

File No. 130675

Committee Item No. 13

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee

Date: 07/24/2013

Board of Supervisors Meeting

Date: _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
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Completed by: Victor Young Date July 19, 2013

Completed by: Victor Young Date _____

1 [Accept and Expend Grant - California Tuberculosis Controller Association Project - \$161,499]

2
3 **Resolution authorizing the Department of Public Health to accept and expend a grant in**
4 **the amount of \$161,499 from the California Department of Public Health, Tuberculosis**
5 **Control Branch, to participate in a program entitled California Tuberculosis Controller**
6 **Association Project for the period of July 1, 2013, through June 30, 2014, and waiving**
7 **indirect costs.**

8
9 WHEREAS, The California Department of Public Health, Tuberculosis Control Branch
10 has agreed to fund Department of Public Health (DPH) in the amount of \$161,499 for the
11 period of July 1, 2013, through June 30, 2014; and

12 WHEREAS, As a condition of receiving the grant funds, the California Department of
13 Public Health, Tuberculosis Control Branch requires the City to enter into an agreement
14 (Agreement), a copy of which is on file with the Clerk of the Board of Supervisors in File
15 No. 130675; which is hereby declared to be a part of this Resolution as if set forth fully herein;
16 and

17 WHEREAS, The purpose of this project is to contract with the San Francisco Public
18 Health Foundation to serve as the fiscal agent for the California Tuberculosis Controllers
19 Association; and

20 WHEREAS, DPH will subcontract with San Francisco Public Health Foundation in the
21 total amount of \$155,550; for the period of July 1, 2013, through June 30, 2014; and

22 WHEREAS, An Annual Salary Ordinance amendment is not required as the grant
23 partially reimburses DPH for one existing position, one Management Assistant (Job Class No.
24 1842) at .05 FTE for the period of July 1, 2013, through June 30, 2014; and

1 WHEREAS, California Tuberculosis Controller Association Project grant does not
2 contain indirect costs because California Department of Public Health, Tuberculosis Control
3 Branch prohibits including indirect costs in the budget; and

4 WHEREAS, The grant terms prohibit including indirect costs in the grant budget; now,
5 therefore, be it

6 RESOLVED, That DPH is hereby authorized to accept and expend a grant in the
7 amount of \$161,499 from California Department of Public Health, Tuberculosis Control
8 Branch; and, be it

9 FURTHER RESOLVED, That DPH is hereby authorized to enter into a subcontract
10 agreement in the amount of \$155,550 with San Francisco Public Health Foundation for
11 services under the grant entitled California Tuberculosis Controller Association Project; for the
12 period of July 1, 2013 through, June 30, 2014; and, be it

13 FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of
14 indirect costs in the grant budget; and, be it

15 FURTHER RESOLVED, That DPH is hereby authorized to accept and expend the
16 grant funds pursuant to San Francisco Administrative Code section 10.170-1; and, be it

17 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
18 agreement on behalf of the City.

1 RECOMMENDED:

2 

3 _____
4 Barbara A. Garcia, MPA
5 Director of Health

APPROVED:



Office of the Mayor



Office of the Controller

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Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Barbara A. Garcia, MPA
Director of Health

DATE: April 29, 2013

SUBJECT: Grant Accept and Expend

GRANT TITLE: California Tuberculosis Controller Association Project-
\$161,499

Attached please find the original and 4 copies of each of the following:

- Proposed grant resolution, original signed by Department
 - Grant information form, including disability checklist -
 - Budget and Budget Justification
 - Grant application
-
- Agreement / Award Letter
 - Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Grants Administration for
Community Programs, 1380 Howard St.

