File No. 210661 **Committee Item No.** 4
Board Item No. 23

COMMITTEE/BOARD OF SUPERVISORS

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Committee: Budget & Appropriations Committee **Date** June 16, 2021

Board of Supervisors Meeting **Date** July 20, 2021

Cmte Board

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☒	☒	Attachment A - Recurring FY2021-2022 State Grants
☒	☒	State Recurring Grants Subcontractors FY21-22
☒	☒	Mayor's Budget Submission Memo
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Completed by: Linda Wong **Date** June 11, 2021
Completed by: Linda Wong **Date** July 7, 2021

[Accept and Expend Grants - Recurring State Grant Funds - Department of Public Health - FY2021-2022]

Resolution authorizing the acceptance and expenditure of State grant funds by the San Francisco Department of Public Health for Fiscal Year (FY) 2021-2022.

WHEREAS, The San Francisco Administrative Code requires City Departments to obtain Board of Supervisor's approval in order to accept or expend any grant funds (Section 10.170 et seq.); and

WHEREAS, The Board of Supervisors provided in Section 11.1 of the administrative provisions of the FY2021-2022 Annual Appropriation Ordinance that approval of recurring grant funds contained in departmental budget submissions and approved in the FY2021-2022 budget are deemed to meet the requirements of the San Francisco Administrative Code regarding grant approvals; and

WHEREAS, The agencies of the State of California that provide grant funds to Department of Public Health (DPH) require documentation of the Board's approval of their specific grant funds (State Administrative Manual, Section 1208.2 (a)); and

WHEREAS, The City's budget for FY2021-2022 does not list each State grant but contains two aggregate items; one indicating all Federal, and one all State grant funds; and

WHEREAS, Department of Public Health has prepared a document entitled "Recurring FY2021-2022 State Grants, Attachment A" that lists the estimated amount of each recurring grant provided by the State of California for FY2021-2022, the State agency that provides the grant, and the indirect costs of each grant, which is on file with Clerk of the Board of Supervisors in File No. 210661; and

WHEREAS, As a result of periodic redistribution of appropriations within the State budget, Department of Public Health may, in fact, receive more money or less money from some of the various grants itemized in the attached document that Department of Public Health estimates at this time; and

WHEREAS, This Resolution requires expedited review by the Board of Supervisors to ensure that documentation of specific grant funds can be provided to the State as early as possible in the funding year; and

WHEREAS, Resolutions authorizing the acceptance and expenditure of grant funds may be placed automatically on consent agendas in committee, as they are usually considered to be routine items, and this Resolution authorizes the acceptance and expenditure of grant funding; now, therefore, be it

RESOLVED, That the Board of Supervisors hereby approves the acceptance and expenditure of Department of Public Health of the State of California grants listed in the "Recurring FY2021-2022 State Grants, Attachment A"; and, be it

FURTHER RESOLVED, That the Director of Health is authorized to enter into the Agreement, and any amendments, invoices, or any other documents related to or required for the administration of said Agreement on behalf of the City and County; and, be it

FURTHER RESOLVED, That the Director of Health is authorized to certify that DPH has and will comply with all applicable federal and state statutory and regulatory requirements related to any grant funds received; and, be it

FURTHER RESOLVED, That should Department of Public Health receive more money or less money on any of the grants than is estimated in the "Recurring FY2021-2022 State Grants, Attachment A", that the Board of Supervisors hereby approves the acceptance and expenditure by Department of Public Health of the additional or reduced money.

Recommended:

