

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: 10-03-2023 | 10:42:05 PDT

File #: 230926

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

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
Bryn Miller		415 279 0662
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Asian Women's Shelter		415-751-0880	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3543 18th Street, #19 San Francisco, CA. 94110)		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 230926
09/26/2023			230920
DESCRIPTION OF AMOUNT OF CONTRACT	•		
\$1,342,758.00			
NATURE OF THE CONTRACT (Please describe)			
2023 Continuum of Care award: Rapid rehousing year. 7. COMMENTS	and support	services 1	for 25 households per
<u> </u>			
8. CONTRACT 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

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Pusey	Orchard	CEO
2	Su	Jung	CF0
3	Le	Huong	C00
4	Wang	Christine	Board of Directors
5	Nozawa	Annie	Board of Directors
6	Chang	Joan	Board of Directors
7	Tapken	Jennifer	Board of Directors
8	Li	Jessica	Board of Directors
9	Kaira	Simran	Board of Directors
10	Tse	Monica	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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	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.		

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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.				
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD S	ECRETARY OR	DATE SIGNED	
CLE	DocuSigned by:		10-03-2023 1	0:42:05 PDT



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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			
NAME OF DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Bryn Mil	ler	415 279 0662	
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL	
НОМ	Homelessness and Supportive Housing	bryn.miller@sfgov.org	

5. CONTRACTOR				
NAME OF CONTRACTOR			TELEPHONE NUMBER	
Bernal Heights Neighborhood Corporation	rnal Heights Neighborhood Corporation		415-206-2140	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
515 Cortland Ave San Francisco CA 94110				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230926	
09/26/2023			230920	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$256,091.00				
NATURE OF THE CONTRACT (Please describe)				
2023 Continuum of Care award: Hazel Betsey Per 12 units per year.	manent Suppo	ortive Hou	sing-Rental assistance.	
7. COMMENTS				
8. CONTRACT 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 ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS	

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Dacus	Gina	CEO		
2	Siew	Adeline	CF0		
3	Aleman	XioMara	C00		
4	Andrews	Nancy	Board of Directors		
5	Muniz	Laurel	Board of Directors		
6	Bagot	Buck	Board of Directors		
7	Cevallos	Cynthia	Board of Directors		
8	Arab	Esperanza	Board of Directors		
9	Shagley	Carren	Board of Directors		
10	Bagot	Barbara	Board of Directors		
11	Kali	Lianna	Board of Directors		
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#	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.				
	VERIFICATION ve used all reasonable diligence in preparing th	his statement. I have reviewed this s	tatement and to the best of my		
	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.					
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SEC	RETARY OR DATE SIGNED			
CLERK DocuSigned by: 10-03-2023 10:41:20 PDT 10-03-2023 10:41:20 PDT					
		·			



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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			
NAME OF DE	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Bryn Miller		415 279 0662	
FULL DEPART	TMENT NAME	DEPARTMENT CONTACT EMAIL	
НОМ	Homelessness and Supportive Housing	bryn.miller@sfgov.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Catholic Charities San Francisco		415-972-1200	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1555 39th Avenue, San Francisco, 94122			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
09/26/2023			230926
DESCRIPTION OF AMOUNT OF CONTRACT			
\$5,594,636.00			
NATURE OF THE CONTRACT (Please describe)			
2023 Continuum of Care award: Rita da Cascia-P Scattered Sites; CCYO Housing Plus; Starview T	ositive MATO reasure Isla	CH; CCYO Ti and Expans	reasure Island; CCCYO ion.
7. COMMENTS			
8. CONTRACT 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 ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Hammerle PHD	Ellen	CEO
2	Ewers	Cheryl	CF0
3	Brown	Erik	C00
4	Coridleone	Salvatore	Board of Directors
5	Boerio	Joe	Board of Directors
6	Grogan	Kathleen A.	Board of Directors
7	Borromeo	Ted	Board of Directors
8	Clark	Philip	Board of Directors
9	Bojorquez	Diana I.	Board of Directors
10	Brigham	Martha	Board of Directors
11	O'Brien	Susie	Board of Directors
12	Ghilotti	Michael	Board of Directors
13	Gonzalez	Elenor	Board of Directors
14	Kearney	Phillip	Board of Directors
15	Grogan	Kathleen A.	Board of Directors
16	Hultman	David R.	Board of Directors
17	Ikeda	Lisa	Board of Directors
18	Gelt	Jerilyn	Board of Directors
19	Kane	Steven	Board of Directors

con	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Keith	Elizabeth Ida	Board of Directors
21	McInerney	Sister Maureen	Board of Directors
22	Leupp	Jay Paul	Board of Directors
23	Mirek	Lori P.	Board of Directors
24	Manning	Simon S.	Board of Directors
25	Nasciamento	Daniel	Board of Directors
26	Pautler	Michael	Board of Directors
27	Reynaud	Louis	Board of Directors
28	Pohlman	Jack	Board of Directors
29	Reyes	Reverend Raymund	Board of Directors
30	Sangiacomo	Jim	Board of Directors
31	Woody	Patrick	Board of Directors
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#	LAST NAME /ENTITY/SURCONTRACTOR	EIDST NAME	TVDE		
cont	contract.				
who	has an ownership interest of 10 percent of	r more in the contractor; and (D) any su	bcontractor listed in the bid or		
exec	utive officer, chief financial officer, chief of	perating officer, or other persons with s	imilar titles; (C) any individual or entity		
List	the names of (A) members of the contractor	or's board of directors; (B) the contracto	r's principal officers, including chief		
9. A	FFILIATES AND SUBCONTRACTORS				

#	tract. 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.	itional 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 con	nplete.
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
DocuSigned by:	10-03-2023 10:40:10 PDT