Certified copy required Yes

No

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **California Tuberculosis Controller Association (CTCA) Project**
2. Department: **Public Health, Population Health and Prevention, TB Control Section**
3. Contact Person: **Jennifer Grinsdale (Program Manager)** Telephone: **415.206.6101**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$ \$ 161,499**

6a. Matching Funds Required: **No**

b. Source(s) of matching funds (if applicable): **N/A**

7a. Grant Source Agency: **California Department of Public Health, Tuberculosis Control Branch**

b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary: **The purpose of this grant is to contract with the San Francisco Public Health Foundation to serve as the fiscal agent for the California Tuberculosis Controllers Association. A local health jurisdiction must be the grantee for CDPH to use a third party contractor for this activity.**

~~9. Grant Project Schedule, as allowed in approval documents, or as proposed:~~

Start-Date: **July 1, 2013**

End-Date: **June 30, 2014**

DPH is seeking accept and expend approval for the above start/end dates, however the granting agency will provide an opportunity to renew the grant on an annual basis and we expect this to be an ongoing grant (as state funding allows). Funds will be included in future program budgets.

10a. Amount budgeted for contractual services: **\$155,550**

~~b. Will contractual services be put out to bid? **No, contract will be sole source as the fiscal agent has already been selected and approved by CTCA and the California Dept. of Public Health, TB Control Branch (granting agency).**~~

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **Unknown**

d. Is this likely to be a one-time or ongoing request for contracting out? **Ongoing**

11a. Does the budget include indirect costs?

Yes

No

b1. If yes, how much? **N/A**

b2. How was the amount calculated? **N/A**

c1. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs?

26.21% of salaries (\$4,119 x 0.2661) = \$1,096

12. Any other significant grant requirements or comments:

The San Francisco Public Health Foundation was selected by CTCA after careful consideration of a field of fiscal agents, including the American Lung Association of California, the University of California San Francisco Department of Medicine, the Sequoia Foundation, the Public Health Institute, and the Public Health Foundation Enterprise.

GRANT CODE (Please include Grant Code and Detail in FAMIS): HCDC22

****Disability Access Checklist** (Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input checked="" type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Jason Hashimoto

(Name)

Director, EEO, and Cultural Competency Programs

(Title)

Date Reviewed: 4/29/13


(Signature Required)

Department Head or Designee Approval of Grant Information Form:


Barbara A. Garcia, MPA

(Name)

Director of Health

(Title)

Date Reviewed: 4/29/13


(Signature Required)

California Tuberculosis Controller Association

(CTCA Project)

Project Budget

and

San Francisco Public Health Foundation

Memorandum of Understanding

Funding Cycle:

July 1, 2013 – June 30, 2014

Submitted By:

San Francisco Department of Public Health

Tuberculosis Control Section

Personnel (Salary and Fringe)	\$5,949
0.05 FTE Class 1842 Management Assistant (Step 5) Eileen Marshall holds this position and will manage the CTCA fiscal agent contract by coordinating contract set-up, renewal, and modifications with SFDPH and the San Francisco Public Health Foundation.	\$4,119
Fringe Benefits Citywide union negotiations determine the fringe benefits for different classifications. Therefore, the actual percentage varies, but averages to approximately 42% of salary.	\$1,830
Contractual	\$155,550
San Francisco Public Health Foundation (SFPHF) Contract <i>See Sample MOU below.</i>	
Personnel Judith Thigpen currently holds the position of CTCA Executive Administrator. She provides support to the Executive Committee as it develops the workplan for each fiscal year, setting objectives and establishing priorities of the organization for the year. The Executive Administration then provides support to the priority of efforts, subcontracting when necessary, to ensure established objectives are met. Salary and Wages = \$83,558 (annual) Fringe Benefits = \$19,218 (@23% of salary and wages)	\$102,776
Contract Services Includes professional surge capacity for website upgrades, guideline formatting, and conference production assistance.	\$18,669
Office Expenses Includes business insurance (if needed), teleconference contract, online survey and web meeting instruments and subscriptions, and other communication and telecommunication needs.	\$5,700
Staff Travel Hotel, per diem, conference registration fees, and transportation costs related to CTCA or professional development opportunities for the Executive Administrator.	\$5,850
Volunteer Travel Hotel, per diem, conference registration fees, and transportation costs related to CTCA or professional development opportunities for Executive Committee members.	\$7,000