/s/

Dr. Grant Colfax

Director of Health

Approved: /s/

Mayor

Approved: /s/

Controller

	Program/ Sub-Program	Agency	Grant Type	State Contract Number	FY 21-22 Grant Term	FY 21-22 Grant Amount	FY 21-22 Indirect Costs	Indirect Cost Information	Match	In-kind	Subcontract Amount	Title, Services, FY 2021-22	Program Manager	Phone Number	Grant Code	Project code	Staff	Grant Status	
1	Administration	CDPH - EPO	Federal Pass-through	17-10188	7/1/21 - 6/30/22	433,336	15,028	8.1% of personnel costs	0	0	132,990	Hospital Preparedness Program Grant funds the planning and coordination of hospital preparedness activities for health care facilities	Amanda Kwong	(628) 206-7618	HCAC11-22	10037054	Peter	Active	
2	AIDS Office - Health Services	CA Dept. of Public Health (CDPH)	Federal Pass-through	18-10886	4/1/21 - 3/31/22	3,248,921	-	-	-	-	2,734,826	HIV Care Program - SAM HCP is a Two-tiered approach to service priorization & delivery based on service categories defined by HRSA. Tier 1 services are outpatient & ambulatory medical care. Tier 2 support access to tier 1.	Bill Blum / Sajid Shaikh	415-255-3512	HCAO16-22	10036952	Olivia	Active	
7	HD STD	California Department of Public Health	State	10-10557	07/01/21 - 6/30/22	268,666	48,384	25% personnel	0	0	33,600	Local Assistance for Core STD Management To provide local assistance funding to local health jurisdictions to build local infrastructure and workforce capacity to conduct STD surveillance and implement evidence-based, effective interventions to reduce the transmission and negative health effects of sexually transmitted infections	Maggie Han	628-206-7681	HCD142-22	10036943	Victoria	Active	
8	TB Control	CA Department of Public Health	Federal Pass-through	2090TBES10	09/29/21 - 09/28/22	214,468	-	-	0	0	73,307	Tuberculosis Epidemiologic Studies Tuberculosis Epidemiology Studies (TB ESC) Task Order "Improving the Diagnosis and Treatment of Latent Tuberculosis Infection	Laura Romo	415-206-2276	HCDC12-22	10036922	Victoria	Active	
9	TB Control	California Department of Public Health	State	2090CTCA00	07/01/21 - 06/30/22	200,000	3,878	1.98% direct cost	0	0	196,122	Support Tuberculosis Prevention & Control Activities Local assistance funding to support tuberculosis (TB) prevention & control activities	Maggie Han	628-206-7681	HCDC22-22	10036924	Victoria	Active	
23	ARCHES	CDPH-Office of AIDS	State	19-10445	7/1/21 - 6/30/22	715,084	71,295	25% of personnel costs	0	0	225,000	State AIDS Surveillance Program HIV/AIDS Surveillance program provides precise & timely information necessary to identify ongoing patterns of infection & to measure the burden of the disease.	Sajid Shaikh	255-3512	HCPD14-22	10037049	Elizabeth	Active	
24	TB Control	CA Department of Public Health	State	1990BASE00 & 1990FSIE00	7/1/21 -6/30/22	340,079	13,525	5% personnel	0	0	12,256	Tuberculosis Subvention To provide outreach and housing services for homeless tuberculosis patients and implement the "Directly Observed Therapy Program (DOT) for tuberculosis cases.	Maggie Han	628-206-7681	HCPD21-22	10036925	Victoria	Active	
26	Epidemiology _PHEPR	CDPH Emergency Preparedness	Federal Pass-through	17-10188	7/1/21 - 6/30/22	564,703	26,005	5.4% of personnel	0	0	57,639	Health Preparedness & Response Prepare for and respond to bioterrorism, infectious disease outbreaks and other public health threats and emergencies.	Andrea Tenner/Amanda Kwong	628-206-7618	HCPD69-22	10037038	Elizabeth	Active	
27	PHEPR	CDPH-Emergency Preparedness	Federal Pass-through	17-10188	7/1/21-6/30/22	149,213	7,293	5.3% of personnel	-	-	2,853	Cities Readiness Initiative Increase & enhance readiness to make effective use of the Strategic National Stockpile (SNS) in the event of several possible types of catastrophic terrorist attacks.	Andrea Tenner/Amanda Kwong	628-206-7618	HCPD95-22	10037045	Elizabeth	Active	
28	Health Education-Health Promotion	DHS-Tobacco Section	State	CTCP17-38	7/1/21-6/30/22	749,409	54,225	15% of personnel cost	0	0	332,163	Tobacco Free Project Provide Tobacco education in accordance with the State Comprehensive Tobacco Control Plan Guidelines for local lead agencies	Derek Smith	628-206-7640	HCPH01-22	10036953	Melanie	Active	
30	MCH	DHS-MCH Branch	Federal Pass-through	201938	7/01/21 - 6/30/22	1,608,495	209,745	based on time study, and 25% of salary & fringe	796142	0	419,301	Black Infant Health Program Provide outreach and referral services, pediatric care, education and follow-up support to African American pregnant & postpartum women and their infants.	Joshua Nossiter	558-4037	HCPM02-22	10036965	Elizabeth	Active	
31	MCH	CDPH - MCH Branch	Federal Pass-through	201938	7/1/21 - 6/30/22	6,593,696	937,013	25% personnel	8,386,146	0	733,173	Maternal and Child Health Coordination and advocacy for programs and services targeting women and children and review for fetal infant deaths.	Joshua Nossiter	558-4037	HCPM03-22	10037000	Elizabeth	Active	
