



Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: IHSS Public Authority Governing Body

Seat # (Required - see Vacancy Notice for qualifications): 9

Full Name: Keontae Clark

Zip Code: 94109

Home Phone: N/A

Occupation: Practitioner

Work Phone: N/A

Employer: Urban Alchemy

Business Address: _____

Zip Code: _____

Business Email: _____

Home Email: _____

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes No If No, place of residence: _____

18 Years of Age or Older: Yes No

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am a long term resident and a native of San Francisco, which is also my place of employment. I represent all communities in San Francisco and I am very supportive of the aging/disability community as well as the unhoused/homeless community here in SF. I have been employed with an organization that supports the unhoused, people with mental and physical disabilities and those experiencing hardships. I am also a person with a disability and a MDC member.

Business and/or Professional Experience:

I have worked and been employed with an non-profit organization here in SF for almost 4 years. I have prior experience as an elevator operator/attendant at the Chase Center and also at multiple Bart stations in SF/ Downtown area. I have worked at a residential location for people transitioning from homelessness to sustainable living and independent living and I have prior experience as a SF Realtor/Real Estate Agent.

Civic Activities: Current

I often volunteer my services and goods to the community by preparing care/hygiene packages and supplies. I ~~donate~~ often to children ^{& adults} in my community by donating clothes, toys and essentials. I have an organization where I personally make contributions and offer support throughout communities in SF.

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 01/13/20

Applicant's Signature (required):



(Manually sign or type your complete name.

NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

Conflict-of-Interest Disclosure Statement

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the Covered Individual(s)' other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This Conflict-of-Interest Statement should indicate whether the Covered Individual(s) has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the nominated condition to the newborn screening panel. The nominator(s) should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant Federally and organizationally established regulations and guidelines in financial conflicts must be abided by. Individuals with a conflict of interest should refrain from nominating a condition for screening.

Date: 01/13/20

Name: Keontae Clark

Position: 9

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you or a family member sit(s) on, any for-profit businesses for which you or a family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own):

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: 

Date: 01/13/20

San Francisco Public Authority
Governing Body Membership and
Seat Qualifications

| Seat # | Seat Holder | Date Appointed-Date Expiration | Description |
|--------|------------------|--------------------------------|--|
| 1 | Edda Mai Johnson | 10/25/23 - 3/01/26 | Must be a consumer over the age of 55 years, authorized to represent organizations that advocate for aging people with disabilities, for a three-year term |
| 2 | Ted Jackson | 05/05/24- 03/01/28 | Must be a consumer between the ages of 18 and 60 years, authorized to represent organizations that advocate for younger people with disabilities. |
| 3 | Mara Math | 10/16/23 - 3/01/26 | Must be a consumer-at-large over the age of 55 years |
| 4 | Luana McAlpine | 05/05/24-03/01/28 | Must be a worker who provides personal assistance services to a consumer |
| 5 | Jesse Nichols | 5/01/22- 3/01/27 | Must be a consumer-at-large between the ages 18 and 60 years old |
| 6 | | | Must be a member of the Human Services Commission, recommended to the board by the Commission |
| 7 | Sascha Bittner | 3/10/2019- 3/01/27 | Must be a member of the Commission on Disability & Aging, recommended to the board by the Commission. |
| 8 | | | Must be a member of the Health Commission, recommended to the board by council |
| 9 | | | Must be a member of the Mayor's Disability Council, recommended to the Board by the Council |
| 10 | Jane Redmond | 10/16/25 - 3/01/28 | Must be a consumer over the age of 55 years, authorized to represent organizations that advocate for aging people with disabilities |
| 11 | Nicole Bohn | 10/29/25 - 10/29/26 | Must be a consumer between the ages of 18 and 60, authorized to represent organizations that |



| | | | |
|----|----------------------|-------------------|---|
| | | | advocate for younger people with disabilities |
| 12 | Daisy McArthur | 3/01/23 – 3/01/26 | Must be a member representing the bargaining unit of the union that represents IHSS Independent Providers. |
| 13 | Robin Wilson-Beattie | 3/10/23- 3/10/26 | Must be a consumer at-large who is 18 years of age or older, serving for the unexpired portion of a three-year term ending March 2020 |