SFPHF Administrative Cost (10% of total contract amount)	\$15,555
Total Budget	\$161,499

Attachments:

- 1.) Memorandum of Understand between the San Francisco Public Health Foundation and CTCA
- 2.) Notification of Fiscal agent vote to Dr. Jennifer Flood



RON CHAPMAN, MD, MPH
Director

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

April 9, 2013

Tomás Aragón, M.D., DrPH
Health Officer
San Francisco Department of Public Health
101 Grove Street, Room 308
San Francisco, CA 94110

Dear Dr. Aragón:

LETTER OF AWARD – CTCA, TBCB34CTCA, \$161,499
FUNDING PERIOD – July 1, 2013 through June 30, 2014

This letter is confirmation of local assistance funding to support tuberculosis (TB) prevention and control activities.

AWARD

These funds are being awarded with the understanding that your program staff will work with the California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) staff in carrying out your CDPH-funded TB control program efforts. This award is contingent on the enactment of the State budget and is valid and enforceable only if the Budget Act of 2013 for FY 2013-2014 makes sufficient funds available.

MANAGING YOUR AWARD

Reimbursement of expenditures is contingent upon compliance with the requirements and procedures governing local assistance awards described in the Standards and Procedures Manual (SPM) located at <http://www.cdph.ca.gov/programs/tb/Documents/TBCB-SPM-Manual.pdf>.

The only exception to the SPM requirements for this award is that invoices may be submitted monthly rather than quarterly.

Tomás Aragón, M.D., DrPH
Page 2
April 9, 2013

ACCEPTANCE OF YOUR AWARD

In order to acknowledge your acceptance of this award and the conditions attached to it, please return an original copy of the "Acceptance of Award" (attached) with an authorized signature to:

California Department of Public Health
Tuberculosis Control Branch
850 Marina Bay Parkway, Building P, 2nd Floor
Richmond, CA 94804-6403
Attention: Mr. David Beers – Acceptance of Award

Invoices for FY 2013-2014 will not be processed until:

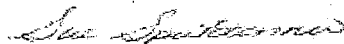
- A final MOU for contractual services has been submitted to the CDPH TBCB and,
- The CDPH TBCB has received a signed "Acceptance of Award"

INVOICING FOR ADMINISTRATIVE COSTS

This award includes a subcontractor administrative cost rate of 10% (\$15,555) on the total contract amount. **When invoicing, please place administrative costs in the "Other" line item.**

Should you have any questions about this award, please contact Mr. David Beers, fiscal analyst at (510) 620-3012 or david.beers@cdph.ca.gov.

Sincerely,



Sue Spieldenner, RN, MPH, Chief
Resources Planning and Management Section
Tuberculosis Control Branch
Division of Communicable Disease Control
Center for Infectious Diseases
California Department of Public Health

Enclosures: Approved Budget
Award Acceptance

APPROVED BUDGET

Tuberculosis Control Section
 San Francisco Department of Public Health
 101 Grove Street, Room 308
 San Francisco, CA 94110

State Funds: July 1, 2013 – June 30, 2014

Personnel (Salary and Fringe)	\$5,949
0.05 FTE Class 1842 Management Assistant (Step 5)	\$4,119
Eileen Marshall holds this position and will manage the CTCA fiscal agent contract by coordinating contact set-up, renewal, and modifications with SFDPH and the San Francisco Public Health Foundation.	
Fringe Benefits	\$1,830
Citywide union negotiations determine the fringe benefits for different classifications. Therefore, the actual percentage varies, but averages to approximately 42% of salary.	
Contractual	\$155,550
San Francisco Public Health Foundation (SFPHF) Contract	
<i>See Sample MOU below.</i>	
Personnel	\$102,776
Judith Thigpen currently holds the position of CTCA Executive Administrator. She provides support to the Executive Committee as it develops the workplan for each fiscal year, setting objectives and establishing priorities of the organization for the year. The Executive Administration then provides support to the priority of efforts, subcontracting when necessary, to ensure established objectives are met.	
Salary and Wages = \$83,558 (annual)	
Fringe Benefits = \$19,218 (@23% of salary and wages)	
Contract Services	\$18,669
Includes profession a surge capacity for website upgrades, guideline formatting, and conference production assistance.	
Office Expenses	\$5,700
Includes business insurance (if needed), teleconference contract, online survey and web meeting instruments and subscriptions, and other communication and telecommunication needs.	