34	MCAH	CDPH	Federal Pass-through	19-10345	10/1/21-9/30/22	803,720	29,183	9.1% of personnel	0	0	393,161	Nutrition Network Project Project to increase nutrition education and physical activity targeted to California's under-served populations.	Priti Rane	(415) 575-5716	HCPM13-22	10037004	Peter	Active	
36	Substance Use Disorder	Board of State & Community Corrections	State	553-19	1/1/22-12/31/22	3,094,618	147,363	5% of total direct project costs, excluding equip	1881114	0	2,541,556	STARR - Prop 47 Providing additional residential treatment beds, outpatient case management, and support services for criminal justice-involved adults with co-occurring substance use disorder and mental health issues	Angelica Almeida	415-255-3722	HCSA17-22	10037057	Peter	Active	
37	CBHS-Mental Health	CA Mental Health Svcs Oversight & Accountability	State	17MHSOAC045	04/10/21 - 04/09/22	610,957	36,433	17.64% of direct cost	0	0	458,545	SB 82 TRIAGE TAY Grant San Francisco Residents TRAIGE services	Marlo Simmons	415 255-3915	HM101 -22	10036955	Melanie	Pending	
38	Mental Health	Department of State Hospitals	State	19-79007-000	9/15/21 - 9/14/22	781,504	71,046	10% direct charges	162,831	0	537,005	Pre-Trial Felony Mental Health San Francisco Pre Trial Felony	Mimi Fung	415-575-5719	HM105-22	10036957	Melanie	Active	
41	CBHS-Mental Health	Dept of Health Care Svcs. Mental Health	Federal Pass-through	Letter sent 2/9/2021	7/01/21-6/30/22	4,072,182	-	-	0	0	1,750,506	SAMSHA - MHBG, System of Care To provide timely access to appropriate care for severely mentally ill (SMI), dually diagnosed adults and seriously emotionally disturbed (SED) children and youth	Edwin Batongbacal	415-255-3446	HMM007-22	10036964	Miguel	Active	
47	Center for Research	California Department of Public Health	State	19-10741	10/1/21 - 1/30/22	204,167	-	-	0	0	202,167	Overdose Prevention Program in Single Room Occupancy (SRO) Hotels The purpose of the grant is to implement an overdose prevention program in Single Room Occupancy (SRO) hotel rooms	P. Coffin / Sajid Shaikh	415-255-3512	PD117-22	10036987	Jeannette	Active	
48	Center for Research	California Department of Public Health	Federal Pass-through	19-10807	9/1/21 - 8/31/22	300,000	3,254	25% of personnel	0	0	271,989	Overdose Data to Action - Academic Detailing To reduce drug-overdose deaths by conduction public education and community outreach, utilizing opioid data to inform actions and interventions at the local level.	P. Coffin / Sajid Shaikh	415-255-3512	PD118-22	10036909	Jeannette	Active	
51	Center for Research	California Department of Public Health	Federal Pass-through	19-10808	9/1/21-8/31/22	250,000	3,698	25% of personnel	0	0	222,085	Overdose Data to Action - Peer to Peer To reduce drug-overdose deaths by conduction public education and community outreach, utilizing opioid data to inform actions and interventions at the local level.	P. Coffin / Sajid Shaikh	415-255-3512	PD124-22	10036910	Jeannette	Active	
52	HD STD	California Department of Public Health	State	19-10937	7/01/21 - 6/30/22	190,406	-	-	0	0	190,406	Hepatitis C Virus (HCV) Prevention and Control Activities Support Hepatitis C (HCV) elimination activities	Sajid Shaikh	255-3512	PD126-22	10036913	Miguel	Active	
54	Environmental Health	California Department of Food and Agriculture	State	191026000sg	1/15/21 - 6/30/22	20,190	-	-	0	0	18,000	2020 Noxious Weed Program This project works to eradicate invasive sea lavender at all tidal marsh locations in the county.	Cree Morgan	415-252-3950	PD136-22	10037404	Olivia	Active	
58	MCH	CDPH - Office of Oral Health	State	17-10719	7/1/21 - 6/30/22	308,879	37,858	17.25% of total personnel costs	0	0	34,000	Oral Health Program Prop 56 Provide activities that support oral health plan and build capacity for the facilitation and implementation of education, prevention, linkage to treatment, surveillance, and case management services.	Dorothy Quan	415-575-5784	PM101-22	10037032	Sean	Active	
60	HD STD	California Department of Public Health	State	19-10971	7/01/21 - 6/30/22	176,617	25% personnel	-	0	0	150,000	STD Program Management and Collaboration Project Impement public health activities to monitor, investigate, and prevent sexually transmitted diseases (STD)	Maggie Han	628-206-7681	PD132-22	10036911	Miguel	Active	
61	CBHS-Mental Health	CA Mental Health Svcs Oversight & Accountability	State	19MHSOAC088	2/8/22 - 2/7/23	540,541	18,687	17.64% of direct cost	1,181,272	0	478,357	Early Psychosis Intervention Plus It's intended to support the statewide development and expansion of a Coordinated Specialty Care model, and evidence-based and integrated EPI model.	Mimi Fung	415-255-3667	HM107-22	10036960	Melanie	Active	New
62	MCH	CDPH	State	CHVP SGF INV 21-38	7/1/21 -6/30/22	1,000,000	69,780	21.13% of personnel	0	0	600,000	CHVP State General Fund Innovation Implementing home visits as a primary intervention strategy for families from pregnancy through kindergarten to promote positive outcomes and family success.	Joshua Nossiter/Diane Beetham	415-558-4037	PM103-22	10037090	Elizabeth	Active	new
	Total					46,010,175	2,519,810				12,801,007								

