



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 #: 200818

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 |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH DEPARTMENT OF HEALTH | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR AIDS Legal Referral Panel | TELEPHONE NUMBER (415) 701-1100 |
| STREET ADDRESS (including City, State and Zip Code) 1663 Mission Street, Suite 500, San Francisco, Califor | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$2,455 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 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 | Svinarich | Katherine | Other Principal Officer |
| 2 | Zimmermann | Scott | Other Principal Officer |
| 3 | Gooch | J. Taylor | Other Principal Officer |
| 4 | Vidutis | Nida | Other Principal Officer |
| 5 | BARATA | ALEX | Board of Directors |
| 6 | BERLIN | GEORGE | Board of Directors |
| 7 | CALOZA | ALEXIS | Board of Directors |
| 8 | COLE | M. MICHAEL | Board of Directors |
| 9 | DICAT | MICHAEL | Board of Directors |
| 10 | DOOLEY | ELIZABETH | Board of Directors |
| 11 | DRAPER | FELICIA | Board of Directors |
| 12 | ESPOSITO | ROBERT | Board of Directors |
| 13 | GROSS | JACLYN | Board of Directors |
| 14 | HAYWARD | RYAN | Board of Directors |
| 15 | IBARRA | ALDO | Board of Directors |
| 16 | JACOBI | JEFFREY | Board of Directors |
| 17 | JONES | KEVIN | Board of Directors |
| 18 | KIM | ELIZABETH | Board of Directors |
| 19 | MIYAR | RAMON | Board of Directors |

9. AFFILIATES AND SUBCONTRACTORS

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 20 | NOVAK | VICENT | Board of Directors |
| 21 | OHLERT | ANDREW | Board of Directors |
| 22 | ORTIZ | ERIC | Board of Directors |
| 23 | PHILLIPS | MARNIE | Board of Directors |
| 24 | SHEARER | ADAM | Board of Directors |
| 25 | SOUSA | PAUL | Board of Directors |
| 26 | TOLAR | WHITNEY | Board of Directors |
| 27 | UNRUH | JOHN | Board of Directors |
| 28 | VU | BAO | Board of Directors |
| 29 | WIESER | EMILY | 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> |
|---|---------------------------|



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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 |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Catholic Charities - Derek Silva | TELEPHONE NUMBER (415) 553-8700 |
| STREET ADDRESS (including City, State and Zip Code) 990 Eddy 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) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$8,388 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 7. COMMENTS |
|-------------|
| |

| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
| <input type="checkbox"/> | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM |
| <input checked="" type="checkbox"/> | A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors |
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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|-------------------------|
| 1 | Cordileone | Salvatore | Other Principal Officer |
| 2 | MOLINELLI | STEPHEN | Other Principal Officer |
| 3 | BORROMEO | THEODORE | Other Principal Officer |
| 4 | SUNDBY | GEORGE | Other Principal Officer |
| 5 | MENESES | JILMA | CEO |
| 6 | BENNETT | PAULA | Board of Directors |
| 7 | BOERIO | JOE | Board of Directors |
| 8 | BOJORQUEZ | DIANA | Board of Directors |
| 9 | BRIGHAM | MARTHA | Board of Directors |
| 10 | BULLIAN | GREGORY | Board of Directors |
| 11 | CLARK | PHILLIP | Board of Directors |
| 12 | CONNORS | TIMOTHY | Board of Directors |
| 13 | DAHIK | ADRIANA | Board of Directors |
| 14 | GELT | JERILYN | Board of Directors |
| 15 | GROGAN | KATHLEEN | Board of Directors |
| 16 | HULTMAN | DAVID | Board of Directors |
| 17 | IKEDA | LISA | Board of Directors |
| 18 | KANE | STEVEN | Board of Directors |
| 19 | KEITH | ELIZABETH | Board of Directors |