Staff Travel Hotel, per diem, conference registration fees, and transportation costs related to CTCA or professional development opportunities for the Executive Administrator.	\$5,850
Volunteer Travel Hotel, per diem, conference registration fees, and transportation costs related to CTCA or professional development opportunities for Executive Committee members.	\$7,000
SFPHF Administrative Cost (10% of total contract amount)	\$15,555
Total Budget	\$161,499

ACCEPTANCE OF AWARD

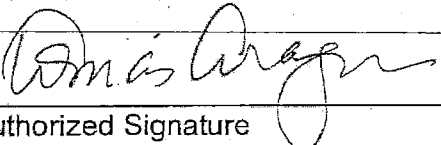
San Francisco Department of Public Health

FUNDING PERIOD – July 1, 2013 through June 30, 2014

Award Number: TBCB34CTCA

Amount: \$161,499

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Standards and Procedures Manual for FY 2013-2014, and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.


Authorized Signature

4/9/13
Date

Tomás Aragón
Print Name

M.D., DrPH Health Officer
Title



"TBCB Awards (CDPH-TCB)"
<TBCB.Awards@cdph.ca.gov>
>

02/19/2013 09:08 AM

To Aragón, Tomás (San Francisco) <tomas.aragon@sfdph.org>, <jennifer.grinsdale@sfdph.org>, <Julie.Higashi@sfdph.org>, <Tristan.Levardo@sfdph.org>, <eileen.marshall@sfdph.org>
cc "True, Lisa (CDPH-CID-DCDC-TCB)" <Lisa.TRUE@cdph.ca.gov>

bcc

Subject Tuberculosis Funding - CTCA Project FY 2013-2014 - Request for Application (San Francisco)

For Follow Up: Normal Priority

History: This message has been forwarded.

Dear Dr. Aragón:

California Tuberculosis Controller Association (CTCA) Project - Fiscal Year 2013-2014

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) anticipates having \$161,499 available to support the San Francisco Department of Public Health CTCA Project in fiscal year 2013-2014. Funding is subject to the availability of State funds, a signed State budget, and is dependent on program priorities.

Award Application

This year's application process requires the following documents

- A budget with personnel and operating costs
- If subcontracting, a copy of the subcontract agreement. A final draft is acceptable for inclusion with your application; however, a copy of the approved, signed contract must be submitted to the CDPH TBCB as soon it is available.

Please submit these documents by Friday, March 29, 2013.

The CDPH TBCB staff will review your submitted documents. You will be notified of any problems with your submission and the TBCB staff will work with your jurisdiction to resolve these matters. The CDPH TBCB will issue a Letter of Award to your jurisdiction no later than Friday, June 28, 2013. The CTCA Project summary budget for fiscal year 2011-2012 is attached for your reference.

Questions about completing the application should be addressed to Mr. David Beers, Fiscal Analyst, (510) 620-3012 or david.beers@cdph.ca.gov.

We look forward to continued collaboration with your jurisdiction on efforts to prevent and control TB in California

Sincerely,

Sue Spieldenner, RN, MPH
Chief, Resources Planning & Management Section

Tuberculosis Control Branch
Division of Communicable Disease Control
Center for Infectious Diseases
California Department of Public Health

Tel: 510-620-3037
Fax: 510-620-3034



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OFFICE OF THE MAYOR
SAN FRANCISCO



EDWIN M. LEE
MAYOR

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: *EM* Mayor Edwin M. Lee *EL*
RE: Accept and Expend Grant – California Tuberculosis Controller Association
Project - \$161,499
DATE: June 25, 2013

Attached for introduction to the Board of Supervisors is the resolution authorizing the San Francisco Department of Public Health to accept and expend a grant in the amount of \$161,499 from the California Department of Public Health, Tuberculosis Control Branch to participate in a program entitled California Tuberculosis Controller Association Project for the period of July 1, 2013, through June 30, 2014, waiving indirect costs.