Item	Title, Services, FY 2019-20	Subcontract Amount	Contractor Name Nature of the Contract	Address	Executive Director	Board Member Name
1	**Hospital Preparedness Program** Grant funds the planning and coordination of hospital preparedness activities for health care facilities	**132,990**	a) San Francisco Public Health Foundation Fiscal intermediary	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	Penny Eardley	Penny Eardley, Anastasija Petrosova, Kellsa Toatelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki- sublett, Nicole Falk,Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore,Alice Villagomez, Adam Sharma, Gina Lau, Mark Morewitz
2	**HIV Care Program - SAM** HCP is a Two-tiered approach to service priorization & delivery based on service categories defined by HRSA. Tier 1 services are outpatient & ambulatory medical care. Tier 2 support access to tier 1.	**233,234**	a) Dolores Street Community Services To improve and maintain the health of our residents through the provision of facility-based health care and other supportive services.	938 Valencia Street, San Francisco, CA94110	Laura Valdez	PRESIDENT: Monica Regan; VICE-PRESIDENT: Rocio Silva; TREASURER: Kani Lin; SECRETARY: Pedro Hernandez, Anat Leonard; Chirag Bhakta; Ward Penfold, Justin Lauderback, Michael Winn, Anjali Cameron
		311,638	b) Catholic Charities - Leland House To provide attendant care services in compliance with the Standard of Care for Client Centered Services to multiply diagnosed individuals at Leland House an RCF-CI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.	990 Eddy Street, San Francisco, CA 94109	Jilma Meneses, JD	Archbishop Salvatore J. Cordileone, Chairman; Joe Boerio, President; Theodore Borromeo, Secretary; George B. Sundby, Treasurer; Jilma Meneses, JD, Chief Executive Officer; Paula H. Bennett, Dr. Diana I. Bojorquez, Martha Brigham, Philip Clark, Timothy Connors, Adriana Dahik, Jerilyn Gelt, Michael M. Ghilotti, Eleanor Gonzalez, Kathleen A. Grogan, CPA, David R. Hultman, Lisa Ikeda, Phillip Kearney, Jay Paul Leupp, Sister Maureen McInerney, O.P., Lori Mirek, Reverend Daniel Nascimento, Jack Pohlman, Raymund Reyes, Michael Pautler, Louis Reynaud, Peter J. Wilch
		174,774	c) Catholic Charities - Peter Claver To provide attendant care services in compliance with the Standard of Care for Client Centered Services to multiply diagnosed individuals at Peter Claver Community an RCFCI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.	1340 Golden Gate Ave, SF, CA 94115	Jilma Meneses, JD	Archbishop Salvatore J. Cordileone, Chairman; Joe Boerio, President; Theodore Borromeo, Secretary; George B. Sundby, Treasurer; Jilma Meneses, JD, Chief Executive Officer; Paula H. Bennett, Dr. Diana I. Bojorquez, Martha Brigham, Philip Clark, Timothy Connors, Adriana Dahik, Jerilyn Gelt, Michael M. Ghilotti, Eleanor Gonzalez, Kathleen A. Grogan, CPA, David R. Hultman, Lisa Ikeda, Phillip Kearney, Jay Paul Leupp, Sister Maureen McInerney, O.P., Lori Mirek, Reverend Daniel Nascimento, Jack Pohlman, Raymund Reyes, Michael Pautler, Louis Reynaud, Peter J. Wilch
		1,472,875	d) Project Open Hand To improve the nutritional health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments and other food and nutrition services.	730 Polk St, SF, CA 94109	Paul Hepfer	Chair: Mike Henry; Vice-Chair: Ruth Yankoupe; Secretary: Patricia King; Finance Committee Chair: John Colton; Andrew Chang, Vishwa Chandra, Preston Maring, Ginny McSwine, Aditya Wakankar, Jennifer Petraglia, Andrea Wilkinson, Helene York, Theresa Chang
		507,476	e) Maitri AIDS Hospice To provide safe housing, medical care and nutrition supports for those with HIV at end of life and those needing respite to return to independence as defined by the resident.	401 Duboce Ave, SF, CA 94117	Rusty Smith	Rusty Smith, Crystal Russell, Tomas Moreno, Juting Richardson, Ann Kong, David Valentine, Rob Johnson, Rhome Palmea, Jim King, Jane Wong, Ray Lapointe, Patrick Williams, Joaquin Castillo Arana, Johannes Casados, Donna Cummings, Gregg Cummings, Namita Dilawri, Austin Miller, Bismay Mishra, Rishi Raje, Sameera Rana
		34,829	f) UCSF Alliance Health Project The program goal is to provide outpatient mental health services to people living with HIV - including Long-Term Survivors - to reduce symptoms and functional impairments resulting from mental health and/or substance use disorders.	1930 Market St, SF, CA 94102	James W. Dilley, MD	Kate Shumate, Susan M. Breall, Phil De Carlo,Mahsa Hakimi, Brad Hare, MD, Reginald Hilmon, Enchi Liu, PhD, Dr. Bérénice Mettler, Ken Pearce, Uzziel Prado, Gabriel Sarah, Sophia Toh
7	**Local Assistance for Core STD Management** To provide local assistance funding to local health jurisdictions to build local infrastructure and workforce capacitity to conduct STD survilliance and implement eivdence-based,effective interventions to reduce the transmission and negative health effects of sexually trasmitted infections	**33,600**	Harm Reduction Therapy Center Provide Clinical Consultation Services to LINC frontline staff	45 Franklin Street San Francisco, CA 94102	Jeannie Little	Patt Denning, PhD; Melissa Blizzard, MA; Irina Alexander, AMFT; Anna Berg. Jason Brown, Nathan Kamps-Hughes, Celia Sampayo Perez, LCSW; Jia Broussard, Joey Hess, ACSW; Leticia Brown, MFT; Maurice Byrd, LMFT; Randy Daron, Erica Saini, PsyD; Dana Dart-McLean, Danielle M. Herrera, AMFT; Corey Drew, Intern; Masa Fisher, MD; Jennifer Birch, Nurse Practitioner.