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 20 | LEUPP | JAY | Board of Directors |
| 21 | MANNING | SIMON | Board of Directors |
| 22 | MCINERNEY | MAUREEN | Board of Directors |
| 23 | MIREK | LORI | Board of Directors |
| 24 | Nasciamento | DANIEL | Board of Directors |
| 25 | PAUTLER | MICHAEL | Board of Directors |
| 26 | POHLMAN | JACK | Board of Directors |
| 27 | REYNAUD | LOUIS | Board of Directors |
| 28 | Sangiaco | JIM | Board of Directors |
| 29 | WESTRAY | KENNETH | Board of Directors |
| 30 | WILCH | PETER | Board of Directors |
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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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| 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 |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Catholic Charities - Rita de Cascia, Hazel Betsey | TELEPHONE NUMBER 415 202 0941 |
| STREET ADDRESS (including City, State and Zip Code) 990 Eddy 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) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$5,474 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 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 | Cordileone | STEPHEN | Other Principal Officer |
| 2 | Molinelli | STEPHEN | Other Principal Officer |
| 3 | BORROMEO | THEODORE | Other Principal Officer |
| 4 | SUNDBY | GEORGE | Other Principal Officer |
| 5 | MENESES | JILMA | CEO |
| 6 | BENNETT | PAULA | Board of Directors |
| 7 | BOERIO | JOE | Board of Directors |
| 8 | Bojorquez | DIANA | Board of Directors |
| 9 | BRIGHAM | MARTHA | Board of Directors |
| 10 | BULLIAN | GREGORY | Board of Directors |
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| 20 | LEUPP | JAY | Board of Directors |
| 21 | MANNING | SIMON | Board of Directors |
| 22 | MCINERNEY | MAUREEN | Board of Directors |
| 23 | MIREK | LORI | Board of Directors |
| 24 | Nasciamento | DANIEL | Board of Directors |
| 25 | PAUTLER | MICHAEL | Board of Directors |
| 26 | POHLMAN | JACK | Board of Directors |
| 27 | REYNAUD | LOUIS | Board of Directors |
| 28 | Sangiaco | JIM | Board of Directors |
| 29 | WESTRAY | KENNETH | Board of Directors |
| 30 | WILCH | PETER | Board of Directors |
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| 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 |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Community Forward San Francisco | TELEPHONE NUMBER (415) 241-1199 |
| STREET ADDRESS (including City, State and Zip Code) 1171 Mission 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) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$8,339 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 7. COMMENTS |
|-------------|
| |

| 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 |
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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|-------------------------|
| 1 | FINETTI | RODERICK | Other Principal Officer |
| 2 | TRUGLIO | CHRIS | Other Principal Officer |
| 3 | JOHNSON | TODD | Other Principal Officer |
| 4 | DEL CASTILLO | MARTA | Board of Directors |
| 5 | MCDONNELL | LOGAN | Board of Directors |
| 6 | BURNS | RENA | Board of Directors |
| 7 | STAFFORD | SUZANNE | Board of Directors |
| 8 | MINOT | JOHN | 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 #: 200818

