

San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: ²⁵¹¹³³

Bid/RFP #:

1

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	3
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	•
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	Q _A

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
Reanna Albert		628-271-6178	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	reanna.albert@sfdph.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
Bayview Hunters Point Foundation		415-468-51	100
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1625 Carroll Ave. San Francisco, CA 94124		katherine.d	luong@bayviewci.org
6. CONTRACT	ODICINAL DID	DED MUMADED	FUE NUMBER (If anylingle)
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	KFP NUMBER	FILE NUMBER (If applicable) 251133
DESCRIPTION OF AMOUNT OF CONTRACT	<u> </u>		
\$25,611,719			
NATURE OF THE CONTRACT (Please describe)			
Provide mental health and substance abuse services.	9		
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		No.	A
			<u>`0</u>
7. COMMENTS			
7. CONTRIENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED 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.

1	LAST NAME/ENTITY/SUBCONTRACTOR Watson	FIRST NAME	ТҮРЕ
	Watson	0	
		Susan	Board of Directors
2	Fuller	Wayzel	Board of Directors
3	Cray	Adam	Board of Directors
4	Everhart	Claude	Board of Directors
5	Colson	Chuck	Board of Directors
6	Bouquin	James	CEO
7	Smith	Darrell	coo
8	Duong	Katherine	Other Principal Officer
9	Davenport	Anthony	Other Principal Officer
10	Roh	Sirk	Subcontractor
11	Moon	Ina	Subcontractor
12	De Peralta	Ruth	Subcontractor
13	Pillai	Prashanth	Subcontractor
14			
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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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9. A	FFILIATES AND SUBCONTRACTORS				
exec	the names of (A) members of the contract utive officer, chief financial officer, chief has an ownership interest of 10 percent ract.	operating officer, o	r other persons with s	imilar titles; (C) any individual or en	
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	Check this box if you need to include add Select "Supplemental" for filing type.	ditional names. Ple	ase submit a separate	form with complete information.	
10. VERIFICATION					
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.					
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARI	D SECRETARY OR	DATE SIGNED		

BOS Clerk of the Board