I request that this item be calendared in Budget and Finance Committee.

Should you have any questions, please contact Jason Elliott (415) 554-5105.

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2013 JUN 25 PM 2:54
EM

Young, Victor

From: Richelle-Lynn Mojica [Richelle-Lynn.Mojica@sfdph.org]
Sent: Wednesday, July 10, 2013 8:04 AM
To: Young, Victor
Subject: Re: Request for Documents BOS File No. 130675 Grant - California Tuberculosis Controller
Attachments: 0795 Form 126 Mayor.doc; 0795 Form 126 BOS.doc

Follow Up Flag: Follow up
Flag Status: Completed

Good Morning Victor,

My apologies for the delay in returning your email. I have been on vacation and I am back today.

- 1) Yes the award letter is the agreement I am referring to in the resolution.
- 2) Please see attached Ethics Forms.

(See attached file: 0795 Form 126 Mayor.doc)(See attached file: 0795 Form 126 BOS.doc)

Should you have any further questions or concerns, please contact me at my information below.

Thank you.

Richelle-Lynn Mojica
Grants Manager, Grants Administration
San Francisco Department of Health
1380 Howard Street, 4th floor
San Francisco, CA 94103
(415) 255-3555

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"Young, Victor"
<victor.young@sfg
ov.org>

07/08/2013 04:06
PM

"Mojica, Richelle-Lynn"
<richelle-lynn.mojica@sfdph.org>

To

cc

Subject
Request for Documents BOS File No.
130675 Grant - California
Tuberculosis Controller

Richelle:

Please provide the following documents:

1. Agreement (Page 1, Line 15). I have the award letter and was not sure if this is the reference document.
2. Ethics Form 126 for San Francisco Public Health Foundation (forms attached).

Thanks

Victor Young
Committee Clerk
Board of Supervisors
1 Dr. Carlton B. Goodlett Pl., Room 244
San Francisco CA 94102
phone 415-554-7723
fax 415-554-7714

Complete a Board of Supervisors Customer Satisfaction form by clicking the link below.
<http://www.sfbos.org/index.aspx?page=104>

~~[attachment "Ethics Form Form SFEC-126_Board of Supervisors.dotx" deleted by Richelle-Lynn Mojica/DPH/SFGOV] [attachment "Ethics Form Instructions.doc" deleted by Richelle-Lynn Mojica/DPH/SFGOV]~~

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

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, SF Board of Supervisors	City elective office(s) held: Members, SF Board of Supervisors
Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: San Francisco Public Health Foundation	
<i>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.</i>	
SFPHF Leadership: Randy Wittorp, President, Arthur Weiss, Vice President, Martin Engel, Treasurer, Colleen Chawla, Secretary, Penny Eardley, Executive Director Members: Rachel Golick, Dr. Cynthia Gomez, Josh Greenblatt, Sonia Melara, Danielle Nolan, Amanda Schmutzler, Gayle Uchida	
Contractor address: 1450 Sutter St. #101 San Francisco, CA 94109	
Date that contract was approved:	Amount of contract: \$155,550
Describe the nature of the contract that was approved: The purpose of this contract of for the San Francisco Public Health Foundation to serve as the fiscal agent for the California Tuberculosis Controllers Association.	
Comments: The San Francisco Public Health Foundation was selected by CTCA after careful consideration of a field of fiscal agents, including the American Lung Association of California, the University of California San Francisco Department of Medicine, the Sequoia Foundation, the Public Health Institute, and the Public Health Foundation Enterprise.	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)

a board on which the City elective officer(s) serves San Francisco Board of Supervisors

Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Clerk of the SF Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Place	E-mail: Bos.Legislation@sfgov.org

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