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 |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR HealthRight 360 | TELEPHONE NUMBER (415) 762-3700 |
| STREET ADDRESS (including City, State and Zip Code) 1563 Mission 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) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$2,299 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 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 | GRAHAM | BRYAN | Other Principal Officer |
| 2 | IRELAND | DIANE | Other Principal Officer |
| 3 | MCELWEE | JAMES | Other Principal Officer |
| 4 | BALAN | YENER | Board of Directors |
| 5 | BINDER | DANIEL | Board of Directors |
| 6 | MENDOZA | MELYSSA | Board of Directors |
| 7 | POINTER | KAREN | Board of Directors |
| 8 | PUGH | ALEX | Board of Directors |
| 9 | TORRES | TIMOTHY | Board of Directors |
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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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| 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 |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR HealthRight 360 | TELEPHONE NUMBER (415) 762-3700 |
| STREET ADDRESS (including City, State and Zip Code) 1563 Mission 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) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$75,000 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 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 | GRAHAM | BRYAN | Other Principal Officer |
| 2 | IRELAND | DIANE | Other Principal Officer |
| 3 | MCELWEE | JAMES | Other Principal Officer |
| 4 | BALAN | YELEN | Board of Directors |
| 5 | BINDER | DANIEL | Board of Directors |
| 6 | MENDOZA | MELYSSA | Board of Directors |
| 7 | POINTER | KAREN | Board of Directors |
| 8 | PUGH | ALEX | Board of Directors |
| 9 | TORRES | TIMOTHY | Board of Directors |
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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 |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Lutheran Social Services | TELEPHONE NUMBER (415) 581-0891 |
| STREET ADDRESS (including City, State and Zip Code) 191 Golden Gate Avenue, 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) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$6,600 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 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 | SLANE | SANDRA | Other Principal Officer |
| 2 | BEETZ | BRION | Board of Directors |
| 3 | BENTLEY | RIDWANA | Board of Directors |
| 4 | CARSON | CHRISLYN | Board of Directors |
| 5 | CHERNOCK | V-ANNE | Board of Directors |
| 6 | DONNELLY | ELIZABETH | Board of Directors |
| 7 | FOLEY | PATRICIA | Board of Directors |
| 8 | GAN | YOLANDA | Board of Directors |
| 9 | GARCIA | JAYDE | Board of Directors |
| 10 | NICOLETTE | CHRIS | Board of Directors |
| 11 | TAYLOR | SUSAN | Board of Directors |
| 12 | wolkenhauer | MARY | Board of Directors |
| 13 | WONG | CRYSTLE | Board of Directors |
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9. AFFILIATES AND SUBCONTRACTORS

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

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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 |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR MAITRI | TELEPHONE NUMBER (415) 558-3000 |
| STREET ADDRESS (including City, State and Zip Code) 401 Duboce Ave. San Francisco, CA 94117-3551 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$71,200 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 7. COMMENTS |
|-------------|
| |

| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
| <input type="checkbox"/> | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM |
| <input checked="" type="checkbox"/> | A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors |
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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|-------------------------|
| 1 | KING | JIM | Other Principal Officer |
| 2 | WONG | JANE | Other Principal Officer |
| 3 | VIGNA | BILL | Other Principal Officer |
| 4 | WILLIAMS | PATRICK | Other Principal Officer |
| 5 | ANSARI | OMAR | Board of Directors |
| 6 | CUMMINGS | DONNA | Board of Directors |
| 7 | CUMMINGS | GREGG | Board of Directors |
| 8 | LAPOINTE | RAY | Board of Directors |
| 9 | MILLER | AUSTIN | Board of Directors |
| 10 | Boettcher | EVA | Board of Directors |
| 11 | NIEMEYER | MIKE | Board of Directors |
| 12 | RANA | SAMEERA | Board of Directors |
| 13 | CASADOS | JOHANNES | 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

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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> |
|---|---------------------------|



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 #: 200818

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 |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Marin County | TELEPHONE NUMBER (415) 444-7000 |
| STREET ADDRESS (including City, State and Zip Code) 3501 Civic Center Drive, San Rafael, CA 94903 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$20,712 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 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 | CONNOLLY | DAMON | Board of Directors |
| 2 | RICE | KATIE | Board of Directors |
| 3 | SEARS | KATHRIN | Board of Directors |
| 4 | RODONI | DENNIS | Board of Directors |
| 5 | ARNOLD | JUDY | 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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| <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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| 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 |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Mission Neighborhood Health Center | TELEPHONE NUMBER (415) 552-3870 |
| STREET ADDRESS (including City, State and Zip Code) 240 Shotwell Street - 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) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$10,000 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 7. COMMENTS |
|-------------|
| |

| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
| <input type="checkbox"/> | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM |
| <input checked="" type="checkbox"/> | A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors |
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9. AFFILIATES AND SUBCONTRACTORS

