

File No. 220688

Committee Item No. 4

Board Item No. 15

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Appropriations Committee Date June 16, 2022

Board of Supervisors Meeting Date July 19, 2022

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)

- Attachment A – State Recurring Grants – FY2022-2023
- Recurring Grants Subcontractors FY21-22
- List of Subcontractors for Forms 126
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- _____
- _____
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- _____
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Completed by: Brent Jalipa Date June 10, 2022

Completed by: Brent Jalipa Date June 27, 2022

1 [Accept and Expend Grants - Recurring State Grant Funds - Department of Public Health -
2 FY2022-2023]

3 **Resolution authorizing the acceptance and expenditure of State grant funds by the San**
4 **Francisco Department of Public Health for Fiscal Year (FY) 2022-2023.**

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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 Fiscal Year (FY)2022-2023 Annual Appropriation Ordinance that approval of
11 recurring grant funds contained in departmental budget submissions and approved in the
12 FY2022-2023 budget are deemed to meet the requirements of the San Francisco
13 Administrative Code 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 FY2022-2023 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 FY2022-2023 State Grants, Attachment A” that lists the estimated amount of each recurring
21 grant provided by the State of California for FY2022-2023, 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. 220688; and

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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 FY2022-2023 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 FY2022-2023 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.
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1 Recommended:

Approved: /s/_____

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Mayor

3 /s/_____

4 Dr. Grant Colfax

Approved: /s/_____

5 Director of Health

Controller

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| Program/ Sub-Program | Agency | Grant Type | State Contract Number | FY 22-23 Grant Term | FY 22-23 Grant Amount | FY 22-23 Indirect Costs | Indirect Cost Information | Match | In-kind | Subcontract Amount | Title, Services, FY 2022-23 | Program Manager | Phone Number | Grant Code | Project code | Staff | Grant Status |
|--------------------------------------|--|--------------------------|------------------------|------------------------|--------------------------|----------------------------|---|------------|---------|--------------------|--|-----------------------------------|-----------------------------|------------|--|-----------|--------------|
| 1 Administration | CDPH - EPO | Federal Pass-through | 17-10188 | 7/1/22 - 6/30/23 | 303,717 | | 15,186 6.50398% of Personnel | - | - | 1,419 | Hospital Preparedness Program Grant funds the planning and coordination of hospital preparedness activities for health care facilities. | Amanda Kwong | (628) 206-7618 | HCA11-23 | 10038137 | Peter | Active |
| 2 AIDS Office - Health Services | CA Dept. of Public Health (CDPH) | Federal Pass-through | 18-10886 | 4/1/22 - 3/31/23 | 3,248,921 | | - | - | - | 3,000,626 | HIV Care Program - SAM HCP is a Two-tiered approach to service prioritization & delivery based on service categories defined by PHSA. Tier 1 services are outpatient & ambulatory medical care. Tier 2 support access to tier 1. | Bill Blum / Sajid Shaikh | 415-255-3512 | HCA016-23 | 10038050 | Olivia | Pending |
| 3 Center for Research | The Regents of the University of California | Federal Pass-through | 8940c | 4/1/23 - 3/31/24 | 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 MCHSS, 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 / Sajid Shaikh | 415-255-3512 | HCA054-23 | 10038060 | Jeanette | Pending |
| 4 Center for Research | The Regents of the University of California | Federal Pass-through | 8952c | 6/1/23 - 5/31/24 | 19,558 | | 1,778 10% of tdc | - | - | | Western States Node of the National Drug Abuse Treatment SDPH 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 / Sajid Shaikh | 415-255-3512 | HCA098-23 | 10038072 | Jeanette | Pending |
| 5 Epidemiology & Disease Control | CDPH Emergency Preparedness | State | 17-10188 | 7/1/22-6/30/23 | 89,338 | | 5,124 6.1% 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 | HCD113-23 | 10038109 | Elizabeth | Active |
| 6 Center for Learning & Innovation | The Regents of the University of California | Federal Pass-through | 10612x05 | 9/1/22 - 8/31/23 | 27,999 | | 3,000 12% of tdc | - | - | | UCSF-Gladstone Center for AIDS Research Provide assistance to UCSF's Mentoring Program. | J. Fuchs / Amanda Kwong | 628-206-7618 | HCD134-23 | 10038051 | Jeanette | Pending |
| 7 HD STD | California Department of Public Health | State | 19-10557 | 7/01/22 - 6/30/23 | 268,666 | | 48,384 25% personnel | - | - | 18,480 | Local Assistance for Core STD Management Implement evidence-based public health activities to proactively address Sexually Transmitted Diseases (STD) with local health jurisdiction (LHJ) | Maggie Han | 628-206-7681 | HCD142-23 | 10038095 | Martin | Active |
| 8 TB Control | California Department of Public Health | State | 2190CTCA00 | 07/01/22 - 06/30/23 | 200,000 | | 18,182 10% of total contract amount | - | - | 181,818 | Support Tuberculosis Prevention & Control Activities Local assistance funding to support tuberculosis (TB) prevention & control activities | Maggie Han | 628-206-7681 | HCD22-23 | 10038057 | Martin | Active |
| 9 Environmental Health | State of California - Office of Traffic Safety | Federal Pass-through | PS21014 | 10/1/22 - 9/30/23 | 100,000 | | - | - | - | | Pedestrian and Bicycle Safety Program Best practice strategies will be conducted to reduce the number of persons killed and injured in crashes involving pedestrians and bicyclists. | Rita Nguyen | 628-217-6155 | HCEH16-23 | 10038078 | Olivia | Pending |
| 10 Primary Care | San Francisco Community Clinic Consortium | Federal Pass-through | H7CHA37299 | 1/1/22 - 12/31/22 | 75,700 | | - | - | - | | HC LSYC Calendar Year 2022 Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS. | Beth Neary | 628-206-7679 | HGCLSC-22 | 10037058 | Sean | Active |
| 11 Primary Care | San Francisco Community Clinic Consortium | Federal Pass-through | H76HA00163 | 1/1/23 - 12/31/23 | 75,700 | | - | - | - | | HC LSYC Calendar Year 2023 Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS. | Beth Neary | 628-206-7679 | HGCLSC-23 | 10038176 | Sean | Active |
| 12 Primary Care | San Francisco Community Clinic Consortium | Federal Pass-through | H80CS00049 | 1/1/22 - 12/31/22 | 1,255,850 | | - | - | - | | HC McKinney Homeless Calendar 2022 Funding for the provision of health care services to the homeless | Beth Neary | 628-206-7679 | HGCMCK-22 | 10037060 | Sean | Active |
| 13 Primary Care | San Francisco Community Clinic Consortium | Federal Pass-through | H80CS00049 | 1/1/23 - 12/31/23 | 1,255,850 | | - | - | - | | HC McKinney Homeless Calendar 2023 Funding for the provision of health care services to the homeless | Beth Neary | 628-206-7679 | HGCMCK-23 | 10038178 | Sean | Active |
| 14 Primary Care | San Francisco Community Clinic Consortium | Federal Pass-through | H7CHA37299 | 1/1/22 - 12/31/22 | 88,800 | | - | - | - | | RWPC Tom Waddell Clinic Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS. | Beth Neary | 628-206-7679 | HGCTW-22 | 10037061 | Sean | Active |
| 15 Primary Care | San Francisco Community Clinic Consortium | Federal Pass-through | H76HA00163 | 1/1/23 - 12/31/23 | 88,800 | | - | - | - | | RWPC Tom Waddell Clinic Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS. | Beth Neary | 628-206-7679 | HGCTW-23 | 10038179 | Sean | Active |
| 16 Center for Research | The Regents of the University of California | State | UFRA-278 (SFDPH-004c) | 7/1/22 - 6/30/23 | 29,169 | | 3,125 12% of tdc | - | - | | GHS International Training Program-Mandel Dr. McFarland will coordinate training and technical assistance activities, assist in preparation of abstracts and presentations for international and regional AIDS conferences. | W. McFarland / Sajid Shaikh | 415-255-3512 | HCV14-23 | 10038067 | Jeanette | Pending |
| 17 MCH | CDPH-MCH Branch | Federal Pass-through | CHVP 21-38 | 7/1/22 - 6/30/23 | 1,128,429 | | 29,779 3% 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. | Diane Beetham | 415-575-5732 | HCMC02-23 | 10038106 | Elizabeth | Active |
| 18 Environmental Health | CDPH-CLPB | Multiple funding sources | 20-10543 | 7/1/22-6/30/23 | 683,016 | | 74,516 15% of personnel costs | - | - | | Local Case Management Contract Identify and manage cases of children with elevated lead levels in their blood. | Haroon Ahmad | 415-252-3956 | HPB02-23 | 10038074 | Olivia | Active |
| 19 AIDS Office - Health Services | CDPH-OA-ADAP | State | 15-10488 AO1 | 7/1/21 - 6/30/22 | 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/ Sajid Shaikh | 415-637-6244 | HPD10-23 | 10026702 10001992 10001810 10001859 | Sajid | Active |
| 20 ARCHES | CDPH-Office of AIDS | State | 19-10445 | 7/1/22 - 6/30/23 | 715,084 | | 71,295 25% of personnel costs | - | - | 225,000 | 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. | Sajid Shaikh | 255-3512 | HPD14-23 | 10038112 | Martin | Active |
| 21 TB Control | CA Department of Public Health | State | 2190BASE00 & 2190FSH00 | 7/1/22 - 6/30/23 | 340,079 | | 13,525 5% personnel | - | - | | 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 | 628-206-7681 | HPD21-23 | 10038080 | Martin | Active |
| 22 Epidemiology & Disease Control | CDPH - Immunization Branch | Federal Pass-through | 17-10345 | 7/1/22-6/30/23 | 3,093,929 | | - | - | - | | Immunization Services Grant Administer an immunization program against nine vaccine preventable diseases and prenatal Hepatitis B services. | Amanda Kwong / Wesley Wong | 628-206-7618 / 415-554-2669 | HPD29-23 | 10038171 | Sean | Active |
| 23 Epidemiology_PHEPR | CDPH Emergency Preparedness | Federal Pass-through | 17-10188 | 7/1/22 - 6/30/23 | 567,173 | | 27,759 5.9% of personnel | - | - | 19,228 | Health Preparedness & Response Prepare for and respond to bioterrorism, infectious disease outbreaks and other public health threats and emergencies. | Andrea Tenner/Amanda Kwong | 628-206-7618 | HPD09-23 | 10038110 | Elizabeth | Active |
| 24 Epidemiology_PHEPR | CDPH Emergency Preparedness | Federal Pass-through | 17-10188 | 7/1/22-6/30/23 | 188,642 | | 9,051 5.8% of personnel | - | - | 14,885 | 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. | Andrea Tenner/Amanda Kwong | 628-206-7618 | HPD95-23 | 10038111 | Elizabeth | Active |
| 25 Health Education-Health Promotion | DHS-Tobacco Section | State | CTCP-21-38 | 7/1/22-6/30/23 | 1,186,586 | | 136,139 15% of personnel cost | - | - | 135,354 | 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 | HPH01-23 | 10038082 | Danna | Active |
| 26 MCH | CDPH - MCH Branch | Federal Pass-through | 202138 | 7/01/22 - 6/30/23 | 2,006,836 | | 209,745 based on time study, and 25% of salary & fringe | - | - | 419,301 | 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 | 558-4037 | HPM02-23 | 10038168 | Sean | Active |
| 27 MCH | CDPH - MCH Branch | Federal Pass-through | 202138 | 7/1/22 - 6/30/23 | 8,344,237 | | 1,237,298 25% personnel | 10,241,909 | - | 630,198 | Maternal and Child Health Coordination and advocacy for programs and services targeting women and children and review for fetal infant deaths. | Joshua Nossiter | 558-4037 | HPM03-23 | 10038107 | Elizabeth | Active |
| 28 MCH | CDPH - CMS Branch | Federal Pass-through | 21-01 & 21-03 | 7/1/22-6/30/23 | 1,738,652 | | 215,808 25% of salary | 590,403 | - | | CHDP/EPDOT Children's health and disability prevention services | Kimberlee Pitters | (628) 217-6713 | HPM05-23 | 10038147 | Peter | Pending |
| 29 MCH | CDPH (WIC) | Federal Pass-through | 19-10182 | 10/1/22-9/30/23 | 8,028,039 | | - | - | - | | 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 | HPM08-23 | 10038138 | Peter | Active |
| 30 MCAH | CDPH | Federal Pass-through | 19-10345 | 10/1/22-9/30/23 | 803,720 | | 50,148 10% of Personnel Costs | - | - | 404,161 | Nutrition Network Project Project to increase nutrition education and physical activity targeted to California's under-served populations. | Priti Rane | (415) 575-5716 | HPM13-23 | 10038140 | Peter | Active |
| 31 MCAH | CA Dept of Health Services/CMS | Federal Pass-through | 21-02 | 7/1/22-6/30/23 | 772,983 | | - | - | - | | Health Care Program-Children in Foster Care To provide health care program for children in foster care | Kimberlee Pitters | (415) 575-5764 | HPM14-23 | 10038141 | Peter | Pending |
| 32 Substance Use Disorder | Board of State & Community Corrections | State | 553-19 | 2/16/23-5/15/23 | 48,000 | | 2,000 5% of total direct project costs, excluding equip | - | - | 40,000 | STARs - 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 | HCSA17-22 | 10037057 | Peter | Active |
| 33 CBHS - Mental Health | Ca Department of Rehabilitation | Federal Pass-through | 30952 | 7/1/22 - 6/30/23 | 263,811 | | 24,937 10% of personnel cost | 818,875 | - | | State Vocational Rehabilitation Services Provide vocational rehabilitation services | Juan Ibarra | 415-255-3496 | HMDA04-23 | 10038120 | Danna | Active |
| 34 Mental Health | Department of State Hospitals | State | 19-79007-000 | 9/15/22 - 9/30/23 | 710,029 | | 64,548 10% direct charges | 82,568 | - | 478,431 | Pre-Trial Felony Mental Health San Francisco Pre Trial Felony | Mimi Fung | 415-575-5719 | HMM05-23 | 10038581 | Danna | Active |
| 35 CBHS Mental Health | CA Mental Health Svcs Oversight & Accountability | State | 19MSHOC088 | 2/8/23 - 2/7/24 | 533,342 | | 18,720 17.64% of direct cost | 944,274 | - | 469,821 | Early Psychosis Intervention (EPI) Mental Health Service Oversight and Accountability Commission | Mimi Fung | 415-255-3667 | HMM107-23 | 10038204 | Danna | Active |

