File No. 190488

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information (*Please print clearly.*)	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors

Contractor Information (*Please print clearly.*)
Name of contractor: Instituto Familiar de la Raza
Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary. (1) Tyrone Navarro, Lupe Avila, Nicolas Sere, Pat Rogers, Kenny Gutierrez, Santiago Ruiz, Whitney Caruso, Karla Castillo, Flavia Naves (2) Estela Garcia, Executive Director; German Walteos, Associate Director; Benny Ng, Fiscal Director (3) N/A (4) Concepcion Saucedo; Ingrid Zimmermann; Benjamin Barreras, MD (5) N/A
Contractor address: 2919 Mission Street, San Francisco, CA 94110

Date that contract was approved:	Amount of contract: $28,795,895

Describe the nature of the contract that was approved: Behavioral health services
Comments:

This contract was approved by (check applicable):

☐ the City elective officer(s) identified on this form

☒ a board on which the City elective officer(s) serves: <u>San Francisco Board of Supervisors</u>

☐ the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Relocation Appeals Board, and Local Workforce Investment Board) on which an appointee of the City elective officer(s) identified on this form sits

Filer Information (*Please print clearly.*)	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

Print Name of Board

_____   _____
Signature of City Elective Officer (if submitted by City elective officer)   Date Signed

_____   _____
Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)   Date Signed