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

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|-------------------------|
| 1 | MARTINEZ | AMELIA | Other Principal Officer |
| 2 | FRANKLIN | RITA | Other Principal Officer |
| 3 | MOSER | CHARLES | Other Principal Officer |
| 4 | GARCIA | FRANCISCO | Other Principal Officer |
| 5 | Bach-y-Rita | GEORGE | Board of Directors |
| 6 | CONTRERAS | MARCIA | Board of Directors |
| 7 | MORA | SANDRA | Board of Directors |
| 8 | WOHLER | RICARDO | Board of Directors |
| 9 | DECKER | LUZ | Board of Directors |
| 10 | PONCE | MARYLOU | Board of Directors |
| 11 | MOLINERO | MARIA | 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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| <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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| 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

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Positive Resource Center - Emergency Financial Assista | 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) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$55,000 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 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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| <input type="checkbox"/> | THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS |

9. AFFILIATES AND SUBCONTRACTORS

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

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|-------------------------|
| 1 | Schneider | BRIAN | Other Principal Officer |
| 2 | ROGER | KENT | Other Principal Officer |
| 3 | MATHESON | BILL | Other Principal Officer |
| 4 | JUSTUS | SCOTT | Other Principal Officer |
| 5 | Browning | DOUG | Board of Directors |
| 6 | ISHIDA | RYO | Board of Directors |
| 7 | MCKEEL | RYAN | Board of Directors |
| 8 | MICHAELS | JACQUES | Board of Directors |
| 9 | POWELL | LAURA | Board of Directors |
| 10 | Schroeder | TIM | Board of Directors |
| 11 | Steinberg | MICHAEL | Board of Directors |
| 12 | Treaster | Merredith | 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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| FULL DEPARTMENT NAME | EMAIL |
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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Positive Resource Center | 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) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$1,360 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 7. COMMENTS |
|-------------|
| |

| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
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| 1 | SCHNEIDER | BRIAN | Other Principal Officer |
| 2 | ROGER | KENT | Other Principal Officer |
| 3 | MATHESON | BILL | Other Principal Officer |
| 4 | JUSTUS | SCOTT | Other Principal Officer |
| 5 | BROWNING | DOUG | Board of Directors |
| 6 | ISHIDA | RYO | Board of Directors |
| 7 | MCKEEL | RYAN | Board of Directors |
| 8 | MICHAELS | JACQUES | Board of Directors |
| 9 | POWELL | LAURA | Board of Directors |
| 10 | SCHROEDER | TIM | Board of Directors |
| 11 | STEINBERG | MICHAEL | Board of Directors |
| 12 | TREASTER | MERREDITH | Board of Directors |
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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 |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Project Open Hand - Grocery Bags | TELEPHONE NUMBER (415) 447-2300 |
| STREET ADDRESS (including City, State and Zip Code) 730 Polk 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) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$11,750 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 7. COMMENTS |
|-------------|
| |

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

9. AFFILIATES AND SUBCONTRACTORS

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

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|-------------------------|
| 1 | HENRY | MIKE | Other Principal Officer |
| 2 | YANKOUPE | RUTH | Other Principal Officer |
| 3 | KING | PATRICIA | Other Principal Officer |
| 4 | COLTON | JOHN | Other Principal Officer |
| 5 | CHANG | ANDREW | Board of Directors |
| 6 | CHANDRA | VISHWA | Board of Directors |
| 7 | KRISHNA | ANEESH | Board of Directors |
| 8 | MARING | PRESTON | Board of Directors |
| 9 | MCSWINE | GINNY | Board of Directors |
| 10 | wakankar | Aditya | Board of Directors |
| 11 | Petraglia | JENNIFER | Board of Directors |
| 12 | WILKINSON | ANDREA | Board of Directors |
| 13 | YORK | HELENE | Board of Directors |
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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

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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 #: 200818

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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| | |

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

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Project Open Hand/ Prepared Meals | TELEPHONE NUMBER (415) 447-2300 |
| STREET ADDRESS (including City, State and Zip Code) 730 Polk 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) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$41,250 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 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 | KING | PATRICIA | Other Principal Officer |
| 4 | COLTON | JOHN | Other Principal Officer |
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| 6 | CHANDRA | VISHWA | Board of Directors |
| 7 | KRISHNA | ANEESH | Board of Directors |
| 8 | MARING | PRESTON | Board of Directors |
| 9 | MCSWINE | GINNY | Board of Directors |
| 10 | wakankar | ADITYA | Board of Directors |
| 11 | Petraglia | JENNIFER | Board of Directors |
| 12 | WILKINSON | ANDREA | Board of Directors |
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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 #: 200818

