua	Board of Directors
3	ALVAREZ	ALVIN	Board of Directors
4	YEH	TOM	Board of Directors
5	HSU	LEE	Board of Directors
6	SchoItz	MARJORIE	Board of Directors
7	ROBERTS	MAGGIE	Board of Directors
8	CHOW	WADE	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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<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Richmond Area Multi-Services	<b>TELEPHONE NUMBER</b> (415) 668-5955
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3626 Balboa Street 94121 San Francisco CA 94121	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$428,437		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide Peer Internship Program that prepares clients for employment in peer support and counseling positions		

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.

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6	SCHOLTZ	MARJORIE	Board of Directors
7	ROBERTS	MAGGIE	Board of Directors
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Board of Supervisors	Members

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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

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<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> The Salvation Army, San Francisco Harbor Light Center	<b>TELEPHONE NUMBER</b> (415) 503-3000
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1275 Harrison 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$1,357,070		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide client support services		

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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2	PEDDLE	ROSALIE	Board of Directors
3	BUCKINGHAM	LYNDON	Board of Directors
4	BUCKINGHAM	BRONWYN	Board of Directors
5	Brekke-Clifton	Birgitte	Board of Directors
6	DIAZ	EVIE	Board of Directors
7	Heatwole	MERLE	Board of Directors
8	HUDSON	DAVID	Board of Directors
9	HUDSON	SHARON	Board of Directors
10	BAILEY	BRADFORD	Board of Directors
11	BAILEY	HEIDI	Board of Directors
12	BAMFORD	WILLIAM	Board of Directors
13	BAMFORD	LORRAINE	Board of Directors
14	HOWELL	WILLIS	Board of Directors
15	HOWELL	BARBARA	Board of Directors
16	HODDER	KENNETH	Board of Directors
17	HODDER	JOLENE	Board of Directors
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5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> The Salvation Army, San Francisco Harbor Light Center	<b>TELEPHONE NUMBER</b> (415) 503-3000
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1275 Harrison 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$238,101		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide client support services		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
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15	HOWELL	BARBARA	Board of Directors
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DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Mental Health Educational Board	<b>TELEPHONE NUMBER</b> 415-255-3474
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1380 Howard Street, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
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<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$61,488		
<b>NATURE OF THE CONTRACT (Please describe)</b> Support Administrative oversight of system-of-care fiscal intermediary funding in order to maintain level of finding for training		

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	TESCONI	Marylyn	Board of Directors
2	SANDERS	NJON	Board of Directors
3	JACKSON-LANE	CARLETTA	Board of Directors
4	DRUMMOND	JUDY	Board of Directors
5	BOHRER	TEREZIE	Board of Directors
6	DANCER	MARCUS	Board of Directors
7	Thakore-Dunlap	ULASH	Board of Directors
8	CURRY	ARTHUR	Board of Directors
9	Ledbetter	GREGORY	Board of Directors
10	KLAIN	JUDITH	Board of Directors
11	PARKS	TONI	Board of Directors
12	SLOTA	RICHELLE	Board of Directors
13	STEVENS	HARRIETTE	Board of Directors
14	WILSON	IDELL	Board of Directors
15	WONG	BENNY	Board of Directors
16	STEFANI	CATHERINE	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>
---	---------------------------



## 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 #: 200571

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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Public Health Foundation	<b>TELEPHONE NUMBER</b> 415-504-6738
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1 Hallidie Plaza, Suite 808 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$27,237		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary		

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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2	FALK	NICOLE	Other Principal Officer
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4	EARDLEY	PENNY	Other Principal Officer
5	FINE	SARAH	Board of Directors
6	Longstreth	ELIZABETH	Board of Directors
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8	LYLES	COURTNEY	Board of Directors
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**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.**

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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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Public Health Foundation	<b>TELEPHONE NUMBER</b> 415-504-6738
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1 Hallidie Plaza Suite 808 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$52,750		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal intermediary		

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.

