

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 #:

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: <u>https://sfethics.org/compliance/city-officers/contract-approval-city-officers</u>

1. FILING INFORMATION	2
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	NO.
	°Q x
	Sec. 1

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
Alek Hartwick		(628) 652-2341
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
ADP	Adult Probation	alek.hartwick@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
The Regents of the University of California, San Franc	415-290-4629
STREET ADDRESS (including City, State and Zip Code)	EMAIL
490 Illinois St., 4th Floor San Francisco, CA 94143	catherine.lagarde@ucsf.edu

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250451
200		
DESCRIPTION OF AMOUNT OF CONTRACT		
Not to exceed \$17,872,321		
NATURE OF THE CONTRACT (Please describe)		
Through this grant agreement UCSF provides clir psycho-educational outpatient treatment service Center (CASC). The CASC is a multi-service, or improving behavioral health outcomes. For 24 y SFAPD probation supervision services with compr other justice involved San Francisco residents	es at SFAPD's Communit ne-stop clinical reent rears, the CASC has ef rehensive support to h	y Assessment and Services ry center that focuses on fectively integrated elp SFAPD clients and
7. COMMENTS		

8. CC	ONTRACT APPROVAL
This	contract 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
	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	ТҮРЕ
1	Reilley/Chair	Janet	Other Principal Officer
2	Anguiano/Vice Chair	Maria	Other Principal Officer
3	Batchlor	Elaine	Board of Directors
4	Beharry	Josiah	Board of Directors
5	Chu	Carmen	Board of Directors
6	Cohen	Michael	Board of Directors
7	Elliott	Gareth	Board of Directors
8	Guber	Howard	Board of Directors
9	Hernandez	Jose	Board of Directors
10	Lee	Nancy	Board of Directors
11	Leib	Leib	Board of Directors
12	Makarechian	Hadi	Board of Directors
13	Matosantos	Ana	Board of Directors
14	Myers	Robert	Board of Directors
15	Park	Lark	Board of Directors
16	Robinson	Mark	Board of Directors
17	Sarris	Gregory	Board of Directors
18	Sures	Jonathan	Board of Directors
19			

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include add Select "Supplemental" for filing type.	ditional names. Please submit a separate	form with complete information.

10. VERIFICATION

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

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

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