Bid/RFP #:

Notification of Contract Approval

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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 |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR San Mateo County | TELEPHONE NUMBER (650) 363-4000 |
| STREET ADDRESS (including City, State and Zip Code) 225 -- 37th Ave., San Mateo, CA 94403 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$53,715 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 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 | PINE | DAVID | Board of Directors |
| 2 | GROOM | CAROLE | Board of Directors |
| 3 | HORSLEY | DON | Board of Directors |
| 4 | SLOCUM | WARREN | Board of Directors |
| 5 | CANEPA | DAVID | 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.

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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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| 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 |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR San Francisco AIDS Foundation | TELEPHONE NUMBER (415) 487-3000 |
| STREET ADDRESS (including City, State and Zip Code) 1035 Market Street, Suite 400, 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) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$845 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 7. COMMENTS |
|-------------|
| |

| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
| <input type="checkbox"/> | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM |
| <input checked="" type="checkbox"/> | A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors |
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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|-------------|-------------------------|
| 1 | MARQUIS | MATTHEW | Other Principal Officer |
| 2 | MAPPS | ROSCOE | Other Principal Officer |
| 3 | GARCIA | FERD | Other Principal Officer |
| 4 | BORKON | PETER | Board of Directors |
| 5 | BROOKE | KERI | Board of Directors |
| 6 | BROOKS | DOUGLAS | Board of Directors |
| 7 | COWEN | CHRISTOPHER | Board of Directors |
| 8 | DILLON | MIKE | Board of Directors |
| 9 | DUFF | FRANK | Board of Directors |
| 10 | EDWARDS | KENNETH | Board of Directors |
| 11 | LAZARRE | ZOE | Board of Directors |
| 12 | HODGES | PHILIP | Board of Directors |
| 13 | HUANG | STEVEN | Board of Directors |
| 14 | KINSLEY | MICHAEL | Board of Directors |
| 15 | LIVINGSTON | SEAN | Board of Directors |
| 16 | Nungaray | MANNY | Board of Directors |
| 17 | PINCOW | JAMES | Board of Directors |
| 18 | PIZZUTI | DANA | Board of Directors |
| 19 | VASTARDIS | WILLIAM | Board of Directors |

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 20 | WATSON | MAUREEN | Board of Directors |
| 21 | WONG | DORA | Board of Directors |
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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 |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Shanti Project | 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) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$3,000 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 7. COMMENTS |
|-------------|
| |

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

9. AFFILIATES AND SUBCONTRACTORS

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

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|-------------------------|
| 1 | KLEARMAN | MICKI | Other Principal Officer |
| 2 | FRANCONE | JERRY | Other Principal Officer |
| 3 | DAWES | WILLIAM | Other Principal Officer |
| 4 | ENNIS | JAMIE | Board of Directors |
| 5 | KIERNAN | SHEILA | Board of Directors |
| 6 | LAWLOR | CATHERINE | Board of Directors |
| 7 | MCCARTHY | COLLEEN | Board of Directors |
| 8 | SELL | JOHN | Board of Directors |
| 9 | SULLIVAN | ETHAN | Board of Directors |
| 10 | SUPANICH | CHIP | Board of Directors |
| 11 | WEINSTEIN | JOSH | Board of Directors |
| 12 | | | |
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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 #: 200818

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) |
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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 |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Shanti Project | 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) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$5,000 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 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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| 6 | LAWLOR | CATHERINE | Board of Directors |
| 7 | MCCARTHY | COLLEEN | Board of Directors |
| 8 | SELL | JOHN | Board of Directors |
| 9 | SULLIVAN | ETHAN | 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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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 |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR UCSF/ZSFG Department of Psychiatry / Division of Subst | TELEPHONE NUMBER (415) 476-7000 |
| STREET ADDRESS (including City, State and Zip Code) UCSF Dept of Psychiatry 401 Parnassus Ave SF CA 94143 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$27,077 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 7. COMMENTS |
|-------------|
| |