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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. CONTRAC	TING DEPARTMENT CONTACT	
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Mil	ler	415 279 0662
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CON	NTRACTOR			
NAME	OF CONTRACTOR		TELEPHONE N	IUMBER
Chir	natown Community Development Corporation		415-929-	5258
STREET	F ADDRESS (including City, State and Zip Code)		EMAIL	
663	Clay Street San Francisco CA 94111			
	NTRACT			
DATE C	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 230926
09/2	26/2023			250920
DESCRI	IPTION OF AMOUNT OF CONTRACT			
\$746	6,681.00			
NATUR	RE OF THE CONTRACT (Please describe)			
2023	3 Continuum of Care award: Mary Helen Roger	s Senior Ce	nter and 1	296 Shotwell.
7. CON	MMENTS			
8 CO1	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			
т	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/F OFFICER(S) II	DENTIFIED ON THIS FORM SITS
$ \Box $	25, and 61 A STATE AGENCT ON WHICH AN AFFORM LE OF	Citt LLLCIIV	O. 1 ICEN(3) II	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Yeung	Malcom	CEO
2	Louie	Cindy	CF0
3	Hung	Татту	C00
4	Lin	Barbara	Board of Directors
5	Chin	Jane	Board of Directors
6	Cordero	Terence	Board of Directors
7	Chan	Тотту	Board of Directors
8	Cheng	Claudine	Board of Directors
9	Fagler	Jim	Board of Directors
10	Hollins	Guy	Board of Directors
11	Lee	Olson	Board of Directors
12	Lin	wendell	Board of Directors
13	Ortiz	Kevin	Board of Directors
14	Rosenquest	Nils	Board of Directors
15	Wong-Chie	Rosa	Board of Directors
16	Quock	Lindsey	Board of Directors
17	Zoubi	Fady	Board of Directors
18	Brookter	Dion-Jay	Board of Directors
19	Chang	Eric	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Chin	Gregory	Board of Directors
21	Hilton	Dr. Irene	Board of Directors
22	Huie	Jeanette	Board of Directors
23	Lim	Aaron	Board of Directors
24	Louie	Michael	Board of Directors
25	Poe	Irma	Board of Directors
26	Saini	Ramneek	Board of Directors
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	Check this box if you need to include additional names. Ple Select "Supplemental" for filing type.	ease submit a separate	form with complete information.
10.	VERIFICATION		
	we used all reasonable diligence in preparing this statement		tatement and to the best of my
Knc	wledge the information I have provided here is true and co	mpiete.	
I ce	rtify under penalty of perjury under the laws of the State o	of California that the fo	regoing is true and correct.
	rtify under penalty of perjury under the laws of the State on NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	of California that the fo	regoing is true and correct.
	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	regoing is true and correct. 0:39:05 PDT



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Bid/RFP #:

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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		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Miller		415 279 0662
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Community Housing Partnership (HomeRise)		415-852-	5300
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
20 Jones Street, Suite 200 San Francisco, CA 9	4102		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
09/26/2023			230926
DESCRIPTION OF AMOUNT OF CONTRACT	<u> </u>		
\$1,138,106.00			
NATURE OF THE CONTRACT (Please describe)			
2023 Continuum of Care award: Iroquois Residen	ce and CHP	Scattered o	Sites.
			 -
7. COMMENTS			
8. CONTRACT APPROVAL This contract was approved by:			
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
THE CITY ELECTIVE STRICEN(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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Jackson	Jamea	CEO		
2	Perez	Sergio	CF0		
3	Penton	Renee	C00		
4	Miller	Gregg	Board of Directors		
5	Wylder	Jonathan	Board of Directors		
6	Fisher	JOhn	Board of Directors		
7	Chaloeichee	Juthaporn	Board of Directors		
8	Chavez	Malea	Board of Directors		
9	Edelman	Devra	Board of Directors		
10	Lewis	David Elliot	Board of Directors		
11	Maddock	Lauren	Board of Directors		
12	Reed	Julia	Board of Directors		
13	Valentino	Patrick	Board of Directors		
14	Sims	Neil	Board of Directors		
15	Aharoni	Sheila	Board of Directors		
16	Barnes	Derek	Board of Directors		
17	Groshelle	Heidi	Board of Directors		
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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS
List the amount of (A) we small and of the amount of

COIII	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
Docusigned by: 988C8F42C3084B5 Angela Calvillo	10-03-2023 10:38:24 PDT	



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Board of Supervisors	Members

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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			
NAME OF DE	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Bryn Miller		415 279 0662	
FULL DEPART	TMENT NAME	DEPARTMENT CONTACT EMAIL	
Hom	Homelessness and Supportive Housing	bryn.miller@sfgov.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Compass Family Services		415-644-0504	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
37 Grove Street San Francisco CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230926
09/26/2023			250520
DESCRIPTION OF AMOUNT OF CONTRACT			
\$932,302.00			
NATURE OF THE CONTRACT (Please describe)			
2023 Continuum of Care award: Compass RRH (Con	solidated).		
7 CONAMENTS			
7. COMMENTS			
8. CONTRACT APPROVAL This contract was approved by:			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

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	Kisch	Erica	CEO
2	Martinez	Rosa	CF0
3	Chacon	Cecilia	C00
4	Tait	Adam	Board of Directors
5	Koski	Debbie	Board of Directors
6	Kowal	Lauren	Board of Directors
7	Thornton	Linsey	Board of Directors
8	Goelz	Doug	Board of Directors
9	Corvin	Dana	Board of Directors
10	Daoro	Robbie	Board of Directors
11	Dinkenspiel	Steven	Board of Directors
12	Garfinkel	Kimberly	Board of Directors
13	Goldman	David	Board of Directors
14	Houts	Valerie Garcia	Board of Directors
15	Marangu	Kimathi	Board of Directors
16	Mccarthy	Michael	Board of Directors
17	McCleskey	Donnie	Board of Directors
18	Moffet	Tim	Board of Directors
19	Perkins	Kowonda	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Jenkyn	Beth Rov	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.			
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLE	Docusigned by: 988C8F42C3084B5 Angela Calvillo	10-03-2023 10:37:34 PDT	