| | | | | | | | | | | | | | | | | | | | | |
|----|----------------------------------|---|----------------------|--------------------------|-------------------|------------|-----------|---------------------------------|---------|---|------------|--|---|--------------------------------|----------------|--------------|----------|-----------|---------|--------|
| 36 | CBHS-Mental Health | Mental Health Services Oversight & Accountability | State | 21MH5GAC028 | 10/01/22-9/30/23 | 1,572,146 | 205,138 | 15% of total program cost | - | - | 718,702 | Improve Mental Health services in the subacute Health Service Oversight and Accountability Commission | Mental | Mimi Fung | 415-255-3667 | HM109-23 | 10038188 | Danna | Active | |
| 37 | Primary Care | Cal OES | Federal Pass-through | DR4344-P-0459 | 5/22/20 - 4/2/23 | 1,614,160 | - | - | 538,053 | - | 0 | HMSG Castro Mission Renovation FEMA funds for the renovation of the Castro Mission Clinic | | Kay Kim | 415-554-2582 | HMGP - | 10031565 | Elizabeth | Active | |
| 38 | CBHS-Mental Health | Regents of The University of California | Federal Pass-through | 10259u04 | 8/01/22-7/31/23 | 97,531 | - | - | - | - | 1,606,948 | 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 | HMM005-23 | 10038120 | Miguel | Active | |
| 39 | CBHS-Mental Health | Dept of Health Care Svs. Mental Health | Federal Pass-through | Letter sent 8/4/2021 | 7/01/22-6/30/23 | 4,579,474 | - | - | - | - | 1,606,948 | SAMSHA - MHSG, 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 Batongbatal | 415-255-3446 | HMM007-23 | 10038132 | Miguel | Active | |
| 40 | Bridge HIV | The Regents of the University of California | Federal Pass-through | 113246c | 4/1/22 - 3/31/23 | 45,046 | 3,217 | 12% of fdc | - | - | - | Evaluation of Doxydyline Post-Exposure Prophylaxis - DPH will oversee planning and implementation of the DoxyPrep study at SF CHS Clinic and supervise recruitment and retention. | | S. Buchbinder / Sajid Shaikh | 415-255-3512 | PD111-23 | 10038092 | Jeannette | Pending | |
| 41 | Center for Research | The Regents of the University of California | Federal Pass-through | 115806c | 9/30/22 - 9/29/23 | 45,620 | 4,888 | 12% of midc | - | - | - | Recent Infection Surveillance Consortium - Dr. McFarland will provide high level technical assistance on surveillance strategy. | | W. McFarland / Sajid shaikh | 415-255-3512 | PD113-23 | 10038062 | Jeannette | Pending | |
| 42 | Environmental Health | California Department of Justice | State | DOJ-PROPS6-2019-20-1-055 | 7/1/22 - 6/30/23 | 13,522 | 644 | 5% of total personnel services | - | - | - | DOJ Tobacco Grant Program This enforcement grant will allow SFPDPH 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. | | Jon Callewaert | 415-252-3971 | PD116-23 | 10038172 | Sean | Active | |
| 43 | Center for Research | The Regents of the University of California | Federal Pass-through | 116446c | 9/30/22 - 9/29/23 | 7,603 | 814 | 12% of total direct costs | - | - | - | - Targeted HIV/TB Strategic Information Technical Assistance | | W. McFarland / Sajid shaikh | 415-255-3512 | PD121-23 | 10038063 | Jeannette | Pending | |
| 44 | Center for Research | The Regents of the University of California | Federal Pass-through | 116266c | 9/30/22-9/29/23 | 45,620 | 4,888 | 12% of total direct costs | - | - | - | Targeted HIV/TB Strategic Information Technical Assistance - Burma - Dr. McFarland will provide technical assistance on HIV Surveillance activities and facilitate in-country training and workshops. | | W. McFarland / Sajid shaikh | 415-255-3512 | PD123-23 | 10038064 | Jeannette | Pending | |
| 45 | HD STD | California Department of Public Health | State | 19-10937 | 7/01/22 - 6/30/23 | 190,406 | - | - | - | - | 190,406 | Hepatitis C Virus (HCV) Prevention and Control Activities Support Hepatitis C (HCV) elimination activities | | Sajid Shaikh | 255-3512 | PD126-23 | 10038118 | Martin | Active | |
| 46 | Center for Learning & Innovation | The Regents of the University of California | State | UFRA-177 | 7/1/22 - 6/30/23 | 73,990 | 6,726 | 10 % direct cost | - | - | - | USCF FTB - Dr. Fuchs will serve as FTB CA team member, collective impact director, and policy research core lead for this project. | | J. Fuchs / Amanda Kwong | 628-206-7618 | PD128-23 | 10038167 | Miguel | Pending | |
| 47 | HD STD | California Department of Public Health | State | 19-10887 | 7/1/22 - 6/30/23 | 167,239 | 65,618 | 25% personnel | - | - | - | DFC Local Infrastructure Funds - Local Public Health Infrastructure to address infectious disease prevention and control by the local jurisdiction | | Maggie Han | 628-206-7681 | PD131-23 | 10038119 | Martin | Active | |
| 48 | HD STD | California Department of Public Health | State | 19-10791 | 7/01/22 - 6/30/23 | 204,805 | 11,459 | 25% personnel | - | - | - | 146,582 | STD Program Management and Collaboration Project - Impement public health activities to monitor, investigate, and prevent sexually transmitted diseases (STD) | | Maggie Han | 628-206-7681 | PD132-23 | 10038182 | Martin | Active |
| 49 | Environmental Health | California Department of Food and Agriculture | State | 20-1013-000-5A | 1/15/21 - 6/30/23 | 40,380 | - | - | - | - | 36,000 | Noxious Weed Program - This project works to eradicate invasive sea lavender at all tidal marsh locations in the county. | | Cree Morgan/Phil Calhoun | 415-252-3950 | PD136-23 | 10037404 | Olivia | Active | |
| 50 | Center for Research | The Regents of the University of California | Federal Pass-through | 122636c | 8/1/22 - 7/31/23 | 7,380 | 671 | 10% of total direct costs | - | - | - | Expanding Access to Buprenorphine Treatment among Homeless Persons with Opioid Use Disorder - Aiding with UCSF personnel, Dr. Coffin will perform the following tasks: 1. Assist Dr. Masson in designing interview guides, surveys, and refining recruitment procedures; 2. Assist Dr. Masson in engaging community partners in the proposed research including, directors of homeless shelters, syringe exchange access programs, and local health care providers, etc. | | P. Coffin / Sajid Shaikh | 415-255-3512 | PD138-23 | 10038084 | Jeannette | Pending | |
| 51 | Environmental Health | California Department of Justice | State | Letter dated 12/31/2020 | 7/1/22 - 6/30/23 | 1,165,986 | 55,523 | 5% of total personnel services | - | - | 124,496 | DOJ Tobacco Grant Program This enforcement grant will allow SFPDPH 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. | | Jon Callewaert | 415-252-3971 | PD150-23 | 10038175 | Sean | Active | |
| 52 | Center for Research | The Regents of the University of California | Federal Pass-through | 125186c | 9/30/22 - 9/29/23 | 18,779 | 2,012 | 12% of total direct costs | - | - | - | Nambia Project for HIS Strengthening, Continuous Quality Improvement and Enhanced Surveillance - Will, McFarland, MD, PhD, Director of Surveillance, has many years of experience working on surveillance in general and key populations, in both domestic and international settings. He will provide high-level technical assistance on surveillance strategy. | | W. McFarland / Sajid shaikh | 415-255-3512 | PD154-23 | 10038068 | Jeannette | Pending | |
| 53 | Center for Research | The Regents of the University of California | Federal Pass-through | 128556c | 4/1/22 - 3/31/23 | 11,875 | 1,272 | 12% of total direct cost | - | - | - | International Traineeships in AIDS Prevention Studies (ITAPS) | | W. McFarland / Sajid shaikh | 415-255-3512 | PD165-23 | 10038413 | Jeannette | Pending | |
| 54 | MCH | CDPH - Office of Oral Health | State | 17-10719 | 7/1/22 - 6/30/23 | 308,879 | 2,376 | 17.25% of total personnel costs | - | - | 234,000 | Oral Health Program Prog 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 | PM101-23 | 10038169 | Sean | Active | |
| 55 | MCH | CDPH | State | 19-10604 | 7/1/22 - 6/30/23 | 459,560 | 6,765 | 4% of total personnel costs | - | - | 260,000 | California Perinatal Equity Initiative - Deepen understanding of the gaps in services within the Black community contributing to increased infant mortality rates and the promising intervention to reduce Black infant mortality | | Joshua Nositer/Aline Armstrong | 558-4037 | PM102-23 | 10038170 | Sean | Active | |
| 56 | MCH | CDPH | State | CHVP SGF INV 21-38 | 7/1/22 - 6/30/23 | 1,000,000 | - | - | - | - | 600,000 | CHVP State General Fund Innovation - Implementing home visits as a primary intervention strategy for families from pregnancy through kindergarten to promote positive outcomes and family success. | | Joshua Nositer/Diane Beetham | 415-558-4037 | PM103-23 | 10038108 | Elizabeth | Active | |
| 57 | MCH | CDPH | State | CHVP SGF EXP 22-38 | 7/1/22 - 6/30/23 | 329,075 | 61,015 | 25% of personnel | - | - | - | CHVP SGF Expansion - Grant expands Nurse Family Partnership (NFP) program. | | Joshua Nositer/Maya Vasquez | 415-558-4037 | PM104-23 | 10038569 | Elizabeth | Active | |
| 58 | MCH | CDPH | Federal Pass-through | Letter dated 1/28/2022 | 7/1/22 - 6/30/23 | 395,500 | 39,550 | 10% of award | - | - | 78,872 | Children & Youth with Special Health Care Needs - CYSHCN - To support families of children with disabilities that will bring together the community agencies that serve children and youth with special health care needs in San Francisco independently of one another along with the families they are serving. | | Ben Meisel | 628-217-6711 | PM105-23 | 10038574 | Olivia | Active | |
| 59 | CBHS-Mental Health | Department of Health Care Services (DHCS) | State | Letter dated 10/04/2021 | 7/1/22-6/30/23 | 636,880 | - | - | - | - | 52,000 | Crisis Care Mobile Units (CCMU) Program - Department of Health Care Services | | Mimi Fung | 415-255-3667 | HM111-23 | 10038209 | Danna | Pending | |
| 60 | CBHS-Mental Health | Department of Health Care Services (DHCS) | Federal Pass-through | Letter dated 12/06/2021 | 7/1/22-6/30/23 | 926,594 | - | - | - | - | 262,499 | Behavioral Health Response and Rescue Project (BHRPP) for Community Mental Health Services Block Grant (MHBG) - Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) - Department of Health Care Services | | Shirley Giang/Mimi Fung | 415-255-3667 | HM112-23 | 10038426 | Danna | Pending | |
| 61 | CBHS-Mental Health | Department of Health Care Services (DHCS) | Federal Pass-through | Letter dated 12/06/2021 | 7/1/21-12/31/22 | 1,508,181 | - | - | - | - | 1,279,431 | Behavioral Health Response and Rescue Project (BHRPP) for Community Mental Health Services Block Grant (MHBG) - Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) - Department of Health Care Services | | Shirley Giang/Mimi Fung | 415-255-3667 | HM113-23 | 10038378 | Danna | Pending | |
| 62 | Substance Abuse | CA Dept of Health Care Services | Federal Pass-through | Letter dated 11/15/2021 | 7/1/22 - 12/31/22 | 2,174,300 | - | - | - | - | 2,174,300 | CRESSA- SABG - Provides children Strengthening Families Services, Community Outreach and education, and Campaign & Website development. Team Lily partnered with UCSF. Provide transitional housing for SUD. | | Mimi Fung/Judith Martin | (415) 255-3667 | SA101-23 | 10038563 | Peter | Pending | |
| 63 | Substance Abuse | CA Dept of Health Care Services | Federal Pass-through | Letter dated 11/15/2021 | 1/1/23 - 6/30/23 | 664,393 | - | - | - | - | 499,336 | ARPA - SABG - Provides children Strengthening Families Services, Community Outreach and education, and Campaign & Website development. To support a SORT program to provide treatment services for SUD clients | | Mimi Fung/Judith Martin | (415) 255-3667 | SA102-23 | 10038322 | Peter | Pending | |
| 64 | PHEP | CDPH | Federal Pass-through | WFD-038 | 7/1/22 - 6/30/23 | 1,189,498 | 192,630 | 25% personnel | - | - | - | Public Health Workforce Development - To establish, expand, train, and sustain the SLT public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs. | | Amanda Kwong / Andrea Tenner | (628) 206-7618 | PD168-23 | 10038774 | Peter | Pending | |
| | | | | | | 53,544,143 | 2,946,757 | | | | 14,302,294 | | | | | | | | | |

| Item | Title, Services, FY 2019-20 | Subcontract Amount | Contractor Name Nature of the Contract | Address | Executive Director | Board Member Name |
|------|--|--------------------|--|--|--------------------------------------|--|
| 1 | Hospital Preparedness Program Grant funds the planning and coordination of hospital preparedness activities for health care facilities | 1,419 | San Francisco Public Health Foundation Fiscal Intermediary | 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 | Penny Eardley | Penny Eardley, Anastasia Petrosova, Kelisa Tostelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki-Sublett, Christy Cather, Nicole Falk, Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore, Alice Villagomez, Adam Sharma, Mark Morewitz, Nick Oxford |
| 2 | HIV Care Program - SAM 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 tier 1. | 240,656 | a) Dolores Street Community Services To improve and maintain the health of our residents through the provision of facility-based health care and other supportive services. | 938 Valencia Street, San Francisco, CA 94110 | Laura Valdez | PRESIDENT: Michael Winn; VICE-PRESIDENT: Rocío Avila; TREASURER: Kani Lin; SECRETARY: Pedro Hernandez; Anjali Cameron; Ward Penfold; Anat Leonard |
| | | 174,783 | b) Catholic Charities - Leland House 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. | 990 Eddy Street, San Francisco, CA 94109 | Jilma Meneses, JD | Archbishop Salvatore J. Cordileone, Chairman; Joe Boerio, President; Theodore Borromeo, Secretary; Kathleen A. Grogan, CPA, Secretary; George B. Sundby, Treasurer; Dr. Diana I. Bojorquez; Martha Brigham, Philip Clark; Adriana Dahik; Susie O'Brien Frimet; Jerilyn Gelt; Michael M. Ghilotti; Eleanor Gonzalez; David R. Hultman; Lisa Ikeda; Philip Kearney; Scott Landis; Jay Paul Leupp; Sister Maureen McInerney, O.P.; Lori Mirek; Reverend Dan Nascimento; Jack Pohman; Reverend Raymond Reyes; Louis Reynaud; Jim Sangiacomo; Patrick Woody |
| | | 180,336 | c) Catholic Charities - Peter Claver 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 RCF-CI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS. | 1340 Golden Gate Ave, SF, CA 94115 | Jilma Meneses, JD | Archbishop Salvatore J. Cordileone, Chairman; Joe Boerio, President; Theodore Borromeo, Secretary; Kathleen A. Grogan, CPA, Secretary; George B. Sundby, Treasurer; Dr. Diana I. Bojorquez; Martha Brigham, Philip Clark; Adriana Dahik; Susie O'Brien Frimet; Jerilyn Gelt; Michael M. Ghilotti; Eleanor Gonzalez; David R. Hultman; Lisa Ikeda; Philip Kearney; Scott Landis; Jay Paul Leupp; Sister Maureen McInerney, O.P.; Lori Mirek; Reverend Dan Nascimento; Jack Pohman; Reverend Raymond Reyes; Louis Reynaud; Jim Sangiacomo; Patrick Woody |
| | | 1,408,026 | d) Project Open Hand To improve the nutritional health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments and other food and nutrition services. | 730 Polk St, SF, CA 94109 | Paul Hepfer | Chair: Mike Henry; Vice-Chair: Ruth Yankoupe; Secretary: Finance Committee Chair: John Colton; Aditya Wakankar; Vishwa Chandra; Jennifer Petraglia; Andrew Chang, Preston Maring; Ginny McSwine; Theresa Ng Chang; Andrea Wilkinson; Helene York; Jennifer Drimmer-Rokovich; Richard Long; Arthur Wood; |
| | | 681,216 | e) Main AIDS Hospice 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. | 401 Duboce Ave, SF, CA 94117 | Michael Smithwick | Ray Lapointe; Jane Wong; Austin Miller; Gregg Cummings; Jim King; Johannes Casados; Bismay Mishra; Donna Cummings; Namita Dilawri; Sameera Rana; |
| | | 146,772 | f) PRC Providing Equal Access to Health Care Program Services | 170 9th St, San Francisco, CA 94103 | Brett Andrews | Brian Schneider; Kent M. Roger; Tim Schroder; Chris Brown; Larkin Callaghan; Josh Freiman; Nelson Gonzalez; Ryo Ishida; Jacques Michaels; Michael Niczyporuk; Zack Papillon; Darren Smith; Michael Steinberg; Meredith Treaster; Brett Andrews, CEO; Joe Alout, CFO; Elaine Clark, CFO; John Foster, COO; Tasha Henneman, Chief; Chuan Teng, Chief; Randi Paul, CDO. |
| | | 168,837 | g) UCSF Alliance Health Project 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. | 1930 Market St, SF, CA 94102 | James W. Diley, MD | James W. Diley, MD; Lori Thoemmes; Anessa Flenjes, PhD; Braulio Garcia; DK Haas; Ramón Matos, LMF; Jessie Murphy, MPH; Perry Rhodes, III; Jen Shockey, MPH; Holly Wong; Kate Shumate; Susan M. Bresall, PhD; Brad Hare, MD; Reginald Hillman; Enchi Liu, PhD; Dr. Bérénice Mettler; Ken Pearce, Secretary; Sophia Toh, Vice-Chair |
| 7 | 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 | 18,480 | Harm Reduction Therapy Center Provide Clinical Consultation Services to LINC frontline staff | 45 Franklin Street San Francisco, CA 94102 | Jeannie Little | Shantel Weingard, CFO; Sam Dennison; Ale Dal Pina; Alice Jia Son; Roy Tidwell; Patt Denning, PhD; Jeannie Little, LCSW |
| 8 | Support Tuberculosis Prevention & Control Activities Local assistance funding to support tuberculosis (TB) prevention & control activities | 181,818 | San Francisco Public Health Foundation Fiscal Intermediary Svc for California TB Controller's Association | 375 Laguna Honda Blvd #8303, San Francisco, CA 94116 | Penny Eardley | Penny Eardley, Anastasia Petrosova, Kelisa Tostelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki-Sublett, Christy Cather, Nicole Falk, Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore, Alice Villagomez, Adam Sharma, Mark Morewitz, Nick Oxford |
| 20 | 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. | 225,000 | Heluna Health Providing program administration and support services - Fiscal Intermediary | 13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746 | Blayne Cutler, MD, PhD | Blayne Cutler, MD, PhD, CEO; Tim Selfert, JD, CHRO; Peter Dale; Jordan Gadd, MA; Jo Kay Ghosh, PhD, CPO, Brian Gieseler, CFO; Elizabeth Power Robison, MBA; Kiran Saluja; Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carladenise Edwards, PhD, Edward Yip, JD; Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DrPH, FACHE; Santosh Veticaden, MD, PhD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH, Nicole J. Macarthur, JD; Vivian Vasallo; Celina Gorre; Bonnie Midura, MPH; |
| 23 | Health Preparedness and Response Prepare for and respond to bioterrorism, infectious disease outbreaks, and other public health threats and emergencies | 19,228 | San Francisco Public Health Foundation Fiscal Intermediary | 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 | Penny Eardley | Penny Eardley, Anastasia Petrosova, Kelisa Tostelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki-Sublett, Christy Cather, Nicole Falk, Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore, Alice Villagomez, Adam Sharma, Mark Morewitz, Nick Oxford |
| 24 | 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. | 14,885 | San Francisco Public Health Foundation Fiscal intermediary | 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 | Penny Eardley | Penny Eardley, Anastasia Petrosova, Kelisa Tostelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki-Sublett, Christy Cather, Nicole Falk, Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore, Alice Villagomez, Adam Sharma, Mark Morewitz, Nick Oxford |
| 25 | Tobacco Free Project Provide tobacco education in accordance with the State Comprehensive Tobacco Control Plan Guidelines for local lead agencies. | 135,354 | San Francisco Public Health Foundation Providing program administration in support of SF Tobacco Free Project. | 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 | Penny Eardley | Penny Eardley, Anastasia Petrosova, Kelisa Tostelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki-Sublett, Christy Cather, Nicole Falk, Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore, Alice Villagomez, Adam Sharma, Mark Morewitz, Nick Oxford |
| 26 | 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. | 419,301 | HealthRight 360 Fiscal Intermediary | 1563 Mission St, SF, CA 94103 | Dr. Vitka Eisen | Vitka Eisen; Tony Duong; Jegan Anandasakaran; Ana Valdez; Demetrius Andreas; Maribel Baez, MS-HA; Dylan Gattridge; Evan Hoesse; Britt Miazgowski; Anna-Cristina Navarro; Alyssa Roy; Shabana Siegel; April Torres; Denise Williams; Diane Ireland; Natalie Mitchell; Linda Smart; Daniel Binder; Yelen Balan; Natalie Beaulieu; Bryan Graham; Chris Gurley; Kathryn Holmes; Raquel Macfarlane; Talia Pierluissi; Karen E. Painter; Alex Pugh; Ahmed Thomas; Timothy Torres; Sankar Venkatraman |
| 27 | Maternal and Child Health Coordination and advocacy for programs and services targeting women and children and review of fetal infant deaths. | 499,118 | a) Heluna Health Provide support for Expecting Justice Program | 13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746 | Blayne Cutler, MD, PhD | Blayne Cutler, MD, PhD, CEO; Tim Selfert, JD, CHRO; Peter Dale; Jordan Gadd, MA; Jo Kay Ghosh, PhD, CPO, Brian Gieseler, CFO; Elizabeth Power Robison, MBA; Kiran Saluja; Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carladenise Edwards, PhD, Edward Yip, JD; Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DrPH, FACHE; Santosh Veticaden, MD, PhD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH, Nicole J. Macarthur, JD; Vivian Vasallo; Celina Gorre; Bonnie Midura, MPH; |
| | | 131,080 | b) Felton Institute Provide support for TAPP program | 1500 Franklin Street, San Francisco, CA 94109 | AI Gilbert | Adriana Furuzawa, MFT, CPRP; Kenj Paschen; Curtis Penn; Catherine Spensley, MSW, LCSW; AI Gilbert, President; Marvin Davis, CFOO; Liz Dalmao-Julien, CPO; Dr. Robin Ortiz; Dr. Yohana Quiroz, COO; Darren Skolnick; Michael N. Hofman; Susan Bobulsky; Daniel Costello; Terry M. Limpert; Kathy Neal; Michael O'Leary; Peter Rolo; Tamara Steele; Dr. Georina Woods |
| 30 | Nutrition Network Project Project to increase nutrition education and physical activity targeted to California's under-served populations. | 35,000 | a) 18 Reasons Provide outreach to targeted populations | 3150 18th Street, #315, San Francisco, CA 94110 (Mail) 3674 18th Street, SF, CA 94110 (Visit) | Sarah Nelson | Patricia Farrar-Rivas; Shannon White Cogen; Bob Roemer; Aaron Hardisty; Marian Zischke Batsch; Isaac Buwembo; Sam Mogannam; Sarah Nelson; Suzy Obst; Poonam Singh; Maggie Spicer; Rosabel Tao; Calvin Tsay; Sarah Wiggelsworth; |
| | | 215,000 | b) San Francisco Unified School District Provide outreach to targeted populations | 555 Franklin Street, San Francisco, CA 94102 | Dr. Vincent Matthews, Superintendent | Superintendent Vincent Matthews, Ed.D.; Myong Leigh, Deputy Superintendent; Enikia Ford Morthel, Deputy Superintendent; Gentle Blythe, Deputy Superintendent; Jenny Lam, President; Kevin Boggess, Vice President; Matt Alexander, Commissioner; Ann Hu, Commissioner; Laine Motamed, Commissioner; Mark Sanchez, Commissioner; Lisa Weissman-Ward, Commissioner |
| | | 14,161 | c) San Francisco Public Health Foundation Fiscal intermediary | 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 | Penny Eardley | Penny Eardley, Anastasia Petrosova, Kelisa Tostelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki-Sublett, Christy Cather, Nicole Falk, Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore, Alice Villagomez, Adam Sharma, Mark Morewitz, Nick Oxford |
| | | 140,000 | d) Children's Council of San Francisco Provide outreach to targeted populations | 445 Church Street, San Francisco, CA 94114 | Gina M. Fromer | Anna Nordberg (Chair); Deborah Sims (Vice Chair); Marga Dusedau (Treasurer); Brandy Vau (Secretary); Ashley Murphy; Fatima Moore; Maegan Warehouse; Charmaine Pattinson; George Israel; Na'eem Salaam; Chris Thomas; Jake Lewinson; Omar Butler; Dominique Benavidez; Jessica Hilberman; Peter Rosberg; Elisabeth Diana; Jim Kirk; Victoria Fram; Ferris Pava; |