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

9. AFFILIATES AND SUBCONTRACTORS

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

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|-------------------------|
| 1 | Oberndorf | WILLIAM | Other Principal Officer |
| 2 | Hammarskjold | Philip | Other Principal Officer |
| 3 | ACH | ANDREW | Board of Directors |
| 4 | BALLARD | ANDREW | Board of Directors |
| 5 | BRIGER | PETER | Board of Directors |
| 6 | CARTER | TODD | Board of Directors |
| 7 | COHEN | FRED | Board of Directors |
| 8 | CHEN | CONNIE | Board of Directors |
| 9 | DONOHOE | ROBIN | Board of Directors |
| 10 | EMERY | DANA | Board of Directors |
| 11 | FISHER | WILLIAM | Board of Directors |
| 12 | GANDHI | SAMEER | Board of Directors |
| 13 | GROSSMAN | BRIAN | Board of Directors |
| 14 | HAO | KENNETH | Board of Directors |
| 15 | HARTZ | JULIA | Board of Directors |
| 16 | KAWAJA | CARL | Board of Directors |
| 17 | KIMBALL | RICHARD | Board of Directors |
| 18 | MARCUS | GEORGE | Board of Directors |
| 19 | MCKNIGHT | AMY | Board of Directors |

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 20 | MOMENT | JASON | Board of Directors |
| 21 | MORRIS | DIANE | Board of Directors |
| 22 | PRITZKER | LISA | Board of Directors |
| 23 | READ | STEVEN | Board of Directors |
| 24 | SCANGOS | GEORGE | Board of Directors |
| 25 | Soghikian | SHAHAN | Board of Directors |
| 26 | WEILL | JOAN | Board of Directors |
| 27 | WOEBER | ANDREW | 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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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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| AMENDMENT DESCRIPTION – Explain reason for amendment | |
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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 |
| Dean Goodwin | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR UCSF/Ward 86 | TELEPHONE NUMBER 415 476 5190 |
| STREET ADDRESS (including City, State and Zip Code) 550 16th Street, San Francisco, CA 94158 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$32,080 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 7. COMMENTS |
|-------------|
| |

| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
| <input type="checkbox"/> | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM |
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| 1 | Oberndorf | WILLIAM | Other Principal Officer |
| 2 | Hammarskjold | Philip | Other Principal Officer |
| 3 | ACH | ANDREW | Board of Directors |
| 4 | BALLARD | ANDREW | Board of Directors |
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| 8 | CHEN | CONNIE | Board of Directors |
| 9 | DONOHUE | ROBIN | Board of Directors |
| 10 | EMERY | DANA | Board of Directors |
| 11 | FISHER | WILLIAM | Board of Directors |
| 12 | GANDHI | SAMEER | Board of Directors |
| 13 | GROSSMAN | BRIAN | Board of Directors |
| 14 | HAO | KENNETH | Board of Directors |
| 15 | HARTZ | JULIA | Board of Directors |
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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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 |
| DEAN GOODWIN | 415-505-4558 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | dean.goodwin@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Westside community services | TELEPHONE NUMBER (415) 431-9000 |
| STREET ADDRESS (including City, State and Zip Code) 1153 Oak Street, 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) 200818 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$1,694 | | |
| NATURE OF THE CONTRACT (Please describe) one-time funding to help with COVID-19 Expenses | | |

| 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 | Ducreay | Marcellus | Board of Directors |
| 2 | ROWE | DONNA | Board of Directors |
| 3 | NASH | CAROLYN | Board of Directors |
| 4 | Patin | Rachele | Board of Directors |
| 5 | CHURCHWELL | CAESAR | Board of Directors |
| 6 | SMITH | EBONY | Board of Directors |
| 7 | JONES | MARY ANN | 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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| # | 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> |
|---|---------------------------|