

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: 11-21-2019 | 21:12:02 PST

File #: 191049 Bid/RFP #: 816

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

E OF ORIGINAL FILING (for amendment only)				
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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
David Ka	shani	415-355-3607
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
045	Human Service Agency	David.Kashani@sfgov.org

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Institute on Aging	(415) 750-4111	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
3575 Geary Blvd, San Francisco, CA 94118	mmouille@ioaging.org	

CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
12/2019	816	191049
RIPTION OF AMOUNT OF CONTRACT		
to exceed \$10,564,736		
RE OF THE CONTRACT (Please describe)		
ervices for older adults and adults with disc ssing facility and are ready to live in the stitutionalized. The CLF program additionall ssing Fund which allows for client placement oportive housing, or other similar types of et the criteria of the Community Living Fund	abilities who are cur community, or those a y will administer the into Assisted Living housing for Public Gul. This is an amendme	rently in a skilled t risk of being Public Guardian (PG) Facilities (ALF), ardian conservatees who nt to the grant
MMENTS		
ALTO A CT. A DOD COVAL		
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
Board of Supervisors		
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) I	DENTIFIED ON THIS FORM SITS
	RIPTION OF AMOUNT OF CONTRACT to exceed \$10,564,736 RE OF THE CONTRACT (Please describe) e purpose of the Community Living Fund (CLF) ervices for older adults and adults with dis- ssing facility and are ready to live in the tritutionalized. The CLF program additionall ssing Fund which allows for client placement portive housing, or other similar types of et the criteria of the Community Living Fund reement, increasing the amount of the grant 10,564,736. MIMENTS MIMENTS NTRACT APPROVAL Ontract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) (12/2019 RIPTION OF AMOUNT OF CONTRACT (12 to exceed \$10,564,736 RE OF THE CONTRACT (Please describe) (13 purpose of the Community Living Fund (CLF) is to provide case mervices for older adults and adults with disabilities who are cursing facility and are ready to live in the community, or those a stitutionalized. The CLF program additionally will administer the Ising Fund which allows for client placement into Assisted Living propritive housing, or other similar types of housing for Public Guet the criteria of the Community Living Fund. This is an amendme rement, increasing the amount of the grant by \$770,000 for a tot 0,564,736. MMMENTS MITRACT APPROVAL ONTRACT APPROVAL ONTRAC

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	ТҮРЕ
1	Fisher	H. Andrew	Board of Directors
2	Lowenkopf	David	Board of Directors
3	Litvak	Marlene	Board of Directors
4	Briody	J. Thomas	CEO
5	Browner	Warren	Board of Directors
6	Cooperband	Aaron	Board of Directors
7	Davis	James	Board of Directors
8	Hinton	E. Anne	Board of Directors
9	Martin	Jeannee	Board of Directors
10	Matacia	Theresa	Board of Directors
11	Walter	Louise	Board of Directors
12	Whitehead	Cynthia	Board of Directors
13	Zellerbach	Amy	Board of Directors
14	Corvin	Adele	Other Principal Officer
15	Rosenberg	Ruth	Other Principal Officer
16	Sockolov	Robert	Other Principal Officer
17	Sockolov	Audrey	Other Principal Officer
18	Blades	Roxana	CF0
19			

9. AFFILIATES AND SUBCONTRACTORS

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

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERKDocuSigned by:		
DocuSigned by: 988C8F42C3084B5 Angela Calvillo	11-21-2019 21:12:02 PST	
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