| | | | | | | |
|---------|--|------------------------------|--|---|--------------------------------------|--|
| 32 | Supporting Treatment and Reducing Recidivism (STARR) - 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 | 40,000 | Hatchuel Tabernik & Associates Inc Provide program evaluation services | 2560 9th St., Suite 211, Berkeley, CA 94710 | Tim Tabernik | Tim Tabernik, CEO; Dina Hatchuel, Danielle Toussaint, PhD; Russ Lobar, CFO, Sarah DeWitt Akin. |
| 34 | 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. | 351,543 | a) University of California, San Francisco Conduct a new comprehensive client assessment and produce a modified Treatment Plan | 550 16th Street, 7th Floor, San Francisco, CA 94143 | Sam Hawgood | Philip Hammarskjold, Chair; Andrew Ballard; Peter Briger; Todd Carter; Connie E. Chen; Fred Cohen; Phyllis Coulter; Dipanjan Deb; Dana Emery; William S. Fisher; Catherine Friedman; Sameer Gandhi; Kathryn Hall; Kenneth Hao; Julia Hartz; Carl Kawaja; Michael Kahn; Richard Kimball; Meyer Malka; Ian McKinnon; Diane Morris; Lisa Stone Pritsker; Steven Reed; Ruchi Sanghvi; George Scangos; Shahar Soghikian; Joan Weil; Barbara Bass Bakar; Lynne Benioff; William H. Davidow; Arthur H. Kern; George Marcus; Carmen Policy; Richard M. Rosenberg; Jaclyn Saifer; Brook H. Byers; Kenneth T. Darr; Doris F. Fisher; Robert B. Friend; Ellen Magnin Newman, Founding Chair; William E. Oberndorf; Diane B. Wilsey. |
| | | 126,888 | b) HealthRight 360 Provide fiscal intermediary check-writing services | 1563 Mission St, SF, CA 94103 | Dr. Vitka Eisen | Vitka Eisen; Tony Duong; Jegan Anandasakaran; Ana Valdes; Demetrius Andreas; Maribel Baez, MS-HA; Dylan Gatridge; Evan Hoesie; Britt Mazgowicz; Anna-Cristina Navarro; Alyssa Roy; Shabana Siegel ; April Torres; Denise Williams; Diane Ireland; Natalie Mitchell; Linda Smart; Daniel Binder; Yelen Balan; Natalie Beaulieu; Bryan Graham; Chris Gurley; Kathryn Holmes; Raquel MacFarlane; Talia Pierluissi; Karen E. Pointer; Alex Pugh; Ahmad Thomas; Timothy Torres; |
| 35 | Early Psychosis Intervention Plus It's intended to support the statewide development and expansion of a Coordinated Specialty Care model, and evidence-based and integrated EPI model. | 469,821 | Felton Institute Provide program support | 1500 Franklin Street, San Francisco, CA 94109 | Al Gilbert | Adriana Furuzawa, MFTI, CPRP; Kenji Paschen; Curtis Penn; Catherine Spensley, MSW, LCSW; Al Gilbert, President; Marvin Davis, CFOO; Liz Dalmacio-Julien, CPO; Dr. Robin Ortiz, Dr. Yohana Quiroz, COO; Darren Skolnick; Michael N. Hofman; Susan Bobutsky; Daniel Costello; Terry M. Limpert; Kathy Neal; Michael Orias; Peter Rojo; Tamara Steele; Dr. George Woods |
| 36 | Mental Health Student Act of 2019 Improve Mental Health services in the schools To improve mental health services for students and propose services include | 270,500 | a) Seneca Family of Agencies Fiscal Intermediary | 8945 Golf Links Rd, Oakland, CA 94605 | Leticia Galyean | Neil Gilbert, Chair; Leticia Galyean, President; Dion Aroner, Secretary; Geoffrey Le Plastrier, Treasurer; Rochelle "Shelley" Benning, Member; Jeff Davi, Member; Gwen Foster, Member; Sylvia Pizzini, Member; Nancy Paña, Member; Jamie Church; Jason Citron; Zach Cohen; Zach Hill; Venus Ke; Anders Mortensen; Dwayne Redmon; Hong Thatot; Stephanie Gaywood |
| | | 407,502 | b) 3rd Street Youth Center & Clinic Fiscal Intermediary | 1728 Bancroft Ave, San Francisco, CA 94124 | Joi Jackson-Morgan | Michelle Magee; Lyslynn Lacoster; Jackie Relyea; Laura Fallon; Savitha Moorthy; Misty Patton; Herschel Leland; Glen Kunene; Vanessa Eng; Jose A Rodriguez; Michael Savage. |
| 39 | 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 | 40,700 | c) TBD | TBD | TBD | TBD |
| | | 247,302 | a) Richmond Area Multi-Services Provide Peer Internship Program that prepares clients for employment in peer support and counseling positions | 3626 Balboa St, SF, CA 94124 | JayVon Muhammad | JayVon Muhammad, CEO; Domenica Giovannini, MPH; Christina Shea; Angela Tang; Eduard Agajanian, MBA; Trina De Joya; Sachi Inoue; Carmen Castorena O'Keefe; Flora Chan, Psy.D; Hasian Sinaga; Dennielle C. Kronenberg; Anna Zozulinsky; Janny Wong; Kristin Chun; Vivian Wong; Rebecca Peng; Cynthia Huie; Marjorie Scholtz; Anoshua Chaudhuri; Lee Hsu; Maggie Roberts; Tom Yeh; Wade Chow and Maire Quinn |
| | | 20,000 | b) Felton Institute Provides mental health technical assistance to community based MH crisisresponse to trauma | 1500 Franklin Street, San Francisco, CA 94109 | Al Gilbert | Adriana Furuzawa, MFTI, CPRP; Kenji Paschen; Curtis Penn; Catherine Spensley, MSW, LCSW; Al Gilbert, President; Marvin Davis, CFOO; Liz Dalmacio-Julien, CPO; Dr. Robin Ortiz, Dr. Yohana Quiroz, COO; Darren Skolnick; Michael N. Hofman; Susan Bobutsky; Daniel Costello; Terry M. Limpert; Kathy Neal; Michael Orias; Peter Rojo; Tamara Steele; Dr. George Woods |
| | | 61,488 | c) Behavioral Health Commission Support Administrative oversight of system-of-care fiscal intermediary funding in order to maintain level of funding for training | 1380 Howard Street, San Francisco, CA 94103 | Helynna Brooke | Carletta Jackson-Lane, JD, Co-Chair; Richelle Lee Siot, MA; Bahlam Javier Vigil, Vice Chair; Stephen Banuelos; Secretary; Judy Zalazard Drummond; Judith Klein; Toni Parks; Harriette Stallworth Stevens; Utash Thakore-Dunlap; Wilson Idell; Terence Bueher; Sempel Ashel; Alshah Sraf |
| | | 13,732 | d) San Francisco Study Center Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic | 1663 Mission Street, Suite 310, San Francisco, CA 94103 | Geoffrey Link | Richard Livingston; Tina Tong Yee, Ph.D.; Reiko Homma True, Ph.D.; Hazim Elbgal; Eric Eldon; Benjamin A. Kutnick; Jeanne Kwong; Stas Margarinos; Jim McWilliams; Geoffrey Link; Jaden Chen; John Nunez; Leonor Vera; Linda Kuo; Irene Soriano; Marjorie Beggs; Lise Stampfl |
| | | 114,273 | f) Curry Senior Center Provides support for older adults with mental health issues and are homeless or risk of losing their houses | 333 Turk Street, San Francisco, CA 94102 | David Knego | Jonnie Davila, President; Shirely Cutiga, Vice President; Diane Sklar, MD; David Bickham, Treasurer; Arielle Slam; Julie Valente; Alycia Norton; Pattie Pritchett; Diane Dwyer; Richard Sullivan; Hannah Lineocum; Sasha Selva; Ja Eun Guerrero Huh, LCSW; Wendy Zachary, MD; Jim Illig; Yael Wulfovitch; John McKinnon |
| | | 142,000 | g) HealthRight 360 Provides Fiscal Intermediary services | 1563 Mission St, SF, CA 94103 | Dr. Vitka Eisen | Vitka Eisen; Tony Duong; Jegan Anandasakaran; Ana Valdes; Demetrius Andreas; Maribel Baez, MS-HA; Dylan Gatridge; Evan Hoesie; Britt Mazgowicz; Anna-Cristina Navarro; Alyssa Roy; Shabana Siegel ; April Torres; Denise Williams; Diane Ireland; Natalie Mitchell; Linda Smart; Daniel Binder; Yelen Balan; Natalie Beaulieu; Bryan Graham; Chris Gurley; Kathryn Holmes; Raquel MacFarlane; Talia Pierluissi; Karen E. Pointer; Alex Pugh; Ahmad Thomas; Timothy Torres; |
| | | 150,266 | h) RAMS Provides support of consumer-run centers serving newly dually-diagnosed individuals | 3626 Balboa St, SF, CA 94124 | JayVon Muhammad | JayVon Muhammad, CEO; Domenica Giovannini, MPH; Christina Shea; Angela Tang; Eduard Agajanian, MBA; Trina De Joya; Sachi Inoue; Carmen Castorena O'Keefe; Flora Chan, Psy.D; Hasian Sinaga; Dennielle C. Kronenberg; Anna Zozulinsky; Janny Wong; Kristin Chun; Vivian Wong; Rebecca Peng; Cynthia Huie; Marjorie Scholtz; Anoshua Chaudhuri; Lee Hsu; Maggie Roberts; Tom Yeh; Wade Chow and Maire Quinn |
| | | 330,014 | i) Family Services Agency Provides services First Episode Psychosis, families suffering from signs & symptoms of schizophrenia | 1500 Franklin Street, San Francisco, CA 94109 | Al Gilbert | Sandra Smith, Darren Skolnick, Gretchen Eichinger, Amy Solday, Christopher Seaman, Michael N. Hofman, Dr. Michelle Clark, Yasmine Rafidi, Paul Adams, Susan Bobutsky, Terry M. Limpert, Michael Orias, Peter Rojo, Matt Snyder, Tamara Steele, Al Gilbert, CEO, Marvin Davis, CFO, Liz Dalmacio-Julien, CPO, Dr. Robin Ortiz, Yohana Quiroz, COO, Adriana Furuzawa, Kenji Paschen, Curtis Penn, Catherine Spensley, MSW, LCSW, Joseph A. Thompson, Ph.D. |
| | | 249,691 | j) RAMS Provides Peer Internship Program that prepares clients for employment in peer support and counseling | 3626 Balboa St, SF, CA 94124 | JayVon Muhammad | JayVon Muhammad, CEO; Domenica Giovannini, MPH; Christina Shea; Angela Tang; Eduard Agajanian, MBA; Trina De Joya; Sachi Inoue; Carmen Castorena O'Keefe; Flora Chan, Psy.D; Hasian Sinaga; Dennielle C. Kronenberg; Anna Zozulinsky; Janny Wong; Kristin Chun; Vivian Wong; Rebecca Peng; Cynthia Huie; Marjorie Scholtz; Anoshua Chaudhuri; Lee Hsu; Maggie Roberts; Tom Yeh; Wade Chow and Maire Quinn |
| 273,182 | k) RAMS Provides Bilingual-designated counselor positions | 3626 Balboa St, SF, CA 94124 | JayVon Muhammad | JayVon Muhammad, CEO; Domenica Giovannini, MPH; Christina Shea; Angela Tang; Eduard Agajanian, MBA; Trina De Joya; Sachi Inoue; Carmen Castorena O'Keefe; Flora Chan, Psy.D; Hasian Sinaga; Dennielle C. Kronenberg; Anna Zozulinsky; Janny Wong; Kristin Chun; Vivian Wong; Rebecca Peng; Cynthia Huie; Marjorie Scholtz; Anoshua Chaudhuri; Lee Hsu; Maggie Roberts; Tom Yeh; Wade Chow and Maire Quinn | | |
| 5,000 | l) RAMS Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic - job training wages | 3626 Balboa St, SF, CA 94124 | JayVon Muhammad | JayVon Muhammad, CEO; Domenica Giovannini, MPH; Christina Shea; Angela Tang; Eduard Agajanian, MBA; Trina De Joya; Sachi Inoue; Carmen Castorena O'Keefe; Flora Chan, Psy.D; Hasian Sinaga; Dennielle C. Kronenberg; Anna Zozulinsky; Janny Wong; Kristin Chun; Vivian Wong; Rebecca Peng; Cynthia Huie; Marjorie Scholtz; Anoshua Chaudhuri; Lee Hsu; Maggie Roberts; Tom Yeh; Wade Chow and Maire Quinn | | |
| 45 | Hepatitis C Virus (HCV) Prevention and Control Activities Support hepatitis C (HCV) elimination activities for populations at risk of forward transmission. | 95,203 | a) Facente Consulting Professional consultation and technical Assistance for Strategic Planning | 13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746 | Shelley Facente | Shelley Facente; Autumn Albers; William Bland; Katie Burk; Sara Duran; Dara Gackeler; Meghan Hynes; Lazara Paz-Gonzalez, MPH; Perry Rhodes III, MA; JT Taylor, MPP/MPH |
| | | 95,203 | b) Shanti Provides Hepatitis C prevention services | 730 Polk Street, 3rd Floor San Francisco, CA 94109 | Kaushik Roy | William L. Dawes, Jamie Ennis, Jerry Francone, Sheila Fischer Kiernan, Micki Klearman, MD, John Sell; Ethan M. Sullivan; Chip Supanich; Marc Weinstein; Josh Weinstein; Stanley Yee; Kaushik Roy; Charlie Meade; Patricia J. Schneider |
| 48 | STD Program Management and Collaboration Project Implement public health activities to monitor, investigate, and prevent sexually transmitted diseases (STD) | 146,582 | University of California, San Francisco Technical Assistance: HIV Global Health | 550 16th Street, 7th Floor, San Francisco, CA 94143 | Sam Hawgood | Philip Hammarskjold, Chair; Andrew Ballard; Peter Briger; Todd Carter; Connie E. Chen; Fred Cohen; Phyllis Coulter; Dipanjan Deb; Dana Emery; William S. Fisher; Catherine Friedman; Sameer Gandhi; Kathryn Hall; Kenneth Hao; Julia Hartz; Carl Kawaja; Michael Kahn; Richard Kimball; Meyer Malka; Ian McKinnon; Diane Morris; Lisa Stone Pritsker; Steven Reed; Ruchi Sanghvi; George Scangos; Shahar Soghikian; Joan Weil; Barbara Bass Bakar; Lynne Benioff; William H. Davidow; Arthur H. Kern; George Marcus; Carmen Policy; Richard M. Rosenberg; Jaclyn Saifer; Brook H. Byers; Kenneth T. Darr; Doris F. Fisher; Robert B. Friend; Ellen Magnin Newman, Founding Chair; William E. Oberndorf; Diane B. Wilsey. |
| 49 | Noxious Weed Program This project works to eradicate invasive sea lavender at all tidal marsh locations in the county. | 36,000 | California Invasive Plant Council To restore specified marshes by replanting native cordgrass and marsh gumplant. | 1442-A Walnut St. #462, Berkeley, CA 94709 | Doug Johnson | Drew Kerr, Vice President; Juli Matos, President; Sarah Godfrey, Treasurer; Amanda Cantu Swanson, Secretary; Jason Giessow; Steven Addison; Doug Gibson, Mehta Klock; Tanya Meyer; LeeAnne Mila; Scott Oneto; Steve Schoening; Marcos Trinidad |
| 51 | 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. | 105,932 | a) San Francisco Unified School District Provide outreach to targeted populations | 555 Franklin Street, San Francisco, CA 94102 | Dr. Vincent Matthews, Superintendent | Superintendent Vincent Matthews, Ed.D.; Myong Leigh, Deputy Superintendent; Enikia Ford Morthel, Deputy Superintendent; Gentile Blythe, Deputy Superintendent; Jenny Lam, President; Kevin Boggess, Vice President; Matt Alexander, Commissioner; Ann Hus, Commissioner; Lainie Motamedi, Commissioner; Mark Sanchez, Commissioner; Lisa Weissman-Ward, Commissioner |
| | | 8,964 | b) San Francisco Public Health Foundation Fiscal Intermediary | 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 | Penny Eardley | Penny Eardley, Anastasiya Petrosova, Kelisa Tostelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki-Subletti, Christy Cather, Nicole Falk, Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore, Alice Villagomez, Adam Sharma, Mark Morewitz, Nick Oxford |
| | | 9,600 | c) TBD - San Francisco community based organizations | TBD | TBD | TBD |
| 54 | 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. | 5,000 | a) APA Family Support Services Provide support for oral health program | 10 Nottingham Place, San Francisco, CA 94133 | Rick Yuen | Rose Chung, Cary Chen; Jacqueline Huie; Julie Howe; Joyce Tso; Mai-Sie Chan, M.D.; Kimberly Culp; Van Diep; Fanny Lam; Kory Lam; Jennifer Ng, M.D.; Susan Sung, Ph.D.; Dean Yao, Ph.D.; Rick Yuen; Sonya Trac; Su White |
| | | 5,000 | b) CARECEN Provide support for oral health program | 3101 Mission St Suite #101, San Francisco, CA 94110 | Jose Artiga | Michelle Loya-Talamantes; Gabriella Rodenzo; Father Richard Smith, PhD; Jose Artiga; Elena Asturias, CFO; Kathleen Coll; Honorable Carmen Flores |