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2	FALK	NICOLE	Other Principal Officer
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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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### Notification of Contract Approval

SFEC Form 126(f)4

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#### 1. FILING INFORMATION

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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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Public Health Foundation	<b>TELEPHONE NUMBER</b> 415-504-6738
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1 Hallidie Plaza, Suite 808 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$73,848		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal intermediary		

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. FILING INFORMATION

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5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Public Health Foundation	<b>TELEPHONE NUMBER</b> 415-504-6738
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1 Hallidie Plaza, Suite 808 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$82,547		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal intermediary		

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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**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.

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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 #: 200571

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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Public Health Foundation	<b>TELEPHONE NUMBER</b> 415-504-6738
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1 Hallidie Plaza, Suite 808 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$170,999		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary svc for California TB Controller's Association		

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	FERBER	ELIZABETH	Other Principal Officer
2	FALK	NICOLE	Other Principal Officer
3	BENNETT	AYANNA	Other Principal Officer
4	EARDLEY	PENNY	Other Principal Officer
5	FINE	SARAH	Board of Directors
6	Longstreth	ELIZABETH	Board of Directors
7	LOYCE JR	JAMES	Board of Directors
8	LYLES	COURTNEY	Board of Directors
9	MOORE	MELISSA	Board of Directors
10	VILLAGOMEZ	ALICE	Board of Directors
11	WORKMAN	DEE DEE	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.

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File #: 200571

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<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
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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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Public Health Foundation	<b>TELEPHONE NUMBER</b> 415-504-6738
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1 Hallidie Plaza, Suite 808 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$638,250		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing program administration in support of SF Tobacco Free Project.		

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.

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4	WORKMAN	DEE DEE	Other Principal Officer
5	EARDLEY	PENNY	Other Principal Officer
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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.

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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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Study Center	<b>TELEPHONE NUMBER</b> (415) 626-1650
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1663 Mission Street, Suite 310, 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$13,732		
<b>NATURE OF THE CONTRACT (Please describe)</b> Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic		

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	LIVINGSTON	RICHARD	Other Principal Officer
2	YEE	TINA	Other Principal Officer
3	HOMMA	REIKO	Other Principal Officer
4	BURKS	JOHN	Board of Directors
5	ELBGAL	HAZIM	Other Principal Officer
6	ELDON	ERIC	Board of Directors
7	KUTNICK	BENJAMIN	Board of Directors
8	KWONG	JEANNE	Board of Directors
9	Margaronis	STAS	Board of Directors
10	MCWILLIAMS	JIM	Board of Directors
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File #: 200571

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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

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GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Unified School District	<b>TELEPHONE NUMBER</b> 415-241-6000
<b>STREET ADDRESS (including City, State and Zip Code)</b> 555 Franklin 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$230,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide outreach to targeted populations		

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	SANCHEZ	MARK	Other Principal Officer
2	LOPEZ	GABRIELA	Other Principal Officer
3	COLLINS	ALISON	Board of Directors
4	COOK	STEVEN	Board of Directors
5	LAM	JENNY	Board of Directors
6	MOLIGA	FAAUUGA	Board of Directors
7	NORTON	RACHEL	Board of Directors
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GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> SHANTI	<b>TELEPHONE NUMBER</b> (415) 674-4700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 730 Polk Street, 3rd Floor 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$95,203		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides Hepatitis C prevention services		

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	KLEARMAN	MICKI	Board of Directors
2	DAWES	WILLIAM	Other Principal Officer
3	ENNIS	JAMIE	Board of Directors
4	FRANCONE	JERRY	Board of Directors
5	KIERNAN	SHEILA	Board of Directors
6	LAWLOR	CATHERINE	Board of Directors
7	MCCARTHY	COLLEEN	Board of Directors
8	SELL	JOHN	Board of Directors
9	SULLIVAN	ETHAN	Board of Directors
10	SUPANICH	CHIP	Board of Directors
11	WEINSTEIN	JOSH	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.**