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: 10-03-2023 | 10:36:47 PDT

1

File #: 230926

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

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Mil	ler	415 279 0662
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
Hom	Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Conard		415-864-	7833
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1385 Mission St #200, San Francisco, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable)
09/26/2023			230926
DESCRIPTION OF AMOUNT OF CONTRACT	-		
\$2,211,383.00			
NATURE OF THE CONTRACT (Please describe)			
2023 Continuum of Care award: Allen Hotel, El	Dorado/Midor	ri, Lyric.	
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
\Box			
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 ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
	C ELLCIIV	_ 5orn(5) II	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Quintance	Anne	CEO
2	Neither-Gold	Robyn	CF0
3	Suarez	Liliana	C00
4	Haugen	Theo	Board of Directors
5	Rehmani	Saba	Board of Directors
6	Moerman	Ben	Board of Directors
7	Yang	Emma	Board of Directors
8	Raheem	Ali	Board of Directors
9	Yu	Wendy	Board of Directors
10	Thorpe	Dayton	Board of Directors
11	Raina	Savita	Board of Directors
12	Rodriguez	Eddie	Board of Directors
13	Segal	Glen	Board of Directors
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		contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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9. A	9. AFFILIATES AND SUBCONTRACTORS		
List t	List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief		
exec	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 o	r more in the contractor; and (D) any su	bcontractor listed in the bid or
contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ

	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.		

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.			
DATE SIGNED			
10-03-2023 10:36:47 PDT			
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Received On: 10-03-2023 | 10:35:49 PDT

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File #: 230926

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

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Miller		415 279 0662
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
Hom	Homelessness and Supportive Housing	bryn.miller@sfgov.org

5 CONTRACTOR				
5. CONTRACTOR NAME OF CONTRACTOR		TELEPHONE NUMBER		
		(415) 487-3300		
Episcopal Community Services		(413) 40		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
165 8th Street San Francisco CA 94103				
6. CONTRACT				
DATE CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
09/26/2023			230926	
03/20/2023				
DESCRIPTION OF AMOUNT OF CONTRACT				
\$5,783,421.00				
NATURE OF THE CONTRACT (Please describe)				
2023 Continuum of Care award: Canon Kip, Bisho	n Swina Com	munity Hou	se Canon Rarcus Henry	
Hotel, Employment and Housing First.	P SWILLY COM	пантту пои	se, canon barcus, nemy	
7. COMMENTS				
8. CONTRACT 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 ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Stokes	Beth	CEO
2	Larra	Eric	CF0
3	Cordova	Mauricio	C00
4	Andrus	Marc Handley	Board of Directors
5	Zaidi	S. Hassan	Board of Directors
6	Bond	Doug	Board of Directors
7	Clayter	Todd	Board of Directors
8	Geeslin	Keith	Board of Directors
9	Но	Heidi	Board of Directors
10	Jones	Dr. Martin C.	Board of Directors
11	Ketcham	Susan	Board of Directors
12	Martinez	Alejandro	Board of Directors
13	McTiernan	Megan	Board of Directors
14	Metoyer	Eric	Board of Directors
15	Rodriguez	Jonathan	Board of Directors
16	Shah	Tajel	Board of Directors
17	Silveira	Dara	Board of Directors
18	Singer	Susanna	Board of Directors
19	Solomon	Barbara	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Springwater	Richard	Board of Directors
21	Tatsuno	Yvonne	Board of Directors
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0.4	FEW LATES AND SURSONITE ASTORS		
List to	FFILIATES AND SUBCONTRACTORS the names of (A) members of the contractor cutive officer, chief financial officer, chief of has an ownership interest of 10 percent of tract.	pperating officer, or other persons with s	imilar titles; (C) any individual or entity
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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 com-	nplete.
I certify under penalty of perjury under the laws of the State of	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
CLERKDocuSigned by:	
A CACIALO	10-03-2023 10:35:49 PDT
988C8F42C3Q84B5	
Angela Calvillo	

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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Received On: 10-03-2023 | 10:33:29 PDT

1

File #: 230926

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

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	
Bryn Miller		415 279 0662	
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL	
Hom	Homelessness and Supportive Housing	bryn.miller@sfgov.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Felton Institute		415-474	-7310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
09/26/2023			230926
DESCRIPTION OF AMOUNT OF CONTRACT			
\$3,415,613.00			
NATURE OF THE CONTRACT (Please describe)			
2023 Continuum of Care award: Hope House for V	eterans, Hop	oe House (Consolidated).
7. COMMENTS			
9. CONTRACT ARREQUAL			
8. CONTRACT 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 ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#			1
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Gilbert	Al	CEO
2	Davis	Marvin	CF0
3	Quiroz	Yohana I	C00
4	Brook	Dr Oliver	Board of Directors
5	Costello	Daniel	Board of Directors
6	Nalls	Clifford	Board of Directors
7	Neal	Kathy	Board of Directors
8	Orias	Michael	Board of Directors
9	Rojo	Peter	Board of Directors
10	wafer	Deborah	Board of Directors
11	Bobulsky	Susan	Board of Directors
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#	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					
CLEI	Docusigned by: 988C8F42C3084B5 Angela Calvillo		10-03-2023 1	.0:33:29 PDT	



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Received On: 10-03-2023 | 10:32:39 PDT

File #: 230926

Bid/RFP #:

Notification of Contract Approval

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A Public Document

1. FILING INFORMATION					
DATE 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 DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Miller		415 279 0662
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
Hom	Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Glide		415-674-	6070
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
330 Ellis St, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 230926
09/26/2023			230920
DESCRIPTION OF AMOUNT OF CONTRACT			
\$578,559.00			
NATURE OF THE CONTRACT (Please describe)			
2023 Continuum of Care award: Glide Cecil Will	iams Commun	ity House.	
7. COMMENTS			
8. CONTRACT 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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Water	Malcolm	CEO		
2	McMillen	Rosália Aquino	CF0		
3	Turner	Angelo	C00		
4	Foster	Kaye	Board of Directors		
5	Glide	Mary	Board of Directors		
6	Glad	Crickette Brown	Board of Directors		
7	Archibong	Ime	Board of Directors		
8	Cohen	Emily	Board of Directors		
9	Weiner	Ross	Board of Directors		
10	L. Flick	Cheryl	Board of Directors		
11	Lawson	Dr. Erica	Board of Directors		
12	Collins	Paula R.	Board of Directors		
13	Layney	Tracy	Board of Directors		
14	Magee	Allison L.	Board of Directors		
15	Mendoza	Hydra	Board of Directors		
16	Osberg	Sharon	Board of Directors		
17	Ryle	Mark	Board of Directors		
18	Walker	Virginia	Board of Directors		
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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.	itional names. Please submit a separate	form with complete information.

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	Check this box if you need to include addition Select "Supplemental" for filing type.	nal names. Ple	ase 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.				
SIGI	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED			
CLE	PocuSigned by: 988C8F42C3084B5 Angela Calvillo		10-03-2023 1	0:32:39 PDT
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Received On: 10-03-2023 | 10:31:33 PDT

1

File #: 230926

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

1. FILING INFORMATION					
DATE 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
Bryn Mil	ler	415 279 0662
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
Hom	Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Hamilton Families		415-321-	2612
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
273 9th St, San Francisco, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 230926
09/26/2023			230920
DESCRIPTION OF AMOUNT OF CONTRACT			
\$1,043,773.00			
NATURE OF THE CONTRACT (Please describe)			
2023 Continuum of Care award: Hamilton Familie	s Rapid Re-I	Housing.	
7. COMMENTS			
8. CONTRACT 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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Noon	Kyriell	CEO
2	Sanders	Valerie	CF0
3	Kim	Kenneth	C00
4	Buck	Paige	Board of Directors
5	Bernstein	Ruth	Board of Directors
6	Basler	Julian	Board of Directors
7	в1оот	Marissa	Board of Directors
8	Florendo	Lauren	Board of Directors
9	Goldin	David	Board of Directors
10	Jackson	Rebecca	Board of Directors
11	Kurtze	DJ	Board of Directors
12	Lane	Jessica	Board of Directors
13	Maidenberg	Ted	Board of Directors
14	Moreno	Karina	Board of Directors
15	Toland	Susan	Board of Directors
16	Boutiette	Dale	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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DocuSign Envelope ID: 9135114B-667D-4C27-A0D3-3A04AA813D45 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 39 40 41 42 43 44 45

	Select "Supplemental" for filing type.		
10.	VERIFICATION		
I ha	ve used all reasonable diligence in preparing this statement	. I have reviewed this statement and to the best of my	
kno	wledge the information I have provided here is true and co	mplete.	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
l ce	rtify under penalty of perjury under the laws of the State of	of California that the foregoing is true and correct.	
	rtify under penalty of perjury under the laws of the State on NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	of California that the foregoing is true and correct. DATE SIGNED	
	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR		
SIG	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR		

Check this box if you need to include additional names. Please submit a separate form with complete information.



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: 10-03-2023 | 10:30:39 PDT

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File #: 230926

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

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 DE	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Mil	ler	415 279 0662
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
Hom	Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Larkin Street Youth Services		415-673-	0911
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
134 Golden Gate Ave, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230926
09/26/2023			250920
DESCRIPTION OF AMOUNT OF CONTRACT			
\$1,193,455.00			
NATURE OF THE CONTRACT (Please describe)			
2023 Continuum of Care award: Larkin Street YA for TAY.	.C Collabora	tive, Gear	y House, Rapid Re-Housing
7. COMMENTS			
9. CONTRACT ARREOVAL			
8. CONTRACT 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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

1	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1			
	Adams	Sherilyn	CEO
2	Middlebrooks	АТ	CFO
3	VanAlstyne	Bryn	C00
4	Roos	Eric	Board of Directors
5	Elias	Marcie	Board of Directors
6	Valentine	D	Board of Directors
7	Shapiro	Sally	Board of Directors
8	Cameron	Cecily	Board of Directors
9	Grossman	Blake	Board of Directors
10	Obaro	Bambo	Board of Directors
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#	LACT NAME (ENITITY (CLID CONTRACTOR		
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0 4	FELLIATES AND SURCONTRACTORS			
List to execute who	FFILIATES AND SUBCONTRACTORS the names of (A) members of the contract cutive officer, chief financial officer, chief has an ownership interest of 10 percent cract.	operating officer, or othe	persons with similar titles; (C) any ind	ividual or entity
#	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 ha	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 ce	rtify 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
DocuSigned by:	10-03-2023 10:30:39 PDT



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: 10-03-2023 | 10:29:52 PDT

1

File #: 230926

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

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	
Bryn Mil	ler	415 279 0662	
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL	
Hom	Homelessness and Supportive Housing	bryn.miller@sfgov.org	

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Mercy Housing		415-355-7100		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1390 Misson Street San Francisco 94103				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
09/26/2023			230926	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$2,274,072.00				
NATURE OF THE CONTRACT (Please describe)				
2023 Continuum of Care award: 95 Laguna, Bayvi 600 7th.	ew Hill Gard	dens, Richa	ardson Hall / 55 Laguna,	
7. COMMENTS				
7. COMMILIATS				
<u> </u>				
8. CONTRACT 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 ELECTIV	(E OEEICEB(S) II	DENTIFIED ON THIS FORM SITS	
THE BOARD OF A STATE AGENCY ON WHICH AN AFFORNIEE OF	CITT LLECTIV	L OI I ICEN(3) II	DEIGHTED OR 11113 OKIVI 3113	