State Recurring Grants Subcontractors FY21-22

| | | | | | | |
|----|---|-----------|---|--|------------------------|---|
| | | | c) University of California, San Francisco Provide support for oral health program | 550 16th Street, 7th Floor, San Francisco, CA 94143 | Sam Hawgood | Philip Hammarskjöld, Chair; Andrew Ballard; Peter Briger; Todd Carter; Connie E. Chen; Fred Cohen; Phyllis Coulter; Dipanjan Deb; Dana Emery; William S. Fisher; Catherine Friedman; Sameer Gandhi; Kathryn Hall; Kenneth Hao; Julia Hartz; Carl Kawaja; Michael Kahn; Richard Kimball; Meyer Malka; Ian McKinnon; Diane Morris; Lisa Stone Pritzker; Steven Read; Ruchi Sanghvi; George Scangos; Shahar Soghikian; Joan Weil; Barbara Bass Bakar; Lynne Benhoff; William H. Davidow; Arthur H. Kern; George Marcus; Carmen Policy; Richard M. Rosenberg; Jacyln Saifer; Brook H. Byers; Kenneth T. Derr; Doris F. Fisher; Robert B. Friend; Ellen Magnin Newman; Founding Chair; William F. Oberdorfer; Diane B. Wilsey |
| | | 5,000 | d) NICOS Chinese Health Coalition Provide support for oral health program | 1208 Mason St, San Francisco, CA 94108 | Kent Woo | Kent Woo; Michael Liao |
| | | 214,000 | e) San Francisco Public Health Foundation Fiscal Intermediary | 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 | Penny Eardley | Penny Eardley, Anastasia Petrosova, Kelisa Tostelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki-Sublett, Christy Cather, Nicole Falk, Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore-Alice Villagomez, Adam Sharma, Mark Westwood, Nick Oxford |
| 55 | 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 | 175,000 | a) Heluna Health Providing program administration and support services - Fiscal Intermediary | 13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746 | Blayne Cutler, MD, PhD | Blayne Cutler, MD, PhD, CEO; Tim Seifert, JD, CHRO; Peter Dale; Jordan Gadd, MA; Jo Kay Ghosh, PhD, CPO; Brian Gieseier, CFO; Elizabeth Power Robinson, MBA; Kiran Saluja; Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carladensia Edwards, PhD, Edward Yip, JD, Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DrPH, FACHE; Santos Veticacion, MD, PhD, MBA; Sarah Muller Rich, MBA; Scott Frier, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH; Nicole J. Macaruch, JD; Vivian Vasallo; Celina Gorre; Bonnie Midura, MPH. |
| | | 85,000 | b) TBD | TBD | TBD | TBD |
| 56 | CHVP State General Fund Innovation Implementing home visits as a primary intervention strategy for families from pregnancy through kindergarten to promote positive outcomes and family success. | 400,000 | a) Sonoma County co-recipient of grant funds | 625 5th Street Santa Rosa, CA 95404 | tdb | Susan Gorin; David Rabbit; Chris Coursey; James Gore; Lynda Hopkins |
| | | 200,000 | b) Napa County co-recipient of grant funds . | 2751 Napa Valley Corporate Drive Building B Napa, CA 94558 | tdb | Brad Wagenknecht; Ryan Gregory; Diane Dillon; Alfredo Pedroza; Belia Ramos |
| 58 | Children & Youth with Special Health Care Needs -CYSHCN To support families of children with disabilities that will bring together the community agencies that serve children and youth with special health care needs in San Francisco independently of one another along with the families they are serving. | 78,872 | Support for Families of Children with Disabilities (SFCDD) | 1663 Mission Street, Suite 700, San Francisco, CA 94103 | Jim Welsh | Maria Jose (Cote) Aul; Sally Levy Albert; Sally Coghlan McDonald; Jessica Berthold; Kathy Bello Shephard; Christine Binko; Tiffani Castillo-Lartigue; Nicholas Fram; Julia Griffiths; Rosena Harten; Amy Hollyfield; Jeffrey Leap; Tiffany Lin; Glynis Mason; Monique Nieto. |
| 59 | Crisis Care Mobile Units (CCMU) Program Department of Health Care Services | 52,000 | TBD provide MH program services | TBD | TBD | TBD |
| 60 | Behavioral Health Response and Rescue Project (BHRRP) for Community Mental Health Services Block Grant (MHBG) American Rescue Plan Act (ARPA) | 107,140 | a) University of California, San Francisco Fiscal Intermediary | 550 16th Street, 7th Floor, San Francisco, CA 94143 | Sam Hawgood | Philip Hammarskjöld, Chair; Andrew Ballard; Peter Briger; Todd Carter; Connie E. Chen; Fred Cohen; Phyllis Coulter; Dipanjan Deb; Dana Emery; William S. Fisher; Catherine Friedman; Sameer Gandhi; Kathryn Hall; Kenneth Hao; Julia Hartz; Carl Kawaja; Michael Kahn; Richard Kimball; Meyer Malka; Ian McKinnon; Diane Morris; Lisa Stone Pritzker; Steven Read; Ruchi Sanghvi; George Scangos; Shahar Soghikian; Joan Weil; Barbara Bass Bakar; Lynne Benhoff; William H. Davidow; Arthur H. Kern; George Marcus; Carmen Policy; Richard M. Rosenberg; Jacyln Saifer; Brook H. Byers; Kenneth T. Derr; Doris F. Fisher; Robert B. Friend; Ellen Magnin Newman; Founding Chair; William F. Oberdorfer; Diane B. Wilsey; |
| | | 155,359 | b) Felton Institute Fiscal Intermediary | 1500 Franklin Street, San Francisco, CA 94109 | Al Gilbert | Adriana Furuzawa, MFTI, CPRP; Curtis Penn; Catherine Spensley, MSW, LCSW; Al Gilbert, President; Marvin Davis, CFOO; Liz Dalmacio-Julien, CPO; Dr. Robin Ortiz; Dr. Yohana Quiroz, COO; Darren Skolnick; Michael N. Hofman; Susan Bobutsky; Daniel Costello; Terry M. Limpert; Kathy Neal; Michael Orian; Peter Roio; Tamara Steele; Dr. Georgia Woods |
| 61 | Behavioral Health Response and Rescue Project (BHRRP) for Community Mental Health Services Block Grant (MHBG) Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) Department of Health Care Services | 486,611 | a) University of California, San Francisco Fiscal Intermediary | 550 16th Street, 7th Floor, San Francisco, CA 94143 | Sam Hawgood | Philip Hammarskjöld, Chair; Andrew Ballard; Peter Briger; Todd Carter; Connie E. Chen; Fred Cohen; Phyllis Coulter; Dipanjan Deb; Dana Emery; William S. Fisher; Catherine Friedman; Sameer Gandhi; Kathryn Hall; Kenneth Hao; Julia Hartz; Carl Kawaja; Michael Kahn; Richard Kimball; Meyer Malka; Ian McKinnon; Diane Morris; Lisa Stone Pritzker; Steven Read; Ruchi Sanghvi; George Scangos; Shahar Soghikian; Joan Weil; Barbara Bass Bakar; Lynne Benhoff; William H. Davidow; Arthur H. Kern; George Marcus; Carmen Policy; Richard M. Rosenberg; Jacyln Saifer; Brook H. Byers; Kenneth T. Derr; Doris F. Fisher; Robert B. Friend; Ellen Magnin Newman; Founding Chair; William F. Oberdorfer; Diane B. Wilsey; |
| | | 344,787 | b) Felton Institute Fiscal Intermediary | 1500 Franklin Street, San Francisco, CA 94109 | Al Gilbert | Adriana Furuzawa, MFTI, CPRP; Curtis Penn; Catherine Spensley, MSW, LCSW; Al Gilbert, President; Marvin Davis, CFOO; Liz Dalmacio-Julien, CPO; Dr. Robin Ortiz; Dr. Yohana Quiroz, COO; Darren Skolnick; Michael N. Hofman; Susan Bobutsky; Daniel Costello; Terry M. Limpert; Kathy Neal; Michael Orian; Peter Roio; Tamara Steele; Dr. Georgia Woods |
| | | 448,033 | c) HealthRight 360 Fiscal Intermediary | 1563 Mission St, SF, CA 94103 | Dr. Vika Eisen | Vika Eisen; Tony Duong; Jagan Anandasakaran; Ana Valdis; Demetrius Andreas; Maribel Baez, MS-HA; Dylan Gattiraga; Evan Hesse; Britt Miazgowicz; Anna-Cristina Navarro; Alyssa Roy; Shabana Siegel ; April Torres; Denise Williams; Diane Ireland; Natalie Mitchell; Linda Smart; Daniel Binder; Yelen Balan; Natalie Beaulieu; Bryan Graham; Chris Gurley; Kathryn Holmes; Raquel Macfarlane; Talia Pierluzzi; Karen E. Pointer; Alex Pugh; Ahmad Thomas; Timothy Torres; Sankar Venkatraman |
| 62 | CRRSAA-SABG Provides children Strengthening Families Services, Community Outreach and education, and Campaign & Website development. Team Lily partnered with UCSF. Provide transitional housing for SUD. | 220,925 | a) HealthRight 360 Fiscal Intermediary | 1563 Mission St, SF, CA 94103 | Dr. Vika Eisen | Vika Eisen; Tony Duong; Jagan Anandasakaran; Ana Valdis; Demetrius Andreas; Maribel Baez, MS-HA; Dylan Gattiraga; Evan Hesse; Britt Miazgowicz; Anna-Cristina Navarro; Alyssa Roy; Shabana Siegel ; April Torres; Denise Williams; Diane Ireland; Natalie Mitchell; Linda Smart; Daniel Binder; Yelen Balan; Natalie Beaulieu; Bryan Graham; Chris Gurley; Kathryn Holmes; Raquel Macfarlane; Talia Pierluzzi; Karen E. Pointer; Alex Pugh; Ahmad Thomas; Timothy Torres; Sankar Venkatraman |
| | | 286,115 | b) The Latino Commission provide MH/SUD program services | 161 Margaret Avenue, San Francisco 94112 | DEBRA CAMARILLO | Oiga Aldana; Dee Dee Rodriguez |
| | | 99,323 | c) UCSF provide MH/SUD program services | 1001 Potrero Avenue, San Francisco 94110 | Sam Hawgood | Philip Hammarskjöld, Chair; Andrew Ballard; Peter Briger; Todd Carter; Connie E. Chen; Fred Cohen; Phyllis Coulter; Dipanjan Deb; Dana Emery; William S. Fisher; Catherine Friedman; Sameer Gandhi; Kathryn Hall; Kenneth Hao; Julia Hartz; Carl Kawaja; Michael Kahn; Richard Kimball; Meyer Malka; Ian McKinnon; Diane Morris; Lisa Stone Pritzker; Steven Read; Ruchi Sanghvi; George Scangos; Shahar Soghikian; Joan Weil; Barbara Bass Bakar; Lynne Benhoff; William H. Davidow; Arthur H. Kern; George Marcus; Carmen Policy; Richard M. Rosenberg; Jacyln Saifer; Brook H. Byers; Kenneth T. Derr; Doris F. Fisher; Robert B. Friend; Ellen Magnin Newman; Founding Chair; William F. Oberdorfer; Diane B. Wilsey |
| | | 82,549 | d) Horizons Unlimited provide MH/SUD program services | 440 Potrero Avenue, San Francisco 94110 | Celina Lucero | Matthew Moretti, Virginia Tapia, Donna Amador, Cristina Corona, Zachary Johnson, Isabelle Plessis Boin, Salvador Serrano, Jillian Williams |
| | | 105,495 | e) Jamestown Community Center provide MH/SUD program services | 3382 26th St, San Francisco 94110 | Nelly Sapinski | Betty Pazmino; Aleks Zavaleta; Rich Gross; Luis Barahona; Patricia Barraza; Efrain Barrera; Katie Brackenknee; Lisa Bransten; Gary Furney; Renu Karir; Paul Vega |
| | | 68,049 | f) YMCA Urban Services provide MH/SUD program services | 1426 Fillmore Street, Suite 204, San Francisco 94115 | Jamie Bruning-Miles | Jamie Bruning-Miles, CEO; Mitte S. Orsby, CFO; Erin Clark, Vice President; Chip Rich, Vice President; Chad Nho Hiu, Vice President; Andy Vamis, Vice President; Jane Packer, Vice President; Rachel Del Monte, Vice President; Chris McCormic, Vice President; Takja Gardner, Vice President; Marissa Cowan, Vice President; Andrew Ward; Anne Senores; Carrie Herrera; Evelyn Daskalakis; Grace J. Jhn; Karl Lee; Laura Hitchcock; Lauren Clapperton; Marsha Bell; Mick Hughes; Suzanne Medina; Tacing Parker; Theresa De Dios; Amy Price; Annabel Chang; Caryl B. Welton; Christopher A. Patz; David Kelly; Eric Prosnitz; Gary Teague; Gina Gregory-Burns; Glenn M. Farrell; Gregory Evans; Heather Madison; Jason Angel; Jeff Briz; Jennifer Shoda; Jeremy Welland; John Baker; John G. Berg; John Willingham; Jon Eberly; Josue Estrada; Lisa Adulka; Marianna Pisano; Mark Bley; Michael Robinson; Michele Fichera; Mollie Richardson; Peter M. Susko; Phat Ly; Pratik Gadamassee; Richard Chisholm; Richard Robins; Samuel Li; Shane Seitz; Shelby Pascariel Test; Stephen Harkins; Stephen Rogers; Theodora Lee; Thomas Kearney; Brian Wheeler; Cecilia Thomas; Dr. Jason Lau; Geoffrey Gordon-Creed; Joseph Guvevara; Kathleen Boels; Katy Robinson; Kelli Sheng; La Shon Walker; Matt Peterson; Mercedes Rodriguez; Rosemary Moore; Sarah Brown; Yvonne Brown |
| | | 60,049 | g) Youth Leadership Institute provide MH/SUD program services | 201 9th Street Suite 200, San Francisco 94103 | Patricia Barahona | Kristin Belden, Thu Cung, Joshua Espulgar Rowe, Matthew Golding, Laura Harmon, Cameron Kurtz, Bill Leitoch, Philip Martin Gonzalez, Anna Pletcher, Ivoree Robinson, Elizabeth Romero, Nawz Talaj, James Wiley |
| | | 60,049 | h) Japanese Community Youth Council provide MH/SUD program services | 2012 Pine Street, San Francisco 94109 | Jon Osaki | Angus MacDonald, Oliver Dunlap, Shah Nagree, Asia Harrigan, Breonna Santiago, Darryl Abantao, Dinesh C. Evan Wayne, Heather Littleton, Jerome Anderson, Johnny Kuo, Kitty Mah, Louise Carroll, Max Mah |
| | | 1,191,748 | i) TBD provide MH/SUD program services | TBD | TBD | TBD |
| 63 | ARPA - SABG Provides children Strengthening Families Services, Community Outreach and education, and Campaign & Website development. To support a SORT program to provide treatment services for SUD clients | 22,500 | a) Horizons Unlimited provide MH/SUD program services | 440 Potrero Avenue, San Francisco 94110 | Celina Lucero | Matthew Moretti, Virginia Tapia, Donna Amador, Cristina Corona, Zachary Johnson, Isabelle Plessis Boin, Salvador Serrano, Jillian Williams |
| | | 14,603 | b) Japanese Community Youth Council provide MH/SUD program services | 2012 Pine Street, San Francisco 94109 | Jon Osaki | Angus MacDonald, Oliver Dunlap, Shah Nagree, Asia Harrigan, Breonna Santiago, Darryl Abantao, Dinesh C. Evan Wayne, Heather Littleton, Jerome Anderson, Johnny Kuo, Kitty Mah, Louise Carroll, Max Mah |
| | | 321,802 | c) UCSF provide MH/SUD program services | 1001 Potrero Avenue, San Francisco 94110 | Sam Hawgood | Philip Hammarskjöld, Chair; Andrew Ballard; Peter Briger; Todd Carter; Connie E. Chen; Fred Cohen; Phyllis Coulter; Dipanjan Deb; Dana Emery; William S. Fisher; Catherine Friedman; Sameer Gandhi; Kathryn Hall; Kenneth Hao; Julia Hartz; Carl Kawaja; Michael Kahn; Richard Kimball; Meyer Malka; Ian McKinnon; Diane Morris; Lisa Stone Pritzker; Steven Read; Ruchi Sanghvi; George Scangos; Shahar Soghikian; Joan Weil; Barbara Bass Bakar; Lynne Benhoff; William H. Davidow; Arthur H. Kern; George Marcus; Carmen Policy; Richard M. Rosenberg; Jacyln Saifer; Brook H. Byers; Kenneth T. Derr; Doris F. Fisher; Robert B. Friend; Ellen Magnin Newman; Founding Chair; William F. Oberdorfer; Diane B. Wilsey |
| | | 140,431 | d) TBD provide MH/SUD program services | TBD | TBD | TBD |

Total 14,302,294
Per State Recurring Grants List 14,302,294
Difference (0)

| Subcontractor | Amount |
|---|---------------|
| 18 Reasons Provide outreach to targeted populations | 35,000 |
| 3rd Street Youth Center & Clinic | 407,502 |
| APA Family Support Services Provide support for oral health program | 5,000 |
| BH Commission | 61,488 |
| California Invasive Plant Council | 36,000 |
| CARECEN Provide support for oral health program | 5,000 |
| Catholic Charities - Leland House | 174,783 |
| Catholic Charities - Peter Claver | 180,336 |
| Children's Council of San Francisco | 140,000 |
| Curry Senior Center | 114,273 |
| Dolores Street Community Services | 240,656 |
| Facente Consulting | 95,203 |
| Family Services Agency | 330,014 |
| Felton Institute | 131,080 |
| Felton Institute | 469,821 |
| Felton Institute | 20,000 |
| Felton Institute | 155,359 |
| Felton Institute | 344,787 |
| Harm Reduction Therapy Center | 18,480 |
| Hatchuel Tabernik & Associates Inc | 40,000 |
| HealthRight 360 | 126,888 |
| HealthRight 360 | 142,000 |
| HealthRight 360 | 448,033 |
| HealthRight 360 | 220,925 |
| HealthRight 360 | 419,301 |
| Heluna Health | 499,118 |
| Heluna Health | 225,000 |
| Heluna Health | 175,000 |
| Horizons Unlimited | 22,500 |
| Horizons Unlimited | 82,549 |
| Jamestown Community Center | 105,495 |
| Japanese Community Youth Council | 14,603 |
| Japanese Community Youth Council | 60,049 |
| Maitri AIDS Hospice | 681,216 |
| Napa County | 200,000 |
| NICOS Chinese Health Coalition | 5,000 |
| PRC | 146,772 |
| Project Open Hand | 1,408,026 |
| RAMS | 249,691 |
| RAMS | 273,182 |
| RAMS | 5,000 |
| RAMS | 150,266 |
| Richmond Area Multi-Services | 247,302 |
| San Francisco Public Health Foundation | 19,228 |
| San Francisco Public Health Foundation | 181,818 |
| San Francisco Public Health Foundation | 14,885 |
| San Francisco Public Health Foundation | 135,354 |
| San Francisco Public Health Foundation | 14,161 |
| San Francisco Public Health Foundation | 8,964 |
| San Francisco Public Health Foundation | 214,000 |
| San Francisco Public Health Foundation | 1,419 |
| San Francisco Study Center | 13,732 |
| San Francisco Unified School District | 215,000 |
| San Francisco Unified School District | 105,932 |
| Seneca | 270,500 |
| Shanti | 95,203 |
| Sonoma County | 400,000 |
| Support for Families of Children with Disabilities | 78,872 |
| TBD - per DPH no filing yet, subcontractors to be determined | 85,000 |
| TBD - per DPH no filing yet, subcontractors to be determined | 40,700 |
| TBD - per DPH no filing yet, subcontractors to be determined | 52,000 |
| TBD - per DPH no filing yet, subcontractors to be determined | 1,191,748 |
| TBD - per DPH no filing yet, subcontractors to be determined | 140,431 |
| TBD - per DPH no filing yet, subcontractors to be determined | 9,600 |
| The Latin Commission | 286,115 |
| UCSF Alliance Health Project | 168,837 |
| University of California, San Francisco | 351,543 |
| University of California, San Francisco | 146,582 |
| University of California, San Francisco | 5,000 |
| University of California, San Francisco | 107,140 |
| University of California, San Francisco | 486,611 |

#REF!

| | |
|---|---------|
| University of California, San Francisco | 99,323 |
| University of California, San Francisco | 321,802 |
| YMCA Urban Services | 68,049 |
| Youth Leadership Institute | 60,049 |
| | |



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 #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR 18 Reasons | TELEPHONE NUMBER (415) 568-2710 |
| STREET ADDRESS (including City, State and Zip Code) 3674 18th Street, SF, CA 94110 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$35,000 | | |
| NATURE OF THE CONTRACT (Please describe) 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 | Board of Directors |
| 2 | Cogen | Shannon W. | Board of Directors |
| 3 | Rosner | Bob | Board of Directors |
| 4 | Hardisty | Aaron | Board of Directors |
| 5 | Baldauf | Marian Z. | Board of Directors |
| 6 | Buwembo | Issac | Board of Directors |
| 7 | Mogannam | Sam | Board of Directors |
| 8 | Nelson | Sarah | Board of Directors |
| 9 | Obst | Suzy | Board of Directors |
| 10 | Singh | Poonam | Board of Directors |
| 11 | Spicer | Maggie | Board of Directors |
| 12 | Tao | Rosabel | Board of Directors |
| 13 | Tsay | Calvin | Board of Directors |
| 14 | Wiggelsworth | Sarah | Board of Directors |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

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

10. VERIFICATION

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

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

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



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 #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$407,502 | | |
| NATURE OF THE CONTRACT (Please describe) Fiscal Intermediary | | |

| 7. COMMENTS |
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| |

| 8. CONTRACT APPROVAL | |
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| 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 | Magee | Michelle | Board of Directors |
| 2 | Lacoster | Lyslynn | Board of Directors |
| 3 | Relyea | Jackie | Board of Directors |
| 4 | Fallon | Laura | Board of Directors |
| 5 | Moorthy | Savitha | Board of Directors |
| 6 | Patton | Misty | Board of Directors |
| 7 | Lelaind | Herschel | Board of Directors |
| 8 | Kunene | Glen | Board of Directors |
| 9 | Eng | Vanessa | Board of Directors |
| 10 | Rodriguez | Jose A. | Board of Directors |
| 11 | Savage | Michael | 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.