8	**Tuberculosis Epidemiologic Studies** Tuberculosis Epidemiology Studies (TB ESC) Task Order "Improving the Diagnosis and Treatment of Latent Tuberculosis Infection	**73,307**	Heluna Health Providing program administration and support services in support of Population Health Division - Tuberculosis Prevention and Control Program.	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Blayne Cutler, MD, PhD, CEO, Tim Seifert, JD, CHRO, Peter Dale, CPO, Biran Gieseler, CFO, Linda Yeomans, Kiran Saluja, Nickie Kluge, Erik D. Ramanathan, JD, Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carladenise Edwards, PhD, Edward Yip, JD; Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DrPH, FACHE; Santosh Vetticaden, MD, PHD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH. Nicole J. Macarchuk, JD, Vivian Vasallo
9	**Support Tuberculosis Prevention & Control Activities** Local assistance funding to support tuberculosis (TB) prevention & control activities	**196,122**	San Francisco Public Health Foundation Fiscal Intermediary Svc for California TB Controller's Association	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Penny Eardley	Penny Eardley, Anastasija Petrosova, Kellsa Toatelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki- sublett, Nicole Falk,Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore,Alice Villagomez, Adam Sharma, Gina Lau, Mark Morewitz
23	**State AIDS Surveillance Program** HIV/AIDS Surveillance program provides precise & timely information necessary to identify ongoing patterns of infection & to measure the burden of the disease	**225,000**	a) Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Blayne Cutler, MD, PhD, CEO, Tim Seifert, JD, CHRO, Peter Dale, CPO, Biran Gieseler, CFO, Linda Yeomans, Kiran Saluja, Nickie Kluge, Erik D. Ramanathan, JD, Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carladenise Edwards, PhD, Edward Yip, JD; Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DrPH, FACHE; Santosh Vetticaden, MD, PHD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH. Nicole J. Macarchuk, JD, Vivian Vasallo
24	**Tuberculosis Subvention** To provide outreach and housing services for homeless tuberculosis patients and implement the "Directly Observed Therapy Program (DOT) for tuberculosis cases	**12,256**	Health Right 360 Provide fiscal intermediary services	1563 Mission St, SF, CA 94103	Dr. Vitka Eisen	Trisha Walsh (Board Chair), James McElwee (Board Vice Chair), Bryan B.C.I. Graham (Board Secretary), Dr. Yener Balan, Deborah Koski, Barbara Kostick, MD, FAAFP, Jemma Lavarias, Anji Mandavia, Ann McClanathan, Melyssa Mendoza, Paul Pitts, Karen E. Pointer, Ramona Shewl
26	**Health Preparedness and Response** Prepare for and respond to bioterrorism, infectious disease outbreaks, and other public health threats and emergencies	**57,639**	a)San Francisco Public Health Foundation Fiscal Intermediary	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	Penny Eardley	Penny Eardley, Anastasija Petrosova, Kellsa Toatelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki- sublett, Nicole Falk,Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore,Alice Villagomez, Adam Sharma, Gina Lau, Mark Morewitz
27	**Cities Readiness Initiative** Increase & enhance readiness to make effective use of the Strategic National Stockpile (SNS) in the event of several possible types of catastrophic terrorist attacks.	**2,853**	a) San Francisco Public Health Foundation Fiscal intermediary	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	Penny Eardley	Penny Eardley, Anastasija Petrosova, Kellsa Toatelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki- sublett, Nicole Falk,Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore,Alice Villagomez, Adam Sharma, Gina Lau, Mark Morewitz
28	**Tobacco Free Project** Provide tobacco education in accordance with the State Comprehensive Tobacco Control Plan Guidelines for local lead agencies	**332,163**	a) San Francisco Public Health Foundation Providing program administration in support of SF Tobadcco Free Project.	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Penny Eardley	Penny Eardley, Anastasija Petrosova, Kellsa Toatelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki- sublett, Nicole Falk,Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore,Alice Villagomez, Adam Sharma, Gina Lau, Mark Morewitz
30	**Black Infant Health Program** Provide outreach and referral services, pediatric care, education and follow-up support to African American pregnant & postpartum women and their infants	**419,301**	a) HealthRight 360 Fiscal Intermediary	1563 Mission St, SF, CA 94103	Dr. Vitka Eisen	Tony Duong, Jegan Anandasakaran, Ana Valdés, Demetrius Andreas, Dylan, Evan Hoese, Britt Miazgowicz, Anna- Cristina Navarro, Shabana Siegel , April Torres, Denise Williams, Bryan B.C.I Graham, Diane Ireland, James McElwee, Dr. Yener Balan, Daniel Binder, Karen E. Pointer, Alex Pugh, Timothy Torres, Ahmad Thomas, Vitka Eisen
31	**Maternal and Child Health** Coordination and advocacy for programs and services targeting women and children and review of fetal infant deaths.	**604,458**	a)Heluna Health Provide support for Expecting Justice Program	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Blayne Cutler, MD, PhD, CEO, Tim Seifert, JD, CHRO, Peter Dale, CPO, Biran Gieseler, CFO, Linda Yeomans, Kiran Saluja, Nickie Kluge, Erik D. Ramanathan, JD, Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carladenise Edwards, PhD, Edward Yip, JD; Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DrPH, FACHE; Santosh Vetticaden, MD, PHD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH. Nicole J. Macarchuk, JD, Vivian Vasallo