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	ТҮРЕ		
1	Guerro	Ismael	CEO		
2	Bruni	Angela	CF0		
3	Walsh	Dee	C00		
4	Cochran	Patricia	Board of Directors		
5	Perez	Katherine Aguilar	Board of Directors		
6	Bertges	JoAnn	Board of Directors		
7	Busch	Barbara	Board of Directors		
8	Byers	Тот	Board of Directors		
9	Camacho	Yvonne	Board of Directors		
10	Eck	Patricia	Board of Directors		
11	Francis	Charlie	Board of Directors		
12	Gerety	Jane	Board of Directors		
13	Hejna	Diane	Board of Directors		
14	Jackson	David	Board of Directors		
15	Jutte	Doug	Board of Directors		
16	Kelley	Barbara	Board of Directors		
17	Neumann	Paul	Board of Directors		
18	Powell	John	Board of Directors		
19	Ross	Sam	Board of Directors		

3

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. A	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		
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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.				

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 com	nplete.
I certify under penalty of perjury under the laws of the State of	t California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
CLERKDocuSigned by:	
Ano Cachialo	10-03-2023 10:29:52 PDT
0000014202004DE	
Angela Calvillo	



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Received On: 10-03-2023 | 10:29:00 PDT

1

File #: 230926

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

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. CONTRAC	CTING DEPARTMENT CONTACT	
NAME OF DE	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Mil	ller	415 279 0662
FULL DEPART	TMENT NAME	DEPARTMENT CONTACT EMAIL
Hom	Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
Mission Housing Development Corporation		415-864-	6432
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
474 Valencia St # 280, San Francisco, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
09/26/2023			230926
DESCRIPTION OF AMOUNT OF CONTRACT			
\$475,738.00			
NATURE OF THE CONTRACT (Please describe)			
2023 Continuum of Care award: Mission Housing	South Park I	Residences	, Juan Pifarre Plaza.
7. COMMENTS			
9 CONTRACT ADDROVAL			
8. CONTRACT 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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

COIIL	ract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Ybarra	Richard	CEO
2	Alioto	Sebastian	CF0
3	Gonzalez	Beiling	C00
4	Gonzales	Irving	Board of Directors
5	So	Musetta	Board of Directors
6	Gomez-Benitez	Fernando	Board of Directors
7	Rosales	Mara	Board of Directors
8	Layman	Jon	Board of Directors
9	Kosheleva-Coats	Julia	Board of Directors
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	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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exec who	the names of (A) members of the contracturive officer, chief financial officer, chief has an ownership interest of 10 percent cract.	operating officer, or other persons w	ith similar titles; (C) any individual or entity
#	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.	litional names. Please submit a separate	form with complete information.
10.	VERIFICATION		

Select "Supplemental" for filing type.	ase 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 con	iplete.
I certify under penalty of perjury under the laws of the State of	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
DocuSigned by: 988C8F42C3084B5 Angela Calvillo	10-03-2023 10:29:00 PDT



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: 11-15-2023 | 17:12:50 PST

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File #: 230926

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

Amendment AMENDMENT DESCRIPTION – Explain reason for amendment The HOM department updated the staff leadership section for accuracy.	TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
·	Amendment	10/03/2023
The HOM department updated the staff leadership section for accuracy.	AMENDMENT DESCRIPTION – Explain reason for ar	mendment
	The HOM department updated the st	aff leadership section for accuracy.

2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD	D 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		
Bryn Miller		415-279-0662		
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL		
НОМ	Homelessness and Supportive Housing	bryn.miller@sfgov.org		

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Mission Housing Development Corporation	415-864-6432	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
474 Valencia St # 280, San Francisco, CA 94103		
6 CONTRACT		

474 Valencia St # 280, San Francisco, CA 94103					
6. CONTRACT	ODICINAL DID /DED MUMADED	FUE BUILBADED (If an alicable)			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 230926			
09/26/2023					
DESCRIPTION OF AMOUNT OF CONTRACT		•			
\$475,738					
NATURE OF THE CONTRACT (Please describe)					
2023 Continuum of Care award: Mission Housing	South Park Residences	, Juan Pifarre Plaza.			
7. COMMENTS					
8. CONTRACT 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					

contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Gonzales	Irving	Board of Directors		
2	So	Musetta	Board of Directors		
3	Gomez-Benitez	Fernando	Board of Directors		
4	Rosales	Mara	Board of Directors		
5	Layman	Jon	Board of Directors		
6	Koshelva-Coats	Julia	Board of Directors		
7	Moss	Sam	Other Principal Officer		
8	Contreras	Marcia	Other Principal Officer		
9	Bautista-Ong	Marizza	Other Principal Officer		
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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	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				

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	Check this box if you need to include addit Select "Supplemental" for filing type.	ional names. Ple	ase submit a separate	form with complete information.	
10.	VERIFICATION				
kno	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.				
SIG	NATURE OF CITY ELECTIVE OFFICER OR BOARD S	ECRETARY OR	DATE SIGNED		
CLEI	DocuSigned by: A CACACAGA 988C8F42C3084B5 Angela Calvillo		11-15-2023 1	7:12:50 PST	
			,		



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: 10-03-2023 | 10:28:17 PDT

1

File #: 230926

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

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	
Bryn Mil	ler	415 279 0662	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
Hom	Homelessness and Supportive Housing	bryn.miller@sfgov.org	

5. CONTRACTOR					
NAME OF CONTRACTOR		TELEPHONE NUMBER			
Reality House West		415-920-1351			
STREET ADDRESS (including City, State and Zip Code)		EMAIL			
380 Eddy Street San Francisco CA 94102					
6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)		
09/26/2023		230926			
DESCRIPTION OF AMOUNT OF CONTRACT					
\$1,782,754.00					
NATURE OF THE CONTRACT (Please describe)					
2023 Continuum of Care award: Cadillac/William	Penn.				
T COMMANDE					
7. COMMENTS					
8. CONTRACT 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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS		