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

10. VERIFICATION

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

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

| | |
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File #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR APA Family Support Services | TELEPHONE NUMBER (415) 617-0061 |
| STREET ADDRESS (including City, State and Zip Code) 10 Nottingham Place, San Francisco, CA 94133 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$5,000 | | |
| NATURE OF THE CONTRACT (Please describe) Provide support for oral health program | | |

| 7. COMMENTS |
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| |

| 8. CONTRACT APPROVAL | |
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| 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 | Rosa | Board of Directors |
| 2 | Chen | Cary | Board of Directors |
| 3 | Huie | Jacqueline | Board of Directors |
| 4 | Hoxie | Julie | Board of Directors |
| 5 | Tso | Joyce | Board of Directors |
| 6 | Chan | Mai-Sie | Board of Directors |
| 7 | Culp | Kimberly | Board of Directors |
| 8 | Diep | Van | Board of Directors |
| 9 | Lam | Fanny | Board of Directors |
| 10 | Lam | Kory | Board of Directors |
| 11 | Ng | Jennifer | Board of Directors |
| 12 | Sung | Susan | Board of Directors |
| 13 | Yao | Dean | Board of Directors |
| 14 | Yuen | Rick | Board of Directors |
| 15 | Trac | Sonya | Board of Directors |
| 16 | white | Shu | 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.

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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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|------------------------|--------------------------------------|
| 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 |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR California Invasive Plant Council | TELEPHONE NUMBER (510) 843-3902 |
| STREET ADDRESS (including City, State and Zip Code) 1442-A Walnut St. #462, Berkeley, CA 94709 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$36,000 | | |
| NATURE OF THE CONTRACT (Please describe) To restore specified marshes by replanting native cordgrass and marsh gumplant. | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
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| 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 | Kerr | Drew | Board of Directors |
| 2 | Matos | Juli | Board of Directors |
| 3 | Godfrey | Sarah | Board of Directors |
| 4 | Swanson | Amanda C. | Board of Directors |
| 5 | Giessow | Jason | Board of Directors |
| 6 | Addison | Steven | Board of Directors |
| 7 | Gibson | Doug | Board of Directors |
| 8 | Klock | Metha | Board of Directors |
| 9 | Meyer | Tanya | Board of Directors |
| 10 | Mila | LeeAnne | Board of Directors |
| 11 | Oneto | Scott | Board of Directors |
| 12 | Schoenig | Steve | Board of Directors |
| 13 | Trinidad | Marcos | Board of Directors |
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|------------------------|--------------------------------------|
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| Board of Supervisors | Members |

3. FILER'S CONTACT

| | |
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| 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 |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR CARECEN | TELEPHONE NUMBER (415) 642-4400 |
| STREET ADDRESS (including City, State and Zip Code) 3101 Mission St Suite #101, San Francisco, CA 94110 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$5,000 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 1 | Loya-Talamantes | Michelle | Board of Directors |
| 2 | Rodeno | Gabriella | Board of Directors |
| 3 | Smith | Richard | Board of Directors |
| 4 | Artiga | Jose | Board of Directors |
| 5 | Asturias | Elena | Board of Directors |
| 6 | Coll | Kathleen | Board of Directors |
| 7 | Flores | Carmen | 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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</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 . www.sfethics.org

Received On:

File #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 415-554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Catholic Charities - Leland House | TELEPHONE NUMBER (415) 972-1200 |
| STREET ADDRESS (including City, State and Zip Code) 1555 39th Ave, San Francisco, CA 94122 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$174,783 | | |
| NATURE OF THE CONTRACT (Please describe) 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 J. | Board of Directors |
| 2 | Boerio | Joe | Board of Directors |
| 3 | Borromeo | Theodore | Board of Directors |
| 4 | Grogan | Kathleen A. | Board of Directors |
| 5 | Sundby | George B. | Board of Directors |
| 6 | Bojorquez | Diana I. | Board of Directors |
| 7 | Brigham | Martha | Board of Directors |
| 8 | Clark | Philip | Board of Directors |
| 9 | Dahik | Adriana | Board of Directors |
| 10 | O'Brien Frimel | Susie | Board of Directors |
| 11 | Gelt | Jerilyn | Board of Directors |
| 12 | Ghilotti | Michael M. | Board of Directors |
| 13 | Gonzalez | Eleanor | Board of Directors |
| 14 | Hultman | David R. | Board of Directors |
| 15 | Ikeda | Lisa | Board of Directors |
| 16 | Kearney | Philip | Board of Directors |
| 17 | Landis | Scott | Board of Directors |
| 18 | Leupp | Jay Paul | Board of Directors |
| 19 | McInerney | Maureen | 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 | Mirek | Lori | Board of Directors |
| 21 | Nascimento | Dan | Board of Directors |
| 22 | Pohlman | Jack | Board of Directors |
| 23 | Reyes | Raymund | Board of Directors |
| 24 | Reynaud | Louis | Board of Directors |
| 25 | Sangiaco | Jim | Board of Directors |
| 26 | woody | Patrick | 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.

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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.

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File #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| GREGORY WONG | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Catholic Charities Peter Claver Community | TELEPHONE NUMBER (415) 749-3800 |
| STREET ADDRESS (including City, State and Zip Code) 1340 Golden Gate Ave, San Francisco, CA 94115 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$180,336 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |
| <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 J. | Board of Directors |
| 2 | Boerio | Joe | Board of Directors |
| 3 | Borromeo | Theodore | Board of Directors |
| 4 | Grogan | Kathleen A. | Board of Directors |
| 5 | Sundby | George B. | Board of Directors |
| 6 | Bojorquez | Diana I. | Board of Directors |
| 7 | Brigham | Martha | Board of Directors |
| 8 | Clark | Philip | Board of Directors |
| 9 | Dahik | Adriana | Board of Directors |
| 10 | O'Brien Frimel | Susie | Board of Directors |
| 11 | Gelt | Jerilyn | Board of Directors |
| 12 | Ghilotti | Michael M. | Board of Directors |
| 13 | Gonzalez | Eleanor | Board of Directors |
| 14 | Hultman | David R. | Board of Directors |
| 15 | Ikeda | Lisa | Board of Directors |
| 16 | Kearney | Philip | Board of Directors |
| 17 | Landis | Scott | Board of Directors |
| 18 | Leupp | Jay Paul | Board of Directors |
| 19 | McInerney | Maureen | 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 | Mirek | Lori | Board of Directors |
| 21 | Nascimento | Dan | Board of Directors |
| 22 | Pohlman | Jack | Board of Directors |
| 23 | Reyes | Raymund | Board of Directors |
| 24 | Reynaud | Louis | Board of Directors |
| 25 | Sangiaco | Jim | Board of Directors |
| 26 | woody | Patrick | 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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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1. FILING INFORMATION

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| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
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| | |

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 |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Children's Council of San Francisco | TELEPHONE NUMBER (415) 276-2900 |
| STREET ADDRESS (including City, State and Zip Code) 445 Church Street, San Francisco, CA 94114 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$140,000 | | |
| NATURE OF THE CONTRACT (Please describe) 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 | Board of Directors |
| 4 | Vause | Brandy | Board of Directors |
| 5 | Murphy | Ashley | Board of Directors |
| 6 | Moore | Fatima | Board of Directors |
| 7 | Warehouse | Maegan | Board of Directors |
| 8 | Pattinson | Charmaine | Board of Directors |
| 9 | Israel | George | Board of Directors |
| 10 | Salaam | Na'eem | Board of Directors |
| 11 | Thomas | Chris | Board of Directors |
| 12 | Levinson | Jake | Board of Directors |
| 13 | Butler | Omar | Board of Directors |
| 14 | Benavidez | Dominique | Board of Directors |
| 15 | Hilberman | Jessica | Board of Directors |
| 16 | Rosberg | Peter | Board of Directors |
| 17 | Diana | Elizabeth | Board of Directors |
| 18 | Kirk | Jim | Board of Directors |
| 19 | Fram | Victoria | 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 | Page | Farris | 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.

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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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| | |
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| 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 |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Curry Senior Center | TELEPHONE NUMBER (415) 885-2274 |
| STREET ADDRESS (including City, State and Zip Code) 333 Turk Street, San Francisco, CA 94102 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$114,273 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|-----------------|--------------------|
| 1 | Davila | Jonrie | Board of Directors |
| 2 | Quituga | Shirely | Board of Directors |
| 3 | Sklar | Diane | Board of Directors |
| 4 | Bickham | David | Board of Directors |
| 5 | Slam | Arielle | Board of Directors |
| 6 | valente | Julie | Board of Directors |
| 7 | Norton | Alycia | Board of Directors |
| 8 | Pritchett | Pattie | Board of Directors |
| 9 | Dwyer | Diane | Board of Directors |
| 10 | Sullivan | Richard | Board of Directors |
| 11 | Lincecum | Hannah | Board of Directors |
| 12 | Selva | Sasha | Board of Directors |
| 13 | Huh | Ja Eun Guerrero | Board of Directors |
| 14 | Zachary | Wendy | Board of Directors |
| 15 | Illig | Jim | Board of Directors |
| 16 | wulfovich | Yael | Board of Directors |
| 17 | McKinnon | John | Board of Directors |
| 18 | | | |
| 19 | | | |

9. AFFILIATES AND SUBCONTRACTORS

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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

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

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</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 . www.sfethics.org

Received On:

File #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| GREGORY WONG | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Dolores Street Community Services | TELEPHONE NUMBER (415) 282-6209 |
| STREET ADDRESS (including City, State and Zip Code) 938 Valencia St, San Francisco, CA 94110 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$240,656 | | |
| NATURE OF THE CONTRACT (Please describe) To improve and maintain the health of our residents through the provision of facility-based health care and other supportive services. | | |

| 7. COMMENTS |
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| |

| 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 | Winn | Michael | Board of Directors |
| 2 | Avila | Rocio | Board of Directors |
| 3 | Lin | Kani | Board of Directors |
| 4 | Hernandez | Pedro | Board of Directors |
| 5 | Cameron | Anjali | Board of Directors |
| 6 | Penfold | Ward | Board of Directors |
| 7 | Leonard | Anat | Board of Directors |
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| <input type="checkbox"/> | Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. | | |

10. VERIFICATION

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

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

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1. FILING INFORMATION

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|------------------------|--------------------------------------|
| 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 |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Facente Consulting | TELEPHONE NUMBER 415-999-1310 |
| STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Parkway, Suite 450, CID CA 91746 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$95,203 | | |
| NATURE OF THE CONTRACT (Please describe) Professional consultation and technical Assistance for Strategic Planning. | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
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| 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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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 | Facente | Shelley | Board of Directors |
| 2 | Albers | Autumn | Board of Directors |
| 3 | Bland | William | Board of Directors |
| 4 | Burk | Katie | Board of Directors |
| 5 | Duran | Sara | Board of Directors |
| 6 | Geckeler | Dara | Board of Directors |
| 7 | Hynes | Meghan | Board of Directors |
| 8 | Paz-Gonzalez | Lazara | Board of Directors |
| 9 | Rhodes III | Perry | Board of Directors |
| 10 | Taylor | JT | 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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| Board of Supervisors | Members |

3. FILER'S CONTACT

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| 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 |
| Gregory Wong | 415-554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Family Services Agency | TELEPHONE NUMBER (415) 474-7310 |
| STREET ADDRESS (including City, State and Zip Code) 1500 Franklin Street, San Francisco, CA 94109 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$330,014 | | |
| NATURE OF THE CONTRACT (Please describe) Provides services First Episode Psychosis, families suffering from signs & symptoms of schizophrenia. | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
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| 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 | Skolnick | Darren | Board of Directors |
| 2 | Hofman | Michael N. | Board of Directors |
| 3 | Bobulsky | Susan | Board of Directors |
| 4 | Costello | Daniel | Board of Directors |
| 5 | Limpert | Terry M. | Board of Directors |
| 6 | Neal | Kathy | Board of Directors |
| 7 | Orias | Michael | Board of Directors |
| 8 | Rojo | Peter | Board of Directors |
| 9 | Steele | Tamara | Board of Directors |
| 10 | Woods | George | Board of Directors |
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| FULL DEPARTMENT NAME | EMAIL |
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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$131,080 | | |
| NATURE OF THE CONTRACT (Please describe) Provide support for TAPP program. | | |

| 7. COMMENTS |
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| |

| 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 | Furuzawa | Adriana | Board of Directors |
| 2 | Paschen | Kenji | Board of Directors |
| 3 | Penn | Curtis | Board of Directors |
| 4 | Spensley | Catherine | Board of Directors |
| 5 | Gilbert | Al | Board of Directors |
| 6 | Davis | Marvin | Board of Directors |
| 7 | Dalmacio-Julien | Liz | Board of Directors |
| 8 | Ortiz | Robin | Board of Directors |
| 9 | Quiroz | Yohana | Board of Directors |
| 10 | Skolnick | Darren | Board of Directors |
| 11 | Hofman | Michael N. | Board of Directors |
| 12 | Bobulsky | Susan | Board of Directors |
| 13 | Costello | Daniel | Board of Directors |
| 14 | Limpert | Terry M. | Board of Directors |
| 15 | Neal | Kathy | Board of Directors |
| 16 | Orias | Michael | Board of Directors |
| 17 | Rojo | Peter | Board of Directors |
| 18 | Steele | Tamara | Board of Directors |
| 19 | Woods | George | Board of Directors |

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| <input type="checkbox"/> | Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. | | |

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</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 . www.sfethics.org

Received On:

File #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$469,821 | | |
| NATURE OF THE CONTRACT (Please describe) 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.

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| 16 | Orias | Michael | Board of Directors |
| 17 | Rojo | Peter | Board of Directors |
| 18 | Steele | Tamara | Board of Directors |
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| <input type="checkbox"/> | Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. | | |

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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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1. FILING INFORMATION

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| 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

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$20,000 | | |
| NATURE OF THE CONTRACT (Please describe) Provides mental health technical assistance to community based MH crisis response to trauma. | | |

| 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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| 14 | Limpert | Terry M. | Board of Directors |
| 15 | Neal | Kathy | 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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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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Notification of Contract Approval

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1. FILING INFORMATION

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| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
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2. CITY ELECTIVE OFFICE OR BOARD

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|------------------------|--------------------------------------|
| 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 |

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$155,359 | | |
| NATURE OF THE CONTRACT (Please describe) 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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| DPH Department of Public Health | greg.wong@sfdph.org |

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| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$344,787 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |
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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</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 . www.sfethics.org

Received On:

File #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Harm Reduction Therapy Center | TELEPHONE NUMBER (415) 863-4282 |
| STREET ADDRESS (including City, State and Zip Code) 45 Franklin Street San Francisco, CA 94102 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$18,480 | | |
| NATURE OF THE CONTRACT (Please describe) Provide Clinical Consultation Services to LINC frontline staff. | | |

| 7. COMMENTS |
|-------------|
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| 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 | Weingand | Shantel | CFO |
| 2 | Dennison | Sam | Board of Directors |
| 3 | Del Pinal | Ale | Board of Directors |
| 4 | Jia Son | Alice | Board of Directors |
| 5 | Tidwell | Roy | Board of Directors |
| 6 | Denning | Patt | Board of Directors |
| 7 | Little | Jeannie | 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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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

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

10. VERIFICATION

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

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

| | |
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1. FILING INFORMATION

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2. CITY ELECTIVE OFFICE OR BOARD

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|------------------------|--------------------------------------|
| 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 |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Hatchuel Tabernik & Associates Inc | TELEPHONE NUMBER (510) 559-3193 |
| STREET ADDRESS (including City, State and Zip Code) 2560 9th St., Suite 211, Berkeley, CA 94710 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$40,000 | | |
| NATURE OF THE CONTRACT (Please describe) Provide program evaluation services. | | |

| 7. COMMENTS |
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| |

| 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 | Tabernik | Tim | Board of Directors |
| 2 | Hatchuel | Dina | Board of Directors |
| 3 | Toussaint | Danielle | Board of Directors |
| 4 | Lobar | Russ | Board of Directors |
| 5 | Akin | Sarah D. | Board of Directors |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

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

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 415-554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR HealthRight 360 | TELEPHONE NUMBER 415-762-3700 |
| STREET ADDRESS (including City, State and Zip Code) 1563 Mission St San Francisco CA 94103 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$126,888 | | |
| NATURE OF THE CONTRACT (Please describe) Provide fiscal intermediary check-writing services. | | |

| 7. COMMENTS |
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| 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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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 1 | Hawgood | Sam | Board of Directors |
| 2 | Velaski | Paul | Board of Directors |
| 3 | Trimble | Gardner | Board of Directors |
| 4 | Clune | Michael | Board of Directors |
| 5 | Calger | Joseph | 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.