<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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## 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 #: 200571

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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> University of California, San Francisco	<b>TELEPHONE NUMBER</b> 415-476-3197
<b>STREET ADDRESS (including City, State and Zip Code)</b> 550 16th Street, 7th Floor San Francisco, CA 94143	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$10,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide support for oral health program		

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	Oberndorf	WILLIAM	Board of Directors
2	Hammarskjold	PHILIP	Board of Directors
3	ACH	ANDREW	Board of Directors
4	BALLARD	ANDREW	Board of Directors
5	Bernadett	FAUSTINO	Board of Directors
6	BRIGER	PETER	Board of Directors
7	CARTER	TODD	Board of Directors
8	WOEBER	ANDREW	Board of Directors
9	COHEN	FRED	Board of Directors
10	CHEN	CONNIE	Board of Directors
11	DONOHUE	ROBIN	Board of Directors
12	EMERY	DANA	Board of Directors
13	FISHER	WILLIAM	Board of Directors
14	GANDHI	SAMEER	Board of Directors
15	GROSSMAN	BRIAN	Board of Directors
16	KAO	KENNETH	Board of Directors
17	HARTZ	JULIA	Board of Directors
18	KAWAJA	CARL	Board of Directors
19	KIMBALL	RICHARD	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	MARCUS	GEORGE	Board of Directors
21	MCKNIGHT	AMY	Board of Directors
22	MOMENT	JASON	Board of Directors
23	MORRIS	DIANE	Board of Directors
24	PRITZKER	LISA	Board of Directors
25	READ	STEVEN	Board of Directors
26	SCANGOS	GEORGE	Board of Directors
27	Soghikian	SHAHAN	Board of Directors
28	WEILL	JOAN	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.**

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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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#### 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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> University of California, San Francisco	<b>TELEPHONE NUMBER</b> 415-476-3197
<b>STREET ADDRESS (including City, State and Zip Code)</b> 550 16th Street, 7th Floor, San Francisco, CA 94143	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$425,669		
<b>NATURE OF THE CONTRACT (Please describe)</b> Conduct a new comprehensive client assessment and produce a modified Treatment Plan		

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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Received On:

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### Notification of Contract Approval

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Board of Supervisors	Members

#### 3. FILER'S CONTACT

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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

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<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> UCSF Alliance Health Project	<b>TELEPHONE NUMBER</b> (415) 476-3902
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1930 Market St, SF, 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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$120,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> The program goal is to provide outpatient mental health services to people living with HIV - including Long-Term Survivors - to reduce symptoms and functional impairments resulting from mental health and/or substance use disorders.		

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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**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.

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1	SHUMATE	KATE	Board of Directors
2	BREALI	SUSAN	Board of Directors
3	DE CARLO	PHIL	Board of Directors
4	ALEXANDER	BEAUX	Board of Directors
5	Ghadiali	Murtuza	Board of Directors
6	Hakimi	Mahsa	Board of Directors
7	HARE	BRAD	Board of Directors
8	LIU	ENCHI	Board of Directors
9	METTLER	B�er�n�ce	Board of Directors
10	Pearce	KEN	Board of Directors
11	SNOWDEN	REGGIE	Board of Directors
12	TOH	SOPHIA	Board of Directors
13	WARD	JAMES	Board of Directors
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Board of Supervisors	Members

#### 3. FILER'S CONTACT

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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>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Westside OP	<b>TELEPHONE NUMBER</b> (415) 431-9000
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1153 Oak Street, San Francisco, CA 94117	<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> 200571
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$5,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides funding for wrap around clients and program expenses for wellness-recovery		

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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Ducreay	MARCELLUS	Other Principal Officer
2	ROWE	DONNA	Other Principal Officer
3	NASH	CAROLYN	Board of Directors
4	PATIN	RACHELE	Other Principal Officer
5	CHURCHWELL	CAESAR	Board of Directors
6	SMITH	EBONY	Board of Directors
7	JONES	MARY	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			
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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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