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
1	Looper	Katherine	CEO			
2	Fung	Cindy	CF0			
3	Wilson	Julius	C00			
4	Clark	Joel	Board of Directors			
5	James	Maurice	Board of Directors			
6	Zamora	Elaine	Board of Directors			
7	Looper	Camlo	Board of Directors			
8	Harbinski	Christine	Board of Directors			
9	wood	Gayle	Board of Directors			
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9. AFFILIATES AND SUBCONTRACTORS						
List to	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			
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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.					
	VERIFICATION					
	ve used all reasonable diligence in prepar		statement and to the best of my			

	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 ha	ve used all reasonable diligence in preparing this statemen	. I have reviewed this s	tatement and to the best of my		
kno	knowledge the information I have provided here is true and complete.				
	wheuge the information i have provided here is true and co	implete.			
	rtify under penalty of perjury under the laws of the State	•	regoing is true and correct.		
l ce		•	regoing is true and correct.		
l ce	rtify under penalty of perjury under the laws of the State of NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	of California that the fo	regoing is true and correct.		
I ce SIGI	rtify under penalty of perjury under the laws of the State of NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	of California that the fo			
I ce SIGI	rtify under penalty of perjury under the laws of the State of NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	of California that the fo			
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I ce SIGI	rtify under penalty of perjury under the laws of the State of NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR RK Docusigned by: 988C8F42C3084B5	of California that the fo			



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Received On: 10-03-2023 | 10:27:37 PDT

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File #: 230926

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

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
Bryn Mil	ller	415 279 0662
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
Hom	Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
SF Network Ministries Housing Corporation		415-643-	7861
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
P.O. Box 40369, San Francisco, CA 94140			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	D/RFP NUMBER FILE NUMBER (If applicable) 230926	
09/26/2023			250520
DESCRIPTION OF AMOUNT OF CONTRACT			
\$2,309,776.00			
NATURE OF THE CONTRACT (Please describe)			
2023 Continuum of Care award: Housing for Surv	ivors.		
7. COMMENTS			
8. CONTRACT 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			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

1	Eby Moore Ma	Toni Kirtsten	TYPE CEO COO
2	Moore	Kirtsten	
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3	Ма		<u> </u>
		Colleen	Board of Directors
4	Joshi	но]]у	Board of Directors
5	Sum	Juliann	Board of Directors
6	Ly	Mattison	Board of Directors
7	Plummer	Noël	Board of Directors
8	Nuñez	Sandra	Board of Directors
9	Saxton	Sean	Board of Directors
10	Philip	Susan	Board of Directors
11	Monson	Susie	Board of Directors
12	Comelo	Anil	Board of Directors
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#	LACT NAME (ENITITY (CLID CONTRACTOR		
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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 39 40 41 42 43 44 45 46 47 48 49 50 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. knowledge the information I have provided here is true and con	•
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
Docusigned by: 988C8F42C3084B5 Angela Calvillo	10-03-2023 10:27:37 PDT



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: 10-03-2023 | 10:26:00 PDT

1

File #: 230926

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

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	
Bryn Miller		415 279 0662	
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL	
Hom	Homelessness and Supportive Housing	bryn.miller@sfgov.org	

St. Vincent de Paul St. Vincent de Paul STREET ADDRESS (including City, State and Zip Code) 1175 Howard Street San Francisco, CA 94103 6. CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 09/26/2023 DESCRIPTION OF AMOUNT OF CONTRACT \$1,488,342.00 NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Housing for Survivors TH-RRH 7. COMMENTS 8. CONTRACT 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	5. CONTRACTOR			
STREET ADDRESS (including City, State and Zip Code) 1175 Howard Street San Francisco, CA 94103 6. CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 09/26/2023 DESCRIPTION OF AMOUNT OF CONTRACT 51, 488, 342.00 NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Housing for survivors TH-RRH 7. COMMENTS 8. CONTRACT 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			TELEPHONE NUMBER	
6. CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 09/26/2023 DESCRIPTION OF AMOUNT OF CONTRACT \$1, 488, 342.00 NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Housing for Survivors TH-RRH 7. COMMENTS 8. CONTRACT 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	St. Vincent de Paul		415-977-1270	
6. CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 09/26/2023 DESCRIPTION OF AMOUNT OF CONTRACT \$1, 488, 342.00 NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Housing for Survivors TH-RRH 7. COMMENTS 8. CONTRACT 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	STREET ADDRESS (including City, State and Zip Code)		EMAIL	
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 09/26/2023 DESCRIPTION OF AMOUNT OF CONTRACT \$1, 488, 342.00 NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Housing for Survivors TH-RRH 7. COMMENTS 8. CONTRACT APPROVAL This contract was approved by: 1 He CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors	1175 Howard Street San Francisco, CA 94103			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 09/26/2023 DESCRIPTION OF AMOUNT OF CONTRACT \$1, 488, 342.00 NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Housing for Survivors TH-RRH 7. COMMENTS 8. CONTRACT APPROVAL This contract was approved by: 1 He CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors				
DESCRIPTION OF AMOUNT OF CONTRACT \$1,488,342.00 NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Housing for Survivors TH-RRH 7. COMMENTS 8. CONTRACT 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	6. CONTRACT			
DESCRIPTION OF AMOUNT OF CONTRACT \$1,488,342.00 NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Housing for Survivors TH-RRH 7. COMMENTS 8. CONTRACT 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	DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	
S1,488,342.00 **NATURE OF THE CONTRACT (Please describe**) 2023 Continuum of Care award: Housing for Survivors TH-RRH **Please describe** 7. COMMENTS **B. CONTRACT 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	09/26/2023			250920
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Housing for Survivors TH-RRH 7. COMMENTS 8. CONTRACT 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	DESCRIPTION OF AMOUNT OF CONTRACT	•		
7. COMMENTS 8. CONTRACT 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	\$1,488,342.00			
7. COMMENTS 8. CONTRACT 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	NATURE OF THE CONTRACT (Please describe)			
8. CONTRACT 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	2023 Continuum of Care award: Housing for Surv	vivors TH-RRI	Н	
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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				
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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	8 CONTRACT APPROVAL			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors				
Board of Supervisors				
Board of Supervisors				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS	Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS				
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Stark	Joe	Board of Directors		
2	Vega	Belinda	Board of Directors		
3	Fourre	Kathleen	Board of Directors		
4	Cooney	Joseph	Board of Directors		
5	Arbouex	Martha	Board of Directors		
6	Adams	Bernadine M.	Board of Directors		
7	Chami	Nagi	Board of Directors		
8	Brosnahan	Brian	Board of Directors		
9	Bryan	Gregory	Board of Directors		
10	Germano	Aleece	Board of Directors		
11	English	Margi	Board of Directors		
12	Dutton	Lois	Other Principal Officer		
13	Balauro	Estella	CF0		
14	Keeling	Phillip	Other Principal Officer		
15	Van Tassell	Lori	C00		
16	Barr	Salvador	Other Principal Officer		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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DocuSign Envelope ID: 3B4D211C-6F1A-45C0-8852-C5FA621FE230 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 39 40 41 42 43 44 45 46 47 48