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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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3. FILER'S CONTACT

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

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR HealthRight 360 | TELEPHONE NUMBER (415) 762-3700 |
| STREET ADDRESS (including City, State and Zip Code) 1563 Mission St, SF, CA 94103 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$142,000 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |
| <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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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 1 | Eisen | Vitka | Board of Directors |
| 2 | Duong | Tony | Board of Directors |
| 3 | Anandasakaran | Jegan | Board of Directors |
| 4 | Valdes | Ana | Board of Directors |
| 5 | Andreas | Demetrius | Board of Directors |
| 6 | Baez | Maribel | Board of Directors |
| 7 | Gattridge | Dylan | Board of Directors |
| 8 | Hoese | Evan | Board of Directors |
| 9 | Miazgowicz | Britt | Board of Directors |
| 10 | Navarro | Anna C. | Board of Directors |
| 11 | Roy | Alyssa | Board of Directors |
| 12 | Siegel | Shabana | Board of Directors |
| 13 | Torres | April | Board of Directors |
| 14 | Williams | Denise | Board of Directors |
| 15 | Ireland | Diane | Board of Directors |
| 16 | Mitchell | Natalie | Board of Directors |
| 17 | Smart | Linda | Board of Directors |
| 18 | Binder | Daniel | Board of Directors |
| 19 | Balan | Yelen | Board of Directors |

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 20 | Beaulieu | Natalie | Board of Directors |
| 21 | Graham | Bryan | Board of Directors |
| 22 | Gurley | Chris | Board of Directors |
| 23 | Holmes | Kathryn | Board of Directors |
| 24 | Macfarlane | Raquel | Board of Directors |
| 25 | Pierluissi | Talia | Board of Directors |
| 26 | Pointer | Karen E. | Board of Directors |
| 27 | Pugh | Alex | Board of Directors |
| 28 | Thomas | Ahmad | Board of Directors |
| 29 | Torres | Timothy | Board of Directors |
| 30 | Venkatraman | Sankar | 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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR HealthRight 360 | TELEPHONE NUMBER (415) 762-3700 |
| STREET ADDRESS (including City, State and Zip Code) 1563 Mission St, SF, CA 94103 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$448,033 | | |
| NATURE OF THE CONTRACT (Please describe) 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 | Eisen | Vitka | Board of Directors |
| 2 | Duong | Tony | Board of Directors |
| 3 | Anandasakaran | Jegan | Board of Directors |
| 4 | Valdes | Ana | Board of Directors |
| 5 | Andreas | Demetrius | Board of Directors |
| 6 | Baez | Maribel | Board of Directors |
| 7 | Gattridge | Dylan | Board of Directors |
| 8 | Hoese | Evan | Board of Directors |
| 9 | Miazgowicz | Britt | Board of Directors |
| 10 | Navarro | Anna C. | Board of Directors |
| 11 | Roy | Alyssa | Board of Directors |
| 12 | Siegel | Shabana | Board of Directors |
| 13 | Torres | April | Board of Directors |
| 14 | Williams | Denise | Board of Directors |
| 15 | Ireland | Diane | Board of Directors |
| 16 | Mitchell | Natalie | Board of Directors |
| 17 | Smart | Linda | Board of Directors |
| 18 | Binder | Daniel | Board of Directors |
| 19 | Balan | Yelen | Board of Directors |

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 20 | Beaulieu | Natalie | Board of Directors |
| 21 | Graham | Bryan | Board of Directors |
| 22 | Gurley | Chris | Board of Directors |
| 23 | Holmes | Kathryn | Board of Directors |
| 24 | Macfarlane | Raquel | Board of Directors |
| 25 | Pierluissi | Talia | Board of Directors |
| 26 | Pointer | Karen E. | Board of Directors |
| 27 | Pugh | Alex | Board of Directors |
| 28 | Thomas | Ahmad | Board of Directors |
| 29 | Torres | Timothy | Board of Directors |
| 30 | Venkatraman | Sankar | Board of Directors |
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

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

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</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 . www.sfethics.org

Received On:

File #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR HealthRight 360 | TELEPHONE NUMBER (415) 762-3700 |
| STREET ADDRESS (including City, State and Zip Code) 1563 Mission St, SF, CA 94103 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$220,925 | | |
| NATURE OF THE CONTRACT (Please describe) 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 | Eisen | Vitka | Board of Directors |
| 2 | Duong | Tony | Board of Directors |
| 3 | Anandasakaran | Jegan | Board of Directors |
| 4 | Valdes | Ana | Board of Directors |
| 5 | Andreas | Demetrius | Board of Directors |
| 6 | Baez | Maribel | Board of Directors |
| 7 | Gattridge | Dylan | Board of Directors |
| 8 | Hoese | Evan | Board of Directors |
| 9 | Miazgowicz | Britt | Board of Directors |
| 10 | Navarro | Anna C. | Board of Directors |
| 11 | Roy | Alyssa | Board of Directors |
| 12 | Siegel | Shabana | Board of Directors |
| 13 | Torres | April | Board of Directors |
| 14 | Williams | Denise | Board of Directors |
| 15 | Ireland | Diane | Board of Directors |
| 16 | Mitchell | Natalie | Board of Directors |
| 17 | Smart | Linda | Board of Directors |
| 18 | Binder | Daniel | Board of Directors |
| 19 | Balan | Yelen | Board of Directors |

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 20 | Beaulieu | Natalie | Board of Directors |
| 21 | Graham | Bryan | Board of Directors |
| 22 | Gurley | Chris | Board of Directors |
| 23 | Holmes | Kathryn | Board of Directors |
| 24 | Macfarlane | Raquel | Board of Directors |
| 25 | Pierluissi | Talia | Board of Directors |
| 26 | Pointer | Karen E. | Board of Directors |
| 27 | Pugh | Alex | Board of Directors |
| 28 | Thomas | Ahmad | Board of Directors |
| 29 | Torres | Timothy | Board of Directors |
| 30 | Venkatraman | Sankar | Board of Directors |
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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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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

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



San Francisco Ethics Commission

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Received On:

File #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR HealthRight 360 | TELEPHONE NUMBER (415) 762-3700 |
| STREET ADDRESS (including City, State and Zip Code) 1563 Mission St, SF, CA 94103 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$419,301 | | |
| NATURE OF THE CONTRACT (Please describe) 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 | Eisen | Vitka | Board of Directors |
| 2 | Duong | Tony | Board of Directors |
| 3 | Anandasakaran | Jegan | Board of Directors |
| 4 | Valdes | Ana | Board of Directors |
| 5 | Andreas | Demetrius | Board of Directors |
| 6 | Baez | Maribel | Board of Directors |
| 7 | Gattridge | Dylan | Board of Directors |
| 8 | Hoese | Evan | Board of Directors |
| 9 | Miazgowicz | Britt | Board of Directors |
| 10 | Navarro | Anna C. | Board of Directors |
| 11 | Roy | Alyssa | Board of Directors |
| 12 | Siegel | Shabana | Board of Directors |
| 13 | Torres | April | Board of Directors |
| 14 | Williams | Denise | Board of Directors |
| 15 | Ireland | Diane | Board of Directors |
| 16 | Mitchell | Natalie | Board of Directors |
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| 18 | Binder | Daniel | Board of Directors |
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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 20 | Beaulieu | Natalie | Board of Directors |
| 21 | Graham | Bryan | Board of Directors |
| 22 | Gurley | Chris | Board of Directors |
| 23 | Holmes | Kathryn | Board of Directors |
| 24 | Macfarlane | Raquel | Board of Directors |
| 25 | Pierluissi | Talia | Board of Directors |
| 26 | Pointer | Karen E. | Board of Directors |
| 27 | Pugh | Alex | Board of Directors |
| 28 | Thomas | Ahmad | Board of Directors |
| 29 | Torres | Timothy | Board of Directors |
| 30 | Venkatraman | Sankar | 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.

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



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Notification of Contract Approval

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 415-554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Heluna Health | TELEPHONE NUMBER 800-201-7320 |
| STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Parkway, Suite 450, CID, CA 91746 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$499,118 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|--------------|--------------------|
| 1 | Cutler | Blayne | Board of Directors |
| 2 | Seifert | Tim | Board of Directors |
| 3 | Dale | Peter | Board of Directors |
| 4 | Gadd | Jordan | Board of Directors |
| 5 | Ghosh | Jo Kay | Board of Directors |
| 6 | Gieseler | Brian | Board of Directors |
| 7 | Robison | Elizabeth P. | Board of Directors |
| 8 | Saluja | Kiran | Board of Directors |
| 9 | Jenks | Robert R. | Board of Directors |
| 10 | Joseph | Tamara | Board of Directors |
| 11 | Baker | Alex | Board of Directors |
| 12 | Edwards | Carladenise | Board of Directors |
| 13 | Yip | Edward | Board of Directors |
| 14 | Casciato | Georgia | Board of Directors |
| 15 | O'Connor | Jean | Board of Directors |
| 16 | Vetticaden | Santosh | Board of Directors |
| 17 | Rich | Sarah M. | Board of Directors |
| 18 | Filer | Scott | Board of Directors |
| 19 | De Santi | Susan | 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 | Nguyen | Von | Board of Directors |
| 21 | Macarchuk | Nicole J. | Board of Directors |
| 22 | Vasallo | Vivian | Board of Directors |
| 23 | Gorre | Celina | Board of Directors |
| 24 | Midura | Bonnie | Board of Directors |
| 25 | | | |
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| 50 | | | |
| <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.

| | |
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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

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

1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Heluna Health | TELEPHONE NUMBER (800) 201-7320 |
| STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Parkway, Suite 450, CID CA 91746 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$225,000 | | |
| NATURE OF THE CONTRACT (Please describe) 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 | Cutler | Blayne | Board of Directors |
| 2 | Seifert | Tim | Board of Directors |
| 3 | Dale | Peter | Board of Directors |
| 4 | Gadd | Jordan | Board of Directors |
| 5 | Ghosh | Jo Kay | Board of Directors |
| 6 | Gieseler | Brian | Board of Directors |
| 7 | Robinson | Elizabeth Power | Board of Directors |
| 8 | Saluja | Kiran | Board of Directors |
| 9 | Jenks | Robert R. | Board of Directors |
| 10 | Joseph | Tamara | Board of Directors |
| 11 | Baker | Alex | Board of Directors |
| 12 | Edwards | Carladenise | Board of Directors |
| 13 | Yip | Edward | Board of Directors |
| 14 | Casciato | Georgia | Board of Directors |
| 15 | O'Connor | Jean | Board of Directors |
| 16 | Vetticaden | Santosh | Board of Directors |
| 17 | Rich | Sarah M. | Board of Directors |
| 18 | Filer | Scott | Board of Directors |
| 19 | De Santi | Susan | 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 | Nguyen | Von | Board of Directors |
| 21 | Macarchuk | Nicole J. | Board of Directors |
| 22 | Vasallo | Vivian | Board of Directors |
| 23 | Gorre | Celina | Board of Directors |
| 24 | Midura | Bonnie | Board of Directors |
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| <input type="checkbox"/> | Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. | | |

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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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 #: 220688

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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| Board of Supervisors | Members |

3. FILER'S CONTACT

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|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
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| FULL DEPARTMENT NAME | EMAIL |
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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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| STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Parkway, Suite 450, CID, CA 91746 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$175,000 | | |
| NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary. | | |

| 7. COMMENTS |
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| |

| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
| <input type="checkbox"/> | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM |
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| 5 | Ghosh | Jo Kay | Board of Directors |
| 6 | Gieseler | Brian | Board of Directors |
| 7 | Robison | Elizabeth P. | Board of Directors |
| 8 | Saluja | Kiran | Board of Directors |
| 9 | Jenks | Robert R. | Board of Directors |
| 10 | Joseph | Tamara | Board of Directors |
| 11 | Baker | Alex | Board of Directors |
| 12 | Edwards | Carladenise | Board of Directors |
| 13 | Yip | Edward | Board of Directors |
| 14 | Casciato | Georgia | Board of Directors |
| 15 | O'Connor | Jean | Board of Directors |
| 16 | Vetticaden | Santosh | Board of Directors |
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| 18 | Filer | Scott | Board of Directors |
| 19 | De Santi | Susan | Board of Directors |

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| 24 | Midura | Bonnie | Board of Directors |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

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

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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2. CITY ELECTIVE OFFICE OR BOARD

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| 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 |

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Horizons Unlimited | TELEPHONE NUMBER (415) 487-6700 |
| STREET ADDRESS (including City, State and Zip Code) 440 Potrero Avenue, San Francisco 94110 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$22,500 | | |
| NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services. | | |

| 7. COMMENTS |
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| 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 | Moretti | Matthew | Board of Directors |
| 2 | Tapia | Virgina | Board of Directors |
| 3 | Amador | Donna | Board of Directors |
| 4 | Corona | Cristina | Board of Directors |
| 5 | Johnson | Zachary | Board of Directors |
| 6 | Boin | Isabelle P. | Board of Directors |
| 7 | Serrano | Salvador | Board of Directors |
| 8 | Williams | Jillian | 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.

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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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3. FILER'S CONTACT

| | |
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| 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 |

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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| NAME OF CONTRACTOR Horizons Unlimited | TELEPHONE NUMBER (415) 487-6700 |
| STREET ADDRESS (including City, State and Zip Code) 440 Potrero Avenue, San Francisco 94110 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$82,549 | | |
| NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services. | | |

| 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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| 6 | Boin | Isabelle P. | Board of Directors |
| 7 | Serrano | Salvador | Board of Directors |
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| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Jamestown Community Center | TELEPHONE NUMBER (415) 647-4709 |
| STREET ADDRESS (including City, State and Zip Code) 3382 26th St, San Francisco 94110 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$105,495 | | |
| NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services. | | |

| 7. COMMENTS |
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| |

| 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 | Pazmino | Betty | Board of Directors |
| 2 | Zavaleta | Aleks | Board of Directors |
| 3 | Gross | Rich | Board of Directors |
| 4 | Barahona | Luis | Board of Directors |
| 5 | Barraza | Patricia | Board of Directors |
| 6 | Barrera | Efrain | Board of Directors |
| 7 | Brackenridge | Katie | Board of Directors |
| 8 | Bransten | Lisa | Board of Directors |
| 9 | Furney | Gary | Board of Directors |
| 10 | Karir | Renu | Board of Directors |
| 11 | Vega | Paul | Board of Directors |
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
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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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| <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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</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 . www.sfethics.org

Received On:

File #: 220688

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

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| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
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2. CITY ELECTIVE OFFICE OR BOARD

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| 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 |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Japanese Community Youth Council | TELEPHONE NUMBER (415) 563-8052 |
| STREET ADDRESS (including City, State and Zip Code) 2012 Pine Street, San Francisco 94109 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$14,603 | | |
| NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services. | | |

| 7. COMMENTS |
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| |

| 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 | MacDonald | Angus | Board of Directors |
| 2 | Dunlap | Oliver | Board of Directors |
| 3 | Nagree | Shah | Board of Directors |
| 4 | Harrigan | Asia | Board of Directors |
| 5 | Santiago | Breonna | Board of Directors |
| 6 | Abantao | Darryl | Board of Directors |
| 7 | C | Dinesh | Board of Directors |
| 8 | Wayne | Evan | Board of Directors |
| 9 | Littleton | Heather | Board of Directors |
| 10 | Anderson | Jerome | Board of Directors |
| 11 | Kuo | Johnny | Board of Directors |
| 12 | Mah | Kitty | Board of Directors |
| 13 | Carroll | Louise | Board of Directors |
| 14 | Mah | Max | 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.

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



San Francisco Ethics Commission

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Received On:

File #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR NICOS Chinese Health Coalition | TELEPHONE NUMBER (415) 788-6426 |
| STREET ADDRESS (including City, State and Zip Code) 1208 Mason St, San Francisco, CA 94108 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$5,000 | | |
| NATURE OF THE CONTRACT (Please describe) 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 | Woo | Kent | Board of Directors |
| 2 | Liao | Michael | 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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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

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

10. VERIFICATION

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

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

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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Project Open Hand | TELEPHONE NUMBER (415) 447-2300 |
| STREET ADDRESS (including City, State and Zip Code) 730 Polk St, San Francisco, CA 94109 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$1,408,026 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |
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| |

| 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 | Henry | Mike | Board of Directors |
| 2 | Yankoupe | Ruth | Board of Directors |
| 3 | Colton | John | Board of Directors |
| 4 | wakankar | Aditya | Board of Directors |
| 5 | Chandra | Vishwa | Board of Directors |
| 6 | Petraglia | Jennifer | Board of Directors |
| 7 | Chang | Andrew | Board of Directors |
| 8 | Maring | Preston | Board of Directors |
| 9 | McSwine | Ginny | Board of Directors |
| 10 | Ng Chang | Theresa | Board of Directors |
| 11 | wilkinson | Andrea | Board of Directors |
| 12 | York | Helene | Board of Directors |
| 13 | Drimmer-Rokovich | Jennifer | Board of Directors |
| 14 | Long | Richard | Board of Directors |
| 15 | Wood | Arthur | 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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3. FILER'S CONTACT

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| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
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4. CONTRACTING DEPARTMENT CONTACT

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| GREGORY WONG | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR San Francisco Public Health Foundation | TELEPHONE NUMBER (415) 504-6738 |
| STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$1,419 | | |
| NATURE OF THE CONTRACT (Please describe) 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 | Eardley | Penny | Board of Directors |
| 2 | Petrosova | Anastasija | Board of Directors |
| 3 | Toatelegese | Kellsa | Board of Directors |
| 4 | Thornton | Kitty | Board of Directors |
| 5 | Campos | Laura | Board of Directors |
| 6 | Mikalacki-Sublett | Jehniifer | Board of Directors |
| 7 | Cather | Christy | Board of Directors |
| 8 | Falk | Nicole | Board of Directors |
| 9 | Bennett | Ayanna | Board of Directors |
| 10 | Longstreth | Elizabeth | Board of Directors |
| 11 | Lyles | Courtney | Board of Directors |
| 12 | Moore | Melissa | Board of Directors |
| 13 | Villagomez | Alice | Board of Directors |
| 14 | Sharma | Adam | Board of Directors |
| 15 | Morewitz | Mark | Board of Directors |
| 16 | Oxford | Nick | Board of Directors |
| 17 | | | |
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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. 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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</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 . www.sfethics.org

Received On:

File #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR UCSF Alliance Health Project | TELEPHONE NUMBER (415) 476-3902 |
| STREET ADDRESS (including City, State and Zip Code) 1930 Market St, San Francisco, CA 94102 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$168,837 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |
| <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 | Dilley | James W. | Board of Directors |
| 2 | Thoemmes | Lori | Board of Directors |
| 3 | Flentje | Annesa | Board of Directors |
| 4 | Garcia | Braulio | Board of Directors |
| 5 | Haas | DK | Board of Directors |
| 6 | Matos | Ramon | Board of Directors |
| 7 | Murphy | Jessica | Board of Directors |
| 8 | Rhodes | Perry | Board of Directors |
| 9 | Shockey | Jen | Board of Directors |
| 10 | wong | Holly | Board of Directors |
| 11 | Shumate | Kate | Board of Directors |
| 12 | Breall | Susan M. | Board of Directors |
| 13 | Hare | Brad | Board of Directors |
| 14 | Hillmon | Reginald | Board of Directors |
| 15 | Liu | Enchi | Board of Directors |
| 16 | Mettler | Berenice | Board of Directors |
| 17 | Pearce | Ken | Other Principal Officer |
| 18 | Toh | Sophia | Board of Directors |
| 19 | | | |

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

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

10. VERIFICATION

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

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

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



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Received On:

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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A Public Document

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Behavioral Health Commission | TELEPHONE NUMBER (415) 554-5184 |
| STREET ADDRESS (including City, State and Zip Code) 1380 Howard Street, San Francisco, CA 94103 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$61,488 | | |
| NATURE OF THE CONTRACT (Please describe) Support Administrative oversight of system-of-care fiscal intermediary funding in order to maintain level of finding for training. | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
| <input type="checkbox"/> | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM |
| <input checked="" type="checkbox"/> | A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors |
| <input type="checkbox"/> | THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS |

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|-------------|--------------------|
| 1 | Jackson-Lane | Carletta | Board of Directors |
| 2 | Slota | Richelle L. | Board of Directors |
| 3 | Vigil | Bahlam | Board of Directors |
| 4 | Banuelos | Stephen | Board of Directors |
| 5 | Drummond | Judy Z. | Board of Directors |
| 6 | Klain | Judith | Board of Directors |
| 7 | Parks | Toni | Board of Directors |
| 8 | Stevens | Harriett S. | Board of Directors |
| 9 | Thakore-Dunlap | Ulash | Board of Directors |
| 10 | Idell | Wilson | Board of Directors |
| 11 | Bohrer | Terezie | Board of Directors |
| 12 | Ashe1 | Sempel | Board of Directors |
| 13 | Safai | Ahsha | 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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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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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Japanese Community Youth Council | TELEPHONE NUMBER (415) 563-8052 |
| STREET ADDRESS (including City, State and Zip Code) 2012 Pine Street, San Francisco 94109 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$60,049 | | |
| NATURE OF THE CONTRACT (Please describe) Provide MH/SUD program 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