		128,715	b) Felton Institute Provide support for TAPP program	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Sandra Smith, Darren Skolnick, Gretchen Elchinger, Amy Sollday, Christopher Seaman, Michael N. Hofman, Dr. Michelle Clark, Yasmine Rafidi, Paul Adams, Susan Bobulsky, Dr. H. Westley Clark, Terry M. Limpert, Michael Orias, Peter Rojo, Matt Snyder, Tamara Steele, Al Gilbert, CEO, Marvin Davis, CFO, Liz Dalmacio-Julien, CPO, Dr. Robin Ortiz, Yohana Quiroz, COO, Adriana Furuzawa, Kenji Paschen, Curtis Penn, Catherine Spensley, MSW, LCSW, Joseph A. Turner, PH.D
34	**Nutrition Network Project** Project to increase nutrition education and physical activity targeted to California's under-served populations.	55,000	a) 18 Reasons Provide outreach to targeted populations	3150 18th Street, #315, San Francisco, CA 94110 (Mail) 3674 18th Street, SF, CA 94110 (Visit)	Sarah Nelson	Sarah Nelson, Theresa Salcedo, Mike Weller, Allison Eckert, Claudia Guerrero, Briana Tejuco,Francesca Boulton, Elise Hayashi, Tom Dawson, Abby Suster, Emelia Vigil, Anna Soloniuk, MAURICIO GUERRERO-VILLANUEVA, Nic Sklenar, Cat O'Brien Samantha Campos,Aaron Hardistry, Patricia Farrar-Rivas, Jessica Meksavan, Calvin Tsay, Sam Mogannam, Sarah Nelson, Isaac Buwembo, Maggie Spicer, Bob Rosner, Rosabel Tao, Shannon White Cogen, Suzy Obst, Poonam Singh, Sarah Wigglesworth, Marian Zischke Baldauf
		205,000	b) San Francisco Unified School District Provide outreach to targeted populations	555 Franklin Street, San Francisco, CA 94102	Dr. Vincent Matthews, Superintendent	Mark Sanchez, Gabriela Lopez, Alison M. Collins, Jenny Lam, Faauuga Moliga, Matt Alexander, Kevine Boggess
		14,161	c) San Francisco Public Health Foundation Fiscal intermediary	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	Penny Eardley	Penny Eardley, Anastasija Petrosova, Kellsa Toatelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki- sublett, Nicole Falk,Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore,Alice Villagomez, Adam Sharma, Gina Lau, Mark Morewitz
		119,000	d) Children's Council of San Francisco Provide outreach to targeted populations	445 Church Street, San Francisco, CA 94114	Gina M. Fromer	Anna Nordberg (Chair), Deborah Sims (Vice Chair), Marga Dusedau (Treasurer), Omar Butler, Elisabeth Diana, Victoria Fram, Jessica Hilberman, Sophie Hood, George Israel, Jim Kirk, Gale Mondry, Fatima Moore, Farris Page, Peter Rosberg, Chris Thomas, Brandy Vause, Na'eem Salaam, Charmaine Pattinson, Gina M. Fromer, Gwendolyn Cornwell, Eric Fischer, Amie Latterman, Yvette Renteria,Tiffany Stephens
36	**Supporting Treatment and Reducing Recidivism (STARR) - PROP 47** To provide additional Substance Use Disorder treatment services for individuals who have been arrested for, charged with, or convicted of a criminal offense	73,818	a) San Francisco Public Health Foundation Fiscal intermediary	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	Penny Eardley	Penny Eardley, Anastasija Petrosova, Kellsa Toatelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki- sublett, Nicole Falk,Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore,Alice Villagomez, Adam Sharma, Gina Lau, Mark Morewitz
		1,766,385	b) The Salvation Army, San Francisco Harbor Light Center Provide client support services	1275 Harrison Street, San Francisco, CA 94103	Brian Peddle	The High Council: Brian Peddle, Rosalie Peddle, Lyndon Buckingham, Bronwyn Buckingham, Birgitte Brekke-Clifton, Evie Diaz, Merle Heatwole, David and Sharon Hudson, F. Bradford and Heidi Bailey, William and Lorraine Bamford, Willis and Barbara Howell, Kenneth G. and Jolene K. Hodder.
		621,353	c) Felton Institute Provide program support	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Sandra Smith, Darren Skolnick, Gretchen Elchinger, Amy Sollday, Christopher Seaman, Michael N. Hofman, Dr. Michelle Clark, Yasmine Rafidi, Paul Adams, Susan Bobulsky, Dr. H. Westley Clark, Terry M. Limpert, Michael Orias, Peter Rojo, Matt Snyder, Tamara Steele, Al Gilbert, CEO, Marvin Davis, CFO, Liz Dalmacio-Julien, CPO, Dr. Robin Ortiz, Yohana Quiroz, COO, Adriana Furuzawa, Kenji Paschen, Curtis Penn, Catherine Spensley, MSW, LCSW, Joseph A. Turner, PH.D
		80,000	d) Hatchuel Tabernik & Associates Inc Provide program evaluation services	2560 9th St., Suite 211, Berkeley, CA 94710	Tim Tabernik	Tim Tabernik, Dina Hatchuel, Lori Allio, Randy Malat, Danielle Toussaint, Russ Lobar
37	**SB 82 Triage TAY** To create a multidisciplinary, integrated crisis TRIAGE intervention and support programspecially for Transiction Age Youth(TAY) age 16 to 25	458,545	a) Felton Institute To provide mental health services.	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Sandra Smith, Darren Skolnick, Gretchen Elchinger, Amy Sollday, Christopher Seaman, Michael N. Hofman, Dr. Michelle Clark, Yasmine Rafidi, Paul Adams, Susan Bobulsky, Dr. H. Westley Clark, Terry M. Limpert, Michael Orias, Peter Rojo, Matt Snyder, Tamara Steele, Al Gilbert, CEO, Marvin Davis, CFO, Liz Dalmacio-Julien, CPO, Dr. Robin Ortiz, Yohana Quiroz, COO, Adriana Furuzawa, Kenji Paschen, Curtis Penn, Catherine Spensley, MSW, LCSW, Joseph A. Turner, PH.D
38	**Pre-Trial Felony Mental Division Program** To implement and demonstrate the effectiveness of a pre-trial diversion program specifically geared to individuals with specific serious mental disorders who have been charged with at least one felony.	437,926	a) University of California, San Francisco Conduct a new comprehensive client assessment and produce a modified Treatment Plan	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	William E. Oberndorf, Philip Hammarskjold, Nancy Hellman Bechtle, Andrew Ach, Andrew Ballard, Peter Briger, Todd Carter, Fred Cohen, Connie Chen, Dipanjan Deb, Robin Richards Donohoe, Dana Emery, William S. Fisher, Sameer Gandhi, Brian Grossman, Kathryn Hall, Kenneth Kao, Julia Hartz, Carl Kawaja, Richard Kimball, George Marcus, Amy McKnight, Jason Moment, Diane Morris, Lisa Pritzker, Steven Read, George Scangos, Shahan Soghikian, Joan Weill, Barba Bass Bakar, Lunne Benioff, William H. Davidow, Arthr H. Kern, Carmen Policy, Richard M. Rosenberg, Jaclyn Safier, Brook H. Byers, Kenneth T. Derr, Doris F. Fisher, Robert B. Friend, Ellen Magnin Newman, Diane B. Wilsey
		54,079	b) HealthRight 360 Provide fiscal intermediary check-writing services	1563 Mission St, SF, CA 94103	Dr. Vitka Eisen	Tony Duong, Jegan Anandasakaran, Ana Valdés, Demetrius Andreas, Dylan, Evan Hoese, Britt Miazgowicz, Anna- Cristina Navarro, Shabana Siegel , April Torres, Denise Williams, Bryan B.C.I Graham, Diane Ireland, James McElwee, Dr. Yener Balan, Daniel Binder, Karen E. Pointer, Alex Pugh, Timothy Torres, Ahmad Thomas, Vitka Eisen
		45,000	c) Hatchuel Tabernik & Associates Inc Provide consulting services in support of the Pre-Trial Felony Mental Health Diversion (MHD) program	2560 9th St., Suite 211, Berkeley, CA 94710	Tim Tabernik	Tim Tabernik, Dina Hatchuel, Lori Allio, Randy Malat, Danielle Toussaint, Russ Lobar
41	**SAMSHA - MHBG, System of Care** To provide timely access to appropriate care for severely mentally ill (SMI), dually diagnosed adults and seriously emotionally disturbed (SED) children and youth	428,439	a) Richmond Area Multi-Services Provide Peer Internship Program that prepares clients for employment in peer support and counseling positions	3626 Balboa St, SF, CA 94124	JayVon Muhammad	JayVon Muhammad, CEO, Christina Shea, Angela Tang, Trina De Joya, Sachi Inoue, Carmen Castorena-O'Keefe, Hasian Sinaga, Alla Volovich, Dennielle C. Kronenberg, Anna Zozulinsky, Janny Wong, Kristin Chun, Vivian Vong, Rebecca Peng, Cynthia Huie, Marjorie Scholtz, Anoshua Chaudhuri, Lee Hsu, Maggie Roberts, Tom Yeh, Wade Chow and Maire Quinn
		20,000	b) Felton Institute Provides mental health technical assistance to community based MH crisisresponse to trauma	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Sandra Smith, Darren Skolnick, Gretchen Elchinger, Amy Sollday, Christopher Seaman, Michael N. Hofman, Dr. Michelle Clark, Yasmine Rafidi, Paul Adams, Susan Bobulsky, Dr. H. Westley Clark, Terry M. Limpert, Michael Orias, Peter Rojo, Matt Snyder, Tamara Steele, Al Gilbert, CEO, Marvin Davis, CFO, Liz Dalmacio-Julien, CPO, Dr. Robin Ortiz, Yohana Quiroz, COO, Adriana Furuzawa, Kenji Paschen, Curtis Penn, Catherine Spensley, MSW, LCSW, Joseph A. Turner, PH.D
		61,488	c) San Francisco Mental Health Educational Board Support Administrative oversight of system-of-care fiscal intermediary funding in order to maintain level of finding for training	1380 Howard Street, San Francisco, CA 94103	Helynna Brooke	Marylyn L. Tesconi, Njon Sanders, Carletta Jackson-Lane, Judy Zalazar Drummond, Terezie "Terry" Bohrer, Arthur Curry, Marcus Dancer, Ulash Thakore-Dunlap, Gregory Ledbetter, Judith Klain, Toni Parks, Richelle Slota, Harriette Stallworth Stevens, Idell Wilson, Benny Wong, Supervisor Catherine Stefani
		13,732	d) San Francisco Study Center Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic	1663 Mission Street, Suite 310, San Francisco, CA 94103	Geoffrey Link	Richard Livingston, Tina Tong Yee, Ph.D., Reiko Homma True, Ph.D., Hazim Elbgal, Eric Eldon, Benjamin A. Kutnick, Jeanne Kwong, Stas Margaronis, Jim McWilliams, Geoffrey Link, Jaden Chen, John Nunez, Leonor Vera, Linda Kuo, Irene Soriano, Marjorie Beggs, Lise Stampfli
		114,273	f) Curry Senior Center Provides support for older adults with mental health issues and are homeless or risk of losing their houses	333 Turk Street, San Francisco, CA 94102	David Knego	David Knego, Sherri Barnes, Rashaad Bess, Arlo Bushnell, Angela DIMartino, Daniel Hill, Toby Shorts, Ann Tuszynski, Justin Morgan MD, JONRIE DAVILA, SHIRLEY QUITUGUA, DIANE SKLAR, MD, ZACK SCHILLER, JULIE VALENTE, ALICE ZHANG, PATTIE PRITCHETT, ARIELLE SLAM, ALYCIA NORTON, RICHARD SULLIVAN, DAVID BICKHAM, ROBERT A. RAZZO, DIANE DWYER, HANNAH LINCECUM, SASHA SELVAM, WENDY ZACHARY, MD, YAEL WULFOVICH, JOHN MCKINNON, JA EUN GUERRERO HUH, LCSW
		141,932	g) HealthRight 360 Provides Fisacl Intermediary services	1563 Mission St, SF, CA 94103	Dr. Vitka Eisen	Tony Duong, Jegan Anandasakaran, Ana Valdés, Demetrius Andreas, Dylan, Evan Hoese, Britt Miazgowicz, Anna- Cristina Navarro, Shabana Siegel , April Torres, Denise Williams, Bryan B.C.I Graham, Diane Ireland, James McElwee, Dr. Yener Balan, Daniel Binder, Karen E. Pointer, Alex Pugh, Timothy Torres, Ahmad Thomas, Vitka Eisen
		150,266	h) RAMS Provides support of consumer-run centers serving manu dually-diagnosed individuals	3626 Balboa St, SF, CA 94124	JayVon Muhammad	JayVon Muhammad, CEO, Christina Shea, Angela Tang, Trina De Joya, Sachi Inoue, Carmen Castorena-O'Keefe, Hasian Sinaga, Alla Volovich, Dennielle C. Kronenberg, Anna Zozulinsky, Janny Wong, Kristin Chun, Vivian Vong, Rebecca Peng, Cynthia Huie, Marjorie Scholtz, Anoshua Chaudhuri, Lee Hsu, Maggie Roberts, Tom Yeh, Wade Chow and Maire Quinn
		292,503	i) Family Services Agency Provides services First Episode Psychosis, families suffering from signs & symptoms of schizophrenia	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Sandra Smith, Darren Skolnick, Gretchen Elchinger, Amy Sollday, Christopher Seaman, Michael N. Hofman, Dr. Michelle Clark, Yasmine Rafidi, Paul Adams, Susan Bobulsky, Dr. H. Westley Clark, Terry M. Limpert, Michael Orias, Peter Rojo, Matt Snyder, Tamara Steele, Al Gilbert, CEO, Marvin Davis, CFO, Liz Dalmacio-Julien, CPO, Dr. Robin Ortiz, Yohana Quiroz, COO, Adriana Furuzawa, Kenji Paschen, Curtis Penn, Catherine Spensley, MSW, LCSW, Joseph A. Turner, PH.D
		249,691	n) RAMS Provides Peer Internship Program that prepares clients for employment in peer support and counseling	3626 Balboa St, SF, CA 94124	JayVon Muhammad	JayVon Muhammad, CEO, Christina Shea, Angela Tang, Trina De Joya, Sachi Inoue, Carmen Castorena-O'Keefe, Hasian Sinaga, Alla Volovich, Dennielle C. Kronenberg, Anna Zozulinsky, Janny Wong, Kristin Chun, Vivian Vong, Rebecca Peng, Cynthia Huie, Marjorie Scholtz, Anoshua Chaudhuri, Lee Hsu, Maggie Roberts, Tom Yeh, Wade Chow and Maire Quinn
		273,182	o) RAMS Provides Bilingual-designated counselor positions	3626 Balboa St, SF, CA 94124	JayVon Muhammad	JayVon Muhammad, CEO, Christina Shea, Angela Tang, Trina De Joya, Sachi Inoue, Carmen Castorena-O'Keefe, Hasian Sinaga, Alla Volovich, Dennielle C. Kronenberg, Anna Zozulinsky, Janny Wong, Kristin Chun, Vivian Vong, Rebecca Peng, Cynthia Huie, Marjorie Scholtz, Anoshua Chaudhuri, Lee Hsu, Maggie Roberts, Tom Yeh, Wade Chow and Maire Quinn
		5,000	q) RAMS Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic - Job training wages	3626 Balboa St, SF, CA 94124	JayVon Muhammad	JayVon Muhammad, CEO, Christina Shea, Angela Tang, Trina De Joya, Sachi Inoue, Carmen Castorena-O'Keefe, Hasian Sinaga, Alla Volovich, Dennielle C. Kronenberg, Anna Zozulinsky, Janny Wong, Kristin Chun, Vivian Vong, Rebecca Peng, Cynthia Huie, Marjorie Scholtz, Anoshua Chaudhuri, Lee Hsu, Maggie Roberts, Tom Yeh, Wade Chow and Maire Quinn
47	**Overdose Prevention Program inSingle Room Occupancy (SRO) Hotels** To implement an overdose prvention program in Single Room Occupancy (SRO) hotel rooms	79,500	a) Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Blayne Cutler, MD, PhD, CEO, Tim Seifert, JD, CHRO, Peter Dale, CPO, Biran Gieseler, CFO, Linda Yeomans, Kiran Saluja, Nickie Kluge, Erik D. Ramanathan, JD, Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carladenise Edwards, PhD, Edward Yip, JD; Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DrPH, FACHE; Santosh Vetticaden, MD, PHD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH. Nicole J. Macarchuk, JD, Vivian Vasallo
		122,667	b) Harm Reduction Coalition DOPE Project Providing services for the DOPE Project - Fiscal Intermediary	1111 Broadway, 3rd Floor Oakland, CA 94607	Monique Tula	Susan Sherman, MPH, PhD; Alex H. Karl, PhD; Marcia S. McIntosh; Nandini Pillai; Tino Fuentes; Corinne Green; Mark Kinzly; Dakarai Larriett; William O. Pick, MSW, JD; Lisa Ramirez; Carlos Roig; Julie Stampler; Hansel Tookes, Monique Tula, Carolina Lopez, Kate Goertzen

48	**Overdose Data to Action - Academic Detailing** To reduce drug-overdose deaths by conduction publice education and community outreach, expanding medication assisted treatment efforts, and utilizing opioid data to inform actions and interventions at the local level	271,989	a) Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Blayne Cutler, MD, PhD, CEO, Tim Seifert, JD, CHRO, Peter Dale, CPO, Biran Gieseler, CFO, Linda Yeomans, Kiran Saluja, Nickie Kluge, Erik D. Ramanathan, JD, Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carladenise Edwards, PhD, Edward Yip, JD; Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DrPH, FACHE; Santosh Vetticaden, MD, PHD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH. Nicole J. Macarchuk, JD, Vivian Vasallo
51	**Overdose Data to Action - Peer to Peer** To reduce drug-overdose deaths by conduction publice education and community outreach, expanding medication assisted treatment efforts, and utilizing opioid data to inform actions and interventions at the local level	222,085	a) Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Blayne Cutler, MD, PhD, CEO, Tim Seifert, JD, CHRO, Peter Dale, CPO, Biran Gieseler, CFO, Linda Yeomans, Kiran Saluja, Nickie Kluge, Erik D. Ramanathan, JD, Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carladenise Edwards, PhD, Edward Yip, JD; Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DrPH, FACHE; Santosh Vetticaden, MD, PHD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH. Nicole J. Macarchuk, JD, Vivian Vasallo
52	**Hepatitis C Virus (HCV) Prevention and Control Activities** Support hepatitis C (HCV) elimination activities for populations at risk of forward transmission.	95,203	a) Facente Consulting Professional consultation and technical Asssitance for Strategic Planning	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Shelley Facente	Shelley Facente, Lillian Agyei, Autumn Albers, William Bland, LeRoy Blea, Dara Geckeler, Monique Harris, Meghan Hynes
		95,203	b) Shanti Provides Hepatitis C prevention services	730 Polk Street, 3rd Floor San Francisco, CA 94109	Kaushik Roy	William L. Dawes, Jamie Ennis, Jerry Francone, Sheila Fischer Kiernan, Micki Klearman, MD, Catherine Lawlor, Psy.D., Colleen McCarthy, John Sell, Ethan M. Sullivan, Chip Supanich, Josh Weinstein, Stanley Yee, Kaushik Roy, Melissa Bryan, Charlie Meade, Patricia J. Schnedar
54	**2020 Noxious Weed Program** This project works to eradicate invasive sea lavender at all tidal marsh locations in the county.	18,000	a) California Invasive Plant Council To restore specified marshes by replanting native cordgrass and marsh gumplant.	1442-A Walnut St. #462, Berkeley, CA 94709	Doug Johnson	Julia Parish, Drew Kerr, Sarah Godfrey, Laura Pavliscak, Gina Darin, Steven Addison, Doug Gibson, Jason Giessow, Metha Klock, Juli Matos, Tanya Meyer, LeeAnne Mila, Scott Oneto, Steve Schoenig, Amanda Cantu Swanson, Marcos Trinidad, Cheryl Wilen, Doug Johnson, Agustin Luna, Jutta Burger, Bertha McKinley, Claire F. Meyler, Nikki Valentine
58	**Oral Health Program Prop 56** Provide activities that support oral health plan and build capacity for the facilitation and implementation of education, prevention, linkage to treatment, surveillance, and case management services.	8,000	a) APA Family Support Services Provide support for oral health program	10 Nottingham Place, San Francisco, CA 94133	Rick Yuen	Rose Chung, Cary Chen, Jacqueline Huie, Julie Hoxie, Joyce Tso, Mai-Sie Chan, M.D., Van Diep, Fanny Lam, Kory Lam, Jennifer Ng, M.D, Susan Sung, Ph.D., Dean Yao, Ph.D., Rick Yuen, Sonya Trac
		8,000	b) CARECEN Provide support for oral health program	3101 Mission St Suite #101, San Francisco, CA 94110	Jose Artiga	Jose Artiga, Elena Asturias, Kathleen Coll, Honorable Carmen Flores, Michelle Loya-Talamantes, Gabriella Rodezno, Father Richard Smith, Ph.D.
		10,000	c) University of California, San Francisco Provide support for oral health program	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	William E. Oberndorf, Philip Hammarskjold, Nancy Hellman Bechtle, Andrew Ach, Andrew Ballard, Peter Briger, Todd Carter, Fred Cohen, Connie Chen, Dipanjan Deb, Robin Richards Donohoe, Dana Emery, William S. Fisher, Sameer Gandhi, Brian Grossman, Kathryn Hall, Kenneth Kao, Julia Hartz, Carl Kawaja, Richard Kimball, George Marcus, Amy McKnight, Jason Moment, Diane Morris, Lisa Pritzker, Steven Read, George Scangos, Shahan Soghikian, Joan Weill, Barba Bass Bakar, Lunne Benioff, William H. Davidow, Arthr H. Kern, Carmen Policy, Richard M. Rosenberg, Jaclyn Safier, Brook H. Byers, Kenneth T. Derr, Doris F. Fisher, Robert B. Friend, Ellen Magnin Newman, Diane B. Wilsey
		8,000	d) NICOS Chinese Health Coalition Provide support for oral health program	1208 Mason St, San Francisco, CA 94108	Kent Woo	Ben Lui, M.D., May Leong, Cathy Chan, Nancy Lim-Yee
60	**STD Program Management and Collaboration Project** Impement public health activities to monitor, investigate, and prevent sexually transmitted diseases (STD)	150,000	a) University of California, San Francisco Technical Assistance: HIV Global Health	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	William E. Oberndorf, Philip Hammarskjold, Nancy Hellman Bechtle, Andrew Ach, Andrew Ballard, Peter Briger, Todd Carter, Fred Cohen, Connie Chen, Dipanjan Deb, Robin Richards Donohoe, Dana Emery, William S. Fisher, Sameer Gandhi, Brian Grossman, Kathryn Hall, Kenneth Kao, Julia Hartz, Carl Kawaja, Richard Kimball, George Marcus, Amy McKnight, Jason Moment, Diane Morris, Lisa Pritzker, Steven Read, George Scangos, Shahan Soghikian, Joan Weill, Barba Bass Bakar, Lunne Benioff, William H. Davidow, Arthr H. Kern, Carmen Policy, Richard M. Rosenberg, Jaclyn Safier, Brook H. Byers, Kenneth T. Derr, Doris F. Fisher, Robert B. Friend, Ellen Magnin Newman, Diane B. Wilsey
61	**Early Psychosis Intervention Plus** It's intended to support the statewide development and expansion of a Coordinated Specialty Care model, and evidence-based and integrated EPI model.	478,357	a) Felton Institute Provide program support	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Sandra Smith, Darren Skolnick, Gretchen Elchinger, Amy Solliday, Christopher Seaman, Michael N. Hofman, Dr. Michelle Clark, Yasmine Rafidi, Paul Adams, Susan Bobulsky, Dr. H. Westley Clark, Terry M. Limpert, Michael Orias, Peter