	Select Supplemental for filling type.
10.	VERIFICATION
	ve used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my wledge the information I have provided here is true and complete.

Check this box if you need to include additional names. Please submit a separate form with complete information.

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				
DocuSigned by: 988C8F42C3084B5 Angela Calvillo	10-03-2023 10:26:00 PDT			



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: 10-03-2023 | 10:25:16 PDT

File #: 230926

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

1. FILING INFORMATION						
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)					
Original						
AMENDMENT DESCRIPTION – Explain reason for amendment	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	
Bryn Miller		415 279 0662	
FULL DEPART	TMENT NAME	DEPARTMENT CONTACT EMAIL	
Hom	Homelessness and Supportive Housing	bryn.miller@sfgov.org	

5. CONTRACTOR				
IAME OF CONTRACTOR		TELEPHONE NUMBER		
Swords to Plowshares		415 727-8387		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1060 Howard St, San Francisco, CA 94103				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 230926	
09/26/2023			230920	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$2,144,008.00				
NATURE OF THE CONTRACT (Please describe)				
2023 Continuum of Care award: Veterans Commons Presidio, Rental Assistance for Homeless Veter Veterans I.				
7 COMMENTS				
7. COMMENTS				
8. CONTRACT 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 ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Blecker	Michael	CEO
2	Garner	Tramecia	CF0
3	Chen	Steven	C00
4	Thiel	Michael	Board of Directors
5	Cane	Julie	Board of Directors
6	Fassler	Michael	Board of Directors
7	Cox	Paul	Board of Directors
8	Dekshenieks	Michael	Board of Directors
9	Edwards	Erik	Board of Directors
10	Guy	Dottie	Board of Directors
11	Marquez	John	Board of Directors
12	Ordona	Placido "Joe"	Board of Directors
13	Richardson	Kate	Board of Directors
14	Saavedra	Barbara	Board of Directors
15	Seymour	Deleano "Del"	Board of Directors
16	Steward	Seth	Board of Directors
17	Williamson	Diane	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS
List the names of (A) members of the contractor's board of directors; (B) the c

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

COIII	Unit act.					
#	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 con	nplete.		
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		
Docusigned by: 988C8F42C3084B5 Angela Calvillo	10-03-2023 10:25:16 PDT		



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File #: 230926

Bid/RFP #:

Notification of Contract Approval

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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. CONTRAC	CTING DEPARTMENT CONTACT	
NAME OF DE	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Mil	ller	415 279 0662
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
Hom	Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. C0	ONTRACTOR			
	IE OF CONTRACTOR		TELEPHONE N	IUMBER
Tenderloin Housing Clinic		415-885-3286		
STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
	6 Hyde Street, San Francisco, CA 94102			
6. CC	ONTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
09	/26/2023			230926
DESC	RIPTION OF AMOUNT OF CONTRACT			
\$6	,346,144.00			
NATI	URE OF THE CONTRACT (Please describe)			
20	23 Continuum of Care award: Garland (formerly	y Baldwin Ho	ouse), Nat	ional Crown and Winton.
7. CO	OMMENTS			
8. CC	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
Ш				
	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 ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS
Ш				

[
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Shaw	Randy	CEO
2	Tang	Wynne	CF0
3	Allen	Tabitha	C00
4	Tiedemann	Chris	Board of Directors
5	Brophy	Ken	Board of Directors
6	Pujals	Fernando	Board of Directors
7	Aguilar	Enrique	Board of Directors
8	Wilson	Randy	Board of Directors
9	Ruiz	Gabriella	Board of Directors
10	Vaughn	Kathy	Board of Directors
11	Crawford	Majeid	Board of Directors
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		ontract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
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	Check this box if you need to include additional names. F Select "Supplemental" for filing type.	Please submit a separate	form with complete information.	
				_
10.	VERIFICATION			
I ha	ve used all reasonable diligence in preparing this stateme	nt. I have reviewed this s	tatement and to the best of my	
kno	wledge the information I have provided here is true and c	omplete.		
	р			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
CLE	RKDocuSigned by:			
	As Cacialo	10-03-2023 1	0:24:28 PDT	
	***	·		
	988C8F42C3084B5 Angela Calvillo			
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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: 10-03-2023 | 10:02:51 PDT

File #: 230926

Bid/RFP #:

Notification of Contract Approval

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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
Bryn Miller		415 279 0662
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
3rd Street Youth Center and Clinic		415-822-	1707
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1728 Bancroft Ave, San Francisco, CA 94124			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 230926
09/26/2023			250920
DESCRIPTION OF AMOUNT OF CONTRACT			
\$547,848.00			
NATURE OF THE CONTRACT (Please describe)			
2023 Continuum of Care award: Rapid rehousing per year.	and support	services	to 14 youth households
7. COMMENTS			
8. CONTRACT 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 ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
1	Jackson-Morgan	Joi	CEO	
2	Nero	Joanna	CF0	
3	Cruz Lopez	Claudia	C00	
4	Magee	Michelle	Board of Directors	
5	Davenport	Susan	Board of Directors	
6	Relyea	Jackie	Board of Directors	
7	Fallon	Laura	Board of Directors	
8	Kunene	Glen	Board of Directors	
9	Davidson	Sam	Board of Directors	
10	Savage	Michael	Board of Directors	
11	Rodriguez	Jose A	Board of Directors	
12	Rouskey	Craig	Board of Directors	
13	Eng	Vanessa	Board of Directors	
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#	LACT NAME (ENITITY (CLID CONTRACTOR		
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9. A	FFILIATES 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
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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.		form with complete information.

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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.				
	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECR	ETARY OR	DATE SIGNED	
CLE	DocuSigned by: 988C8F42C3084B5 Angela Calvillo		10-03-2023 1	0:02:51 PDT



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: 10-03-2023 | 10:01:33 PDT

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File #: 230926

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

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
Bryn Miller		415 279 0662
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
Hom	Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Tenderloin Neighborhood Development Corporation	415-776-2151	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
201 Eddy St, San Francisco, CA 94102		

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
09/26/2023		230926
09/20/2023		
DESCRIPTION OF AMOUNT OF CONTRACT		
\$8,616,581.00		
,		
NATURE OF THE CONTRACT (Please describe)		
CoC 2023 award:		
1300 Fourth		
Eddy and Taylor		
1036 Mission		
Franciscan Towers TNDC Scattered Sites		
TNDC Scattered Sites TNDC Folsom Dore		
Franciscan Towers 2		
Ambassador Hotel		
180 Jones		
78 Haight		
4200 Geary		

7. COMMENTS		

8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
Ш	
	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
ш	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Leon	Maurillio	CEO
2	Huey	Roxanne	CF0
3	Lamont	Katie	C00
4	Bohee	Тiffany	Board of Directors
5	McLean	Jme	Board of Directors
6	Johnson	Susan	Board of Directors
7	Edwards	Tracey	Board of Directors
8	Kroot	Dave	Board of Directors
9	Wilson	Peter	Board of Directors
10	Barahona	Luis	Board of Directors
11	Martin	Freddy	Board of Directors
12	Puljas	Fernando	Board of Directors
13	Siswandi	Jennifer	Board of Directors
14	Skurdenis	Birute	Board of Directors
15	wolfe	Kathy	Board of Directors
16	Rock	Kathy	Board of Directors
17	Tharpe	Amy	Board of Directors
18	Vilkin	Greg	Board of Directors
19	Kim	Dr. Kenneth	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Wong	Cynthia	Board of Directors
21	Young	Cheryl	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 39 40 41 42 43 44 45 46 47 48 49 50 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 ha	ve used all reasonable diligence in preparing this statement	I have reviewed this statement and to the best of my
kno	wledge the information I have provided here is true and cor	nplete.
I ce	rtify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
CLE	RKDocuSigned by:	
	Ages Cachialo	10-03-2023 10:01:33 PDT
	088C8E42C3084B5	
	Angela Calvillo	
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Received On: 10-03-2023 | 10:00:30 PDT

File #: 230926

Bid/RFP #:

Notification of Contract Approval

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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
Bryn Miller		415 279 0662
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
Hom	Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
TODCO Development Co		415-896-	1880
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
230 4th St, San Francisco, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 230926
09/26/2023			230920
DESCRIPTION OF AMOUNT OF CONTRACT			
\$651,150.00			
NATURE OF THE CONTRACT (Please describe)			
2023 Continuum of Care award: Knox, Hotel Isab	el		
7. COMMENTS			
7. COMMENTS			
8. CONTRACT 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 ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

1 P 2 K 3 R 4 G	ST NAME/ENTITY/SUBCONTRACTOR Phillips Kufman	Jean Anne	TYPE CEO
2 K 3 R 4 G			CEO
3 R	Cufman	Δnne	
4 G		Airic	CFO
	Roberts	Elizabeth	C00
	Gilbert	Albert	Board of Directors
	Elberling	John	Board of Directors
6 Y	⁄ee	Anna	Board of Directors
7 S	Sy	Bernadette	Board of Directors
8 G	Gansen	Karen	Board of Directors
9 H	Henmi	Dennis	Board of Directors
10 L	aurel	Carla	Board of Directors
11 P	Pacia	Michael	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. A	FFILIATES AND SUBCONTRACTORS		
List t	the names of (A) members of the contract cutive officer, chief financial officer, chief c has an ownership interest of 10 percent c	pperating officer, or other persons with s	imilar titles; (C) any individual or entity
#	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.	litional names. Please submit a separate	form with complete information.
4.0	VEDIEICATION		

	Check this box if you need to include additional names. Ple Select "Supplemental" for filing type.	ease submit a separate form with complete information.
10.	VERIFICATION	
l ha	ve used all reasonable diligence in preparing this statement	. I have reviewed this statement and to the best of my
knc	wledge the information I have provided here is true and co	mplete.
	·	·
I ce	rtify under penalty of perjury under the laws of the State o	of California that the foregoing is true and correct.
SIG	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
		57112 0101125
CLE	RKDocuSigned by:	SALE SIGNLES
CLE	DocuSigned by:	10-03-2023 10:00:30 PDT
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CLE	DocuSigned by: 988C8F42C3084B5 Angela Calvillo	
CLE	A Cadicalo	