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 1 | McDonald | Angus | Board of Directors |
| 2 | Dunlap | Oliver | Board of Directors |
| 3 | Nagree | Shah | Board of Directors |
| 4 | Harrigan | Asia | Board of Directors |
| 5 | Santiago | Breonna | Board of Directors |
| 6 | Abantao | Darryl | Board of Directors |
| 7 | C | Dinesh | Board of Directors |
| 8 | Wayne | Evan | Board of Directors |
| 9 | Littleton | Heather | Board of Directors |
| 10 | Anderson | Jerome | Board of Directors |
| 11 | Kuo | Johnny | Board of Directors |
| 12 | Mah | Kitty | Board of Directors |
| 13 | Carroll | Louise | Board of Directors |
| 14 | Mah | Max | Board of Directors |
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9. AFFILIATES AND SUBCONTRACTORS

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

10. VERIFICATION

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

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

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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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1. FILING INFORMATION

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| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
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| AMENDMENT DESCRIPTION – Explain reason for amendment | |
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2. CITY ELECTIVE OFFICE OR BOARD

| | |
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| 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 |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Maitri AIDS Hospice | TELEPHONE NUMBER (415) 558-3000 |
| STREET ADDRESS (including City, State and Zip Code) 401 Duboce Ave, San Francisco, CA 94117 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$681,216 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |
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| |

| 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 | Lapointe | Ray | Board of Directors |
| 2 | Wong | Jane | Board of Directors |
| 3 | Miller | Austin | Board of Directors |
| 4 | Cummings | Gregg | Board of Directors |
| 5 | King | Jim | Board of Directors |
| 6 | Casados | Johannes | Board of Directors |
| 7 | Mishra | Bismay | Board of Directors |
| 8 | Cummings | Donna | Board of Directors |
| 9 | Dilawri | Namita | Board of Directors |
| 10 | Rana | Sameera | Board of Directors |
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

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

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</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 . www.sfethics.org

Received On:

File #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Napa County | TELEPHONE NUMBER 707-253-4540 |
| STREET ADDRESS (including City, State and Zip Code) 2751 Napa Valley Corporate Drive Bldg B Napa, CA 94558 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$200,000 | | |
| NATURE OF THE CONTRACT (Please describe) Co-recipient of grant funds. | | |

| 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 | wagenknecht | Brad | Board of Directors |
| 2 | Gregory | Ryan | Board of Directors |
| 3 | Dillon | Diane | Board of Directors |
| 4 | Pedroza | Alfredo | Board of Directors |
| 5 | Ramos | Belia | Board of Directors |
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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

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

10. VERIFICATION

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

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

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



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File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR PRC | TELEPHONE NUMBER 415-777-0333 |
| STREET ADDRESS (including City, State and Zip Code) 170 9th Street, San Francisco, CA 94103 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$146,772 | | |
| NATURE OF THE CONTRACT (Please describe) Providing Equal Access to Health Care Program Services | | |

| 7. COMMENTS |
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| |

| 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 | Board of Directors |
| 2 | Roger | Kent M. | Board of Directors |
| 3 | Schroder | Tim | Board of Directors |
| 4 | Brown | Chris | Board of Directors |
| 5 | Callaghan | Larkin | Board of Directors |
| 6 | Freiman | Josh | Board of Directors |
| 7 | Gonzalez | Nelson | Board of Directors |
| 8 | Ishida | Ryo | Board of Directors |
| 9 | Michaels | Jacques | Board of Directors |
| 10 | Niczyporuk | Michael | Board of Directors |
| 11 | Papilion | Zack | Board of Directors |
| 12 | Smith | Darren | Board of Directors |
| 13 | Steinberg | Michael | Board of Directors |
| 14 | Treaster | Merredith | Board of Directors |
| 15 | Andrews | Brett | CEO |
| 16 | Alouf | Joe | CFO |
| 17 | Clark | Elaine | CFO |
| 18 | Fostel | John | Other Principal Officer |
| 19 | Henneman | Tasha | Other Principal Officer |

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 | Teng | Chuan | Other Principal Officer |
| 21 | Paul | Randi | Other Principal Officer |
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
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| <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.

| | |
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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR RAMS | TELEPHONE NUMBER (415) 668-5955 |
| STREET ADDRESS (including City, State and Zip Code) 3626 Balboa St, SF, CA 94124 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$249,691 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |
| <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 | Muhammad | Jayvon | Board of Directors |
| 2 | Giovannini | Domenica | Board of Directors |
| 3 | Shea | Christina | Board of Directors |
| 4 | Tang | Angela | Board of Directors |
| 5 | Agajanian | Eduard | Board of Directors |
| 6 | De Joya | Trina | Board of Directors |
| 7 | Inoue | Sachi | Board of Directors |
| 8 | Castorena-O'Keefe | Carmen | Board of Directors |
| 9 | Chan | Flora | Board of Directors |
| 10 | Sinaga | Hasian | Board of Directors |
| 11 | Kronenberg | Dennielle C. | Board of Directors |
| 12 | Zozulinsky | Anna | Board of Directors |
| 13 | Wong | Janny | Board of Directors |
| 14 | Chun | Kristin | Board of Directors |
| 15 | Vong | Vivian | Board of Directors |
| 16 | Peng | Rebecca | Board of Directors |
| 17 | Huie | Cynthia | Board of Directors |
| 18 | Scholtz | Marjorie | Board of Directors |
| 19 | Chaudhuri | Anoshua | 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 | Hsu | Lee | Board of Directors |
| 21 | Roberts | Maggie | Board of Directors |
| 22 | Yeh | Tom | Board of Directors |
| 23 | Chow | wade | Board of Directors |
| 24 | Quinn | Maire | Board of Directors |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

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

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| 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 |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR RAMS | TELEPHONE NUMBER (415) 668-5955 |
| STREET ADDRESS (including City, State and Zip Code) 3626 Balboa St, SF, CA 94124 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$273,182 | | |
| NATURE OF THE CONTRACT (Please describe) 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.

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| 3 | Shea | Christina | Board of Directors |
| 4 | Tang | Angela | Board of Directors |
| 5 | Agajanian | Eduard | Board of Directors |
| 6 | De Joya | Trina | 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.

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Received On:

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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1. FILING INFORMATION

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2. CITY ELECTIVE OFFICE OR BOARD

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| 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 |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR RAMS | TELEPHONE NUMBER (415) 668-5955 |
| STREET ADDRESS (including City, State and Zip Code) 3626 Balboa St, SF, CA 94124 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$5,000 | | |
| NATURE OF THE CONTRACT (Please describe) Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic - Job training wages. | | |

| 7. COMMENTS |
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| |

| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
| <input type="checkbox"/> | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

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3. FILER'S CONTACT

| | |
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| 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

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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| STREET ADDRESS (including City, State and Zip Code) 3626 Balboa St, SF, CA 94124 | EMAIL |

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| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$150,266 | | |
| NATURE OF THE CONTRACT (Please describe) Provides support of consumer-run centers serving many dually-diagnosed individuals | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
| <input type="checkbox"/> | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM |
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| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Richmond Area Multi-Services | TELEPHONE NUMBER (415) 800-0699 |
| STREET ADDRESS (including City, State and Zip Code) 3626 Balboa St, SF, CA 94124 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$247,302 | | |
| NATURE OF THE CONTRACT (Please describe) Provide Peer Internship Program that prepares clients for employment in peer support and counseling positions. | | |

| 7. COMMENTS |
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| |

| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
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| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR San Francisco Public Health Foundation | TELEPHONE NUMBER (415) 504-6738 |
| STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$19,228 | | |
| NATURE OF THE CONTRACT (Please describe) Fiscal Intermediary | | |

| 7. COMMENTS |
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| 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 | Eardley | Penny | Board of Directors |
| 2 | Petrosova | Anastasija | Board of Directors |
| 3 | Toatelegese | Kellsa | Board of Directors |
| 4 | Thornton | Kitty | Board of Directors |
| 5 | Campos | Laura | Board of Directors |
| 6 | Mikalacki- sublett | Jennifer | Board of Directors |
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| 12 | Moore | Melissa | Board of Directors |
| 13 | Villagomez | Alice | Board of Directors |
| 14 | Sharma | Adam | Board of Directors |
| 15 | Morewitz | Mark | Board of Directors |
| 16 | Oxford | Nick | 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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</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 . www.sfethics.org

Received On:

File #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR San Francisco Public Health Foundation | TELEPHONE NUMBER (415) 504-6738 |
| STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$181,818 | | |
| NATURE OF THE CONTRACT (Please describe) 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

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| 7 | Cather | Christy | Board of Directors |
| 8 | Falk | Nicole | Board of Directors |
| 9 | Bennett | Ayanna | Board of Directors |
| 10 | Longstreth | Elizabeth | Board of Directors |
| 11 | Lyles | Courtney | Board of Directors |
| 12 | Moore | Melissa | Board of Directors |
| 13 | Villagomez | Alice | Board of Directors |
| 14 | Sharma | Adam | Board of Directors |
| 15 | Morewitz | Mark | Board of Directors |
| 16 | Oxford | Nick | 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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|



San Francisco Ethics Commission

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Received On:

File #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR San Francisco Public Health Foundation | TELEPHONE NUMBER (415) 504-6738 |
| STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$14,885 | | |
| NATURE OF THE CONTRACT (Please describe) Fiscal intermediary | | |

| 7. COMMENTS |
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| |

| 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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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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1. FILING INFORMATION

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| | |

2. CITY ELECTIVE OFFICE OR BOARD

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| 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

| | |
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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR San Francisco Public Health Foundation | TELEPHONE NUMBER (415) 504-6738 |
| STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$135,354 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |
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| <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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10. VERIFICATION

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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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1. FILING INFORMATION

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| AMENDMENT DESCRIPTION – Explain reason for amendment | |
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2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

| | |
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| 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

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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| NAME OF CONTRACTOR San Francisco Public Health Foundation | TELEPHONE NUMBER (415) 504-6738 |
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| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$14,161 | | |
| NATURE OF THE CONTRACT (Please describe) 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 | Eardley | Penny | Board of Directors |
| 2 | Petrosova | Anastasija | Board of Directors |
| 3 | Toatelegese | Kellsa | Board of Directors |
| 4 | Thornton | Kitty | Board of Directors |
| 5 | Campos | Laura | Board of Directors |
| 6 | Mikalacki- sublett | Jehniifer | Board of Directors |
| 7 | Cather | Christy | Board of Directors |
| 8 | Falk | Nicole | Board of Directors |
| 9 | Bennett | Ayanna | Board of Directors |
| 10 | Longstreth | Elizabeth | Board of Directors |
| 11 | Lyles | Courtney | Board of Directors |
| 12 | Moore | Melissa | Board of Directors |
| 13 | Villagomez | Alice | Board of Directors |
| 14 | Sharma | Adam | Board of Directors |
| 15 | Morewitz | Mark | Board of Directors |
| 16 | Oxford | Nick | 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.

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

10. VERIFICATION

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

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

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



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 #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR San Francisco Public Health Foundation | TELEPHONE NUMBER (415) 504-6738 |
| STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$8,964 | | |
| NATURE OF THE CONTRACT (Please describe) 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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|----|--------------------------------|------------|--------------------|
| 1 | Eardley | Penny | Board of Directors |
| 2 | Petrosova | Anastasija | Board of Directors |
| 3 | Toatelegese | Kellsa | Board of Directors |
| 4 | Thornton | Kitty | Board of Directors |
| 5 | Campos | Laura | Board of Directors |
| 6 | Mikalacki- sublett | Jehniifer | Board of Directors |
| 7 | Cather | Christy | Board of Directors |
| 8 | Falk | Nicole | Board of Directors |
| 9 | Bennent | Ayanna | Board of Directors |
| 10 | Longstreth | Elizabeth | Board of Directors |
| 11 | Lyles | Courtney | Board of Directors |
| 12 | Moore | Melissa | Board of Directors |
| 13 | Villagomez | Alice | Board of Directors |
| 14 | Sharma | Adam | Board of Directors |
| 15 | Morewitz | Mark | Board of Directors |
| 16 | Oxford | Nick | Board of Directors |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

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

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR San Francisco Public Health Foundation | TELEPHONE NUMBER (415) 504-6738 |
| STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$214,000 | | |
| NATURE OF THE CONTRACT (Please describe) Fiscal Intermediary. | | |

| 7. COMMENTS |
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| |

| 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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| 3 | Toatelegese | Kellsa | Board of Directors |
| 4 | Thornton | Kitty | Board of Directors |
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| 6 | Mikalacki- sublett | Jehniifer | Board of Directors |
| 7 | Cather | Christy | Board of Directors |
| 8 | Falk | Nicole | Board of Directors |
| 9 | Bennett | Ayanna | Board of Directors |
| 10 | Longstreth | Elizabeth | Board of Directors |
| 11 | Lyles | Courtney | Board of Directors |
| 12 | Moore | Melissa | Board of Directors |
| 13 | Villagomez | Alice | Board of Directors |
| 14 | Sharma | Adam | Board of Directors |
| 15 | Morewitz | Mark | Board of Directors |
| 16 | Oxford | Nick | Board of Directors |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

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| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

2. CITY ELECTIVE OFFICE OR BOARD

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| 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 |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR San Francisco Study Center | TELEPHONE NUMBER (415) 626-1650 |
| STREET ADDRESS (including City, State and Zip Code) 1663 Mission Street, Suite 310, San Francisco, CA 94103 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$13,732 | | |
| NATURE OF THE CONTRACT (Please describe) 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

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|-------------|--------------------|
| 1 | Livingston | Richard | Board of Directors |
| 2 | Yee | Tina Tong | Board of Directors |
| 3 | True | Reiko H. | Board of Directors |
| 4 | Elbga1 | Hazim | Board of Directors |
| 5 | Eldon | Eric | Board of Directors |
| 6 | Kutnick | Benjamin A. | Board of Directors |
| 7 | Kwong | Jeanne | Board of Directors |
| 8 | Margaronis | Stas | Board of Directors |
| 9 | McWilliams | Jim | Board of Directors |
| 10 | Link | Geoffrey | Board of Directors |
| 11 | Chen | Jaden | Board of Directors |
| 12 | Nunez | John | Board of Directors |
| 13 | Vera | Leonor | Board of Directors |
| 14 | Kuo | Linda | Board of Directors |
| 15 | Soriano | Irene | Board of Directors |
| 16 | Beggs | Marjorie | Board of Directors |
| 17 | Stampfli | Lise | 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.

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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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2. CITY ELECTIVE OFFICE OR BOARD

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| 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 |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR San Francisco Unified School District | TELEPHONE NUMBER (415) 241-6085 |
| STREET ADDRESS (including City, State and Zip Code) 555 Franklin Street, San Francisco, CA 94102 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$215,000 | | |
| NATURE OF THE CONTRACT (Please describe) 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 | Matthews | Vincent | Board of Directors |
| 2 | Leigh | Myong | Board of Directors |
| 3 | Morthel | Enikia F. | Board of Directors |
| 4 | Blythe | Gentle | Board of Directors |
| 5 | Lam | Jenny | Board of Directors |
| 6 | Bogges | Kevin | Board of Directors |
| 7 | Alexander | Matt | Board of Directors |
| 8 | Hsu | Ann | Board of Directors |
| 9 | Motamedi | Lainie | Board of Directors |
| 10 | Sanchez | Mark | Board of Directors |
| 11 | Weissman-Ward | Lisa | 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.

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

10. VERIFICATION

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

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

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



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 #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR San Francisco Unified School District | TELEPHONE NUMBER (415) 241-6000 |
| STREET ADDRESS (including City, State and Zip Code) 555 Franklin Street, San Francisco, CA 94102 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$105,932 | | |
| NATURE OF THE CONTRACT (Please describe) 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.

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| 3 | Morthel | Enikia F. | Board of Directors |
| 4 | Blythe | Gentle | Board of Directors |
| 5 | Lam | Jenny | Board of Directors |
| 6 | Bogges | Kevin | Board of Directors |
| 7 | Alexander | Matt | Board of Directors |
| 8 | Hsu | Ann | Board of Directors |
| 9 | Motamedi | Lainie | Board of Directors |
| 10 | Sanchez | Mark | Board of Directors |
| 11 | Weissman-Ward | Lisa | Board of Directors |
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| <input type="checkbox"/> | Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. | | |

10. VERIFICATION

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

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

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

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Seneca Family of Agencies | TELEPHONE NUMBER 510-654-4004 |
| STREET ADDRESS (including City, State and Zip Code) 8945 Golf Links Rd, Oakland, CA 94605 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$270,500 | | |
| NATURE OF THE CONTRACT (Please describe) Fiscal Intermediary. | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
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| 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 | Gilbert | Neil | Board of Directors |
| 2 | Galyean | Leticia | Board of Directors |
| 3 | Aroner | Dion | Board of Directors |
| 4 | Le Plastrier | Geoffrey | Board of Directors |
| 5 | Benning | Rochelle | Board of Directors |
| 6 | Davi | Jeff | Board of Directors |
| 7 | Foster | Gwen | Board of Directors |
| 8 | Pizzini | Sylvia | Board of Directors |
| 9 | Pena | Nancy | Board of Directors |
| 10 | Church | Jamie | Board of Directors |
| 11 | Citron | Jason | Board of Directors |
| 12 | Cohen | Zach | Board of Directors |
| 13 | Hill | Zach | Board of Directors |
| 14 | Ke | Venus | Board of Directors |
| 15 | Mortensen | Anders | Board of Directors |
| 16 | Redmon | Dwayne | Board of Directors |
| 17 | Thatch | Hong | Board of Directors |
| 18 | Gaywood | Stephanie | Board of Directors |
| 19 | | | |

9. AFFILIATES AND SUBCONTRACTORS

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

10. VERIFICATION

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

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

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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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Bid/RFP #:

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| | |

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| | |
|------------------------|--------------------------------------|
| 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 |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Shanti | TELEPHONE NUMBER (415) 674-4700 |
| STREET ADDRESS (including City, State and Zip Code) 730 Polk Street, 3rd Floor San Francisco, CA 94109 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$95,203 | | |
| NATURE OF THE CONTRACT (Please describe) Provides Hepatitis C prevention services. | | |

| 7. COMMENTS |
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| |

| 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 | Dawes | William L. | Board of Directors |
| 2 | Ennis | Jamie | Board of Directors |
| 3 | Francone | Jerry | Board of Directors |
| 4 | Kiernan | Sheila F. | Board of Directors |
| 5 | Klearman | Micki | Board of Directors |
| 6 | Sell | John | Board of Directors |
| 7 | Sullivan | Ethan M. | Board of Directors |
| 8 | Supanich | Chip | Board of Directors |
| 9 | Weinstein | Marc | Board of Directors |
| 10 | Weinstein | Josh | Board of Directors |
| 11 | Yee | Stanley | Board of Directors |
| 12 | Roy | Kaushik | Board of Directors |
| 13 | Meade | Charlie | Board of Directors |
| 14 | Schnedar | Patricia J. | Board of Directors |
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10. VERIFICATION

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| Original | |
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| 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 |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Sonoma County | TELEPHONE NUMBER (707) 565-2241 |
| STREET ADDRESS (including City, State and Zip Code) 625 5th Street Santa Rosa, CA 95404 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$400,000 | | |
| NATURE OF THE CONTRACT (Please describe) Co-recipient of grant funds | | |

| 7. COMMENTS |
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| |

| 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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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 1 | Gorin | Susan | Board of Directors |
| 2 | Rabbitt | David | Board of Directors |
| 3 | Coursey | Chris | Board of Directors |
| 4 | Gore | James | Board of Directors |
| 5 | Hopkins | Lynda | Board of Directors |
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|--------------------------|---|------------|------|
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| 50 | | | |
| <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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</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 . www.sfethics.org

Received On:

File #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Support for Families of Children with Disabilities | TELEPHONE NUMBER (415) 282-7494 |
| STREET ADDRESS (including City, State and Zip Code) 1663 Mission Street, Suite 700, San Francisco, CA 9410 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$78,872 | | |
| NATURE OF THE CONTRACT (Please describe) 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 | Auil | Maria J. | Board of Directors |
| 2 | Albert | Sarah L. | Board of Directors |
| 3 | McDonald | Sally C. | Board of Directors |
| 4 | Berthold | Jessica | Board of Directors |
| 5 | Shepherd | Kathy B. | Board of Directors |
| 6 | Binko | Christine | Board of Directors |
| 7 | Castillo-Lartigue | Tiffani | Board of Directors |
| 8 | Fram | Nicholas | Board of Directors |
| 9 | Griffiths | Julia | Board of Directors |
| 10 | Harten | Rosena | Board of Directors |
| 11 | Hollyfield | Amy | Board of Directors |
| 12 | Leap | Jeffrey | Board of Directors |
| 13 | Lin | Tiffany | Board of Directors |
| 14 | Mason | Glynis | Board of Directors |
| 15 | Nieto | Monique | Board of Directors |
| 16 | | | |
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9. AFFILIATES AND SUBCONTRACTORS

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| 50 | | | |
| <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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|



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Received On:

File #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR The Latino Commission | TELEPHONE NUMBER 650-244-1444 |
| STREET ADDRESS (including City, State and Zip Code) 161 Margaret Avenue, San Francisco 94112 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$286,115 | | |
| NATURE OF THE CONTRACT (Please describe) Provide MH/SUD program services. | | |

| 7. COMMENTS |
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| 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 | Aldana | Olga | Board of Directors |
| 2 | Rodriguez | Dee D. | 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.

| | |
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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 415-554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR University of California, San Francisco | TELEPHONE NUMBER 415-476-1000 |
| STREET ADDRESS (including City, State and Zip Code) 550 16th Street, 7th Floor, San Francisco CA 94143 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$351,543 | | |
| NATURE OF THE CONTRACT (Please describe) Conduct a new comprehensive client assessment and produce a modified Treatment Plan. | | |

| 7. COMMENTS |
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| |

| 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 | Hammarskjold | Philip | Board of Directors |
| 2 | Ballard | Andrew | Board of Directors |
| 3 | Briger | Peter | Board of Directors |
| 4 | Carter | Todd | Board of Directors |
| 5 | Chen | Connie E. | Board of Directors |
| 6 | Cohen | Fred | Board of Directors |
| 7 | Coulter | Phyllis | Board of Directors |
| 8 | Deb | Dipanjan | Board of Directors |
| 9 | Emery | Dana | Board of Directors |
| 10 | Fisher | William S. | Board of Directors |
| 11 | Friedman | Catherine | Board of Directors |
| 12 | Gandhi | Sameer | Board of Directors |
| 13 | Hall | Kathryn | Board of Directors |
| 14 | Hao | Kenneth | Board of Directors |
| 15 | Hartz | Julia | Board of Directors |
| 16 | Kawaja | Carl | Board of Directors |
| 17 | Kahn | Michael | Board of Directors |
| 18 | Kimball | Richard | Board of Directors |
| 19 | Malka | Meyer | 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 | McKinnon | Ian | Board of Directors |
| 21 | Morris | Diane | Board of Directors |
| 22 | Prizker | Lisa S. | Board of Directors |
| 23 | Read | Steven | Board of Directors |
| 24 | Sanghvi | Ruchi | Board of Directors |
| 25 | Scangos | George | Board of Directors |
| 26 | Soghikian | Shahan | Board of Directors |
| 27 | Weill | Joan | Board of Directors |
| 28 | Bakar | Barbara B. | Board of Directors |
| 29 | Benioff | Lynne | Board of Directors |
| 30 | Davidow | William H. | Board of Directors |
| 31 | Kern | Arthur H. | Board of Directors |
| 32 | Marcus | George | Board of Directors |
| 33 | Policy | Carmen | Board of Directors |
| 34 | Rosenberg | Richard M. | Board of Directors |
| 35 | Safier | Jaclyn | Board of Directors |
| 36 | Byers | Brook H. | Board of Directors |
| 37 | Derr | Kenneth T. | Board of Directors |
| 38 | Fisher | Doris F. | 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 |
|--------------------------|---|------------|--------------------|
| 39 | Friend | Robert B. | Board of Directors |
| 40 | Newman | Ellen | Board of Directors |
| 41 | Oberndorf | William E. | Board of Directors |
| 42 | wilsey | Diane B. | Board of Directors |
| 43 | | | |
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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.

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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

| | |
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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR University of California, San Francisco | TELEPHONE NUMBER (415) 476-1000 |
| STREET ADDRESS (including City, State and Zip Code) 550 16th Street, 7th Floor, San Francisco, CA 94143 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$146,582 | | |
| NATURE OF THE CONTRACT (Please describe) Technical Assistance: HIV Global Health. | | |

| 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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| 3 | Briger | Peter | Board of Directors |
| 4 | Carter | Todd | Board of Directors |
| 5 | Chen | Connie E. | Board of Directors |
| 6 | Cohen | Fred | Board of Directors |
| 7 | Coulter | Phyllis | Board of Directors |
| 8 | Deb | Dipanjan | Board of Directors |
| 9 | Emery | Dana | Board of Directors |
| 10 | Fisher | William S. | Board of Directors |
| 11 | Friedman | Catherine | Board of Directors |
| 12 | Gandhi | Sameer | Board of Directors |
| 13 | Hall | Kathryn | Board of Directors |
| 14 | Hao | Kenneth | Board of Directors |
| 15 | Hartz | Julia | Board of Directors |
| 16 | Kawaja | Carl | Board of Directors |
| 17 | Kahn | Michael | Board of Directors |
| 18 | Kimball | Richard | Board of Directors |
| 19 | Meyer | Malika | 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.

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| 21 | Morris | Diane | Board of Directors |
| 22 | Prtizker | Lisa S. | Board of Directors |
| 23 | Read | Steven | Board of Directors |
| 24 | Sanghvi | Ruchi | Board of Directors |
| 25 | Scangos | George | Board of Directors |
| 26 | Soghikian | Shahan | Board of Directors |
| 27 | Weill | Joan | Board of Directors |
| 28 | Bakar | Barbara B. | Board of Directors |
| 29 | Benioff | Lynne | Board of Directors |
| 30 | Davidow | William H. | Board of Directors |
| 31 | Kern | Arthur H. | Board of Directors |
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| 40 | Newman | Ellen M. | Board of Directors |
| 41 | Oberndorf | William E. | Board of Directors |
| 42 | wilsey | Diane B. | Board of Directors |
| 43 | | | |
| 44 | | | |
| 45 | | | |
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| 47 | | | |
| 48 | | | |
| 49 | | | |
| 50 | | | |
| <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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</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 . www.sfethics.org

Received On:

File #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR University of California, San Francisco | TELEPHONE NUMBER (415) 476-1000 |
| STREET ADDRESS (including City, State and Zip Code) 550 16th Street, 7th Floor, San Francisco, CA 94143 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$5,000 | | |
| NATURE OF THE CONTRACT (Please describe) 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

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| 49 | | | |
| 50 | | | |
| <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.

| SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK | DATE SIGNED |
|--|-------------|
| BOS Clerk of the Board | |



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1. FILING INFORMATION

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| AMENDMENT DESCRIPTION – Explain reason for amendment | |
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2. CITY ELECTIVE OFFICE OR BOARD

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| 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 |

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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| STREET ADDRESS (including City, State and Zip Code) 550 16th Street, 7th Floor, San Francisco, CA 94143 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$107,140 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |
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2. CITY ELECTIVE OFFICE OR BOARD

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|------------------------|--------------------------------------|
| 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

| | |
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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR University of California, San Francisco | TELEPHONE NUMBER (415) 476-1000 |
| STREET ADDRESS (including City, State and Zip Code) 550 16th Street, 7th Floor, San Francisco, CA 94143 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$486,611 | | |
| NATURE OF THE CONTRACT (Please describe) 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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| 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 |

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| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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| NAME OF CONTRACTOR University of California, San Francisco | TELEPHONE NUMBER (415) 476-1000 |
| STREET ADDRESS (including City, State and Zip Code) 1001 Potrero Avenue, San Francisco 94110 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$99,323 | | |
| NATURE OF THE CONTRACT (Please describe) provide MH/SUD program 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 | Hammarskjold | Philip | Board of Directors |
| 2 | Ballard | Andrew | Board of Directors |
| 3 | Briger | Peter | Board of Directors |
| 4 | Carter | Todd | Board of Directors |
| 5 | Chen | Connie E. | Board of Directors |
| 6 | Cohen | Fred | Board of Directors |
| 7 | Coulter | Phyllis | Board of Directors |
| 8 | Deb | Dipanjan | Board of Directors |
| 9 | Emery | Dana | Board of Directors |
| 10 | Fisher | William S. | Board of Directors |
| 11 | Friedman | Catherine | Board of Directors |
| 12 | Gandhi | Sameer | Board of Directors |
| 13 | Hall | Kathryn | Board of Directors |
| 14 | Hao | Kenneth | Board of Directors |
| 15 | Hartz | Julia | Board of Directors |
| 16 | Kawaja | Carl | Board of Directors |
| 17 | Kahn | Michael | Board of Directors |
| 18 | Kimball | Richard | Board of Directors |
| 19 | Malka | Meyer | 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 | McKinnon | Ian | Board of Directors |
| 21 | Morris | Diane | Board of Directors |
| 22 | Pritzker | Lisa S. | Board of Directors |
| 23 | Read | Steven | Board of Directors |
| 24 | Sanghvi | Ruchi | Board of Directors |
| 25 | Scangos | George | Board of Directors |
| 26 | Soghikian | Shahan | Board of Directors |
| 27 | Weill | Joan | Board of Directors |
| 28 | Bakar | Barbara B. | Board of Directors |
| 29 | Benioff | Lynne | Board of Directors |
| 30 | Davidow | William H. | Board of Directors |
| 31 | Kern | Arthur H. | Board of Directors |
| 32 | Marcus | George | Board of Directors |
| 33 | Policy | Carmen | Board of Directors |
| 34 | Rosenberg | Richard M. | Board of Directors |
| 35 | Safier | Jaclyn | Board of Directors |
| 36 | Byers | Brook H. | Board of Directors |
| 37 | Derr | Kenneth T. | Board of Directors |
| 38 | Fisher | Doris F. | 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 |
|----|--------------------------------|------------|--------------------|
| 39 | Friend | Robert B. | Board of Directors |
| 40 | Newman | Ellen M. | Board of Directors |
| 41 | Oberndorf | William E. | Board of Directors |
| 42 | wilsey | Diane B. | Board of Directors |
| 43 | | | |
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| 49 | | | |
| 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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</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 . www.sfethics.org

Received On:

File #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR University of California, San Francisco | TELEPHONE NUMBER (415) 476-1000 |
| STREET ADDRESS (including City, State and Zip Code) 1001 Potrero Avenue, San Francisco 94110 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$321,802 | | |
| NATURE OF THE CONTRACT (Please describe) Provide MH/SUD program 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 |
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| 3 | Briger | Peter | Board of Directors |
| 4 | Carter | Todd | Board of Directors |
| 5 | Chen | Connie E. | Board of Directors |
| 6 | Cohen | Fred | Board of Directors |
| 7 | Coulter | Phyllis | Board of Directors |
| 8 | Deb | Dipanjan | Board of Directors |
| 9 | Emery | Dana | Board of Directors |
| 10 | Fisher | William S. | Board of Directors |
| 11 | Friedman | Catherine | Board of Directors |
| 12 | Gandhi | Sameer | Board of Directors |
| 13 | Hall | Kathryn | Board of Directors |
| 14 | Hao | Kenneth | Board of Directors |
| 15 | Hartz | Julia | Board of Directors |
| 16 | Kawaja | Carl | Board of Directors |
| 17 | Kahn | Michael | Board of Directors |
| 18 | Kimball | Richard | Board of Directors |
| 19 | Malka | Meyer | Board of Directors |

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| 23 | Read | Steven | Board of Directors |
| 24 | Sanghvi | Ruchi | Board of Directors |
| 25 | Scangos | George | Board of Directors |
| 26 | Soghikian | Shahan | Board of Directors |
| 27 | Weill | Joan | Board of Directors |
| 28 | Bakar | Barbara B. | Board of Directors |
| 29 | Benioff | Lynne | Board of Directors |
| 30 | Davidow | William H. | Board of Directors |
| 31 | Kern | Arthur H. | Board of Directors |
| 32 | Marcus | George | Board of Directors |
| 33 | Policy | Carmen | Board of Directors |
| 34 | Rosenberg | Richard M. | Board of Directors |
| 35 | Safier | Jaclyn | Board of Directors |
| 36 | Byers | Brook H. | Board of Directors |
| 37 | Derr | Kenneth T. | Board of Directors |
| 38 | Fisher | Doris F. | Board of Directors |

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|--------------------------|---|------------|--------------------|
| 39 | Friend | Robert B. | Board of Directors |
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| 41 | Oberndorf | William E. | Board of Directors |
| 42 | wilsey | Diane B. | Board of Directors |
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| <input type="checkbox"/> | Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. | | |

10. VERIFICATION

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

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

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



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Received On:

File #: 220688

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | (415) 554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Youth Leadership Institute | TELEPHONE NUMBER (628) 400-9252 |
| STREET ADDRESS (including City, State and Zip Code) 201 9th Street Suite 200, San Francisco 94103 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$60,049 | | |
| NATURE OF THE CONTRACT (Please describe) Provide MH/SUD program 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

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 1 | Belden | Kristin | Board of Directors |
| 2 | Cung | Thu | Board of Directors |
| 3 | Rowe | Joshua E. | Board of Directors |
| 4 | Goulding | Matthew | Board of Directors |
| 5 | Harmon | Laura | Board of Directors |
| 6 | Kurtz | Cameron | Board of Directors |
| 7 | Leitsch | Bill | Board of Directors |
| 8 | Gonzalez | Phillip M. | Board of Directors |
| 9 | Pletcher | Anna | Board of Directors |
| 10 | Robinson | Ivoree | Board of Directors |
| 11 | Romero | Elizabeth | Board of Directors |
| 12 | Talai | Nawz | Board of Directors |
| 13 | Wiley | James | Board of Directors |
| 14 | | | |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

| | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 415-554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR YMCA Urban Services | TELEPHONE NUMBER (415) 561-0631 |
| STREET ADDRESS (including City, State and Zip Code) 1426 Fillmore Street, Suite 204, San Francisco CA 94115 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220688 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$68,049 | | |
| NATURE OF THE CONTRACT (Please describe) provide MH/SUD program 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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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 1 | Susko | Peter M. | Board of Directors |
| 2 | Ly | Phat | Board of Directors |
| 3 | Gadamasetti | Pratik | Board of Directors |
| 4 | Chisholm | Richard | Board of Directors |
| 5 | Robins | Richard | Board of Directors |
| 6 | Li | Samuel | Board of Directors |
| 7 | Seitz | Shane | Board of Directors |
| 8 | Tsai | Shelby P. | Board of Directors |
| 9 | Hankins | Stephen | Board of Directors |
| 10 | Rogers | Stephen | Board of Directors |
| 11 | Lee | Theodora | Board of Directors |
| 12 | Kearney | Thomas | Board of Directors |
| 13 | wheeler | Brian | Board of Directors |
| 14 | Thomas | Cecilia | Board of Directors |
| 15 | Lau | Jason | Board of Directors |
| 16 | Gordon-Creed | Geoffrey | Board of Directors |
| 17 | Guevara | Joseph | Board of Directors |
| 18 | Bolts | Kathleen | Board of Directors |
| 19 | Birnbaum | Katy | Board of Directors |

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 20 | Shea | Keith | Board of Directors |
| 21 | walker | La Shon | Board of Directors |
| 22 | Bargman | Matt | Board of Directors |
| 23 | Brown | Myesha | Board of Directors |
| 24 | Mapps | Roscoe | Board of Directors |
| 25 | Ramler | Sarah | Board of Directors |
| 26 | Pham | Young | Board of Directors |
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| 28 | | | |
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| 39 | | | |
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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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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|

| DEPT | Item | Description | Type of Legislation | File # |
|-------------|--|---|----------------------------|---------------|
| ADM | Critical Repair/Recovery Stimulus COPs | Authorizes COPs to finance or refinance the capital plan in the budget. | Ordinance | |
| ADM | Entertainment Commission Fee Changes | Fee decrease for fixed speakers due to the Commission's "Just Add Music" initiative. | Ordinance | |
| ADM | Reproduction and Notary Fee Changes | Fee increase for a variety of printing and scanning services at the Permit Center. | Ordinance | |
| ADM | Prop J Continuation | Moscone Convention Center. | Resolution | |
| ADM | Prop J Continuation | Fleet security services. | Resolution | |
| ADM | Prop J Continuation | Real estate security services. | Resolution | |
| ADM | Prop J Continuation | Real estate custodial services. | Resolution | |
| BOS | Prop J Continuation | Budget Legislative Analyst (BLA). | Resolution | |
| CAT | Courthouse Construction Fund | The Board adopted an ordinance last year terminating the Fund, which was established in 1992, because the courthouse construction project is complete and fully financed. This ordinance completes the process. | Ordinance | |
| CON | Access Line Tax | Sets Access Line Tax. Revenues assumed in budget. | Resolution | |
| CON | Neighborhood Beautification Fund | Neighborhood Beautification Fund contribution levels assumed in budget. | Ordinance | |
| DEM | EMSA Fee Changes | Changing the fee structure for EMSA fees that are charged to hospitals. | Ordinance | |
| DPH | Recurring State Grants | Accept and expend for annual, recurring state grant funds. | Resolution | |
| DPH | Patient Rates | Amending the Health Code to set patient rates and rates for other services provided by the Department of Public Health. | Ordinance | |
| DPH | Prop J Continuation | Clinic security services. | Resolution | |
| DPW | Prop J Continuation | Security services. | Resolution | |
| FIR | Organizational Changes in the City's Administrative Code | Changing the City's Administrative Code to transition the Chief of EMS position up a Deputy Chief position. | Ordinance | |
| HRC | State Grant Acceptance | Acceptance of the state-funded California for All grant for the Opportunities for All program. | Resolution | |
| HSA | Prop J Continuation | Security services. | Resolution | |
| HSH | CAAP Legislation | Annual legislation for CAAP housing with funding from HSA. | Resolution | |
| HSH | Prop J Continuation | Security services. | Resolution | |
| MYR | Prop J Continuation | Security services. | Resolution | |

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| POL | Police Vehicle Theft Crime Fund Surcharge | Increasing the car registration surcharge. Funds will be used to deter, investigate, or prosecute vehicle theft crimes. | Ordinance | |
| REC | Marina Dredging Surcharge | Imposing a surcharge to license fees at Marina West Harbor to pay for necessary dredging at the Harbor. | Ordinance | |
| REC | Francisco Park Conservancy Grant Agreement | Credits the Francisco Park Conservancy to offset unanticipated project cost increases incurred due to PG&E requirements. | Resolution | |
| REG | Prop J Continuation | Assembly of vote by mail envelope services. | Resolution | |
| SHF | Prop J Continuation | Food services at county jails. | Resolution | |
| TIS | Prop J Continuation | Mainframe system support. | Resolution | |



TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Tom Paulino
RE: Accept and Expend Grants - Recurring State Grant Funds - Department of
Public Health - FY2022-2023
DATE: June 1, 2022

Resolution authorizing the acceptance and expenditure of State grant funds by the San Francisco Department of Public Health for FY2022-2023.

Should you have any questions, please contact Tom Paulino at 415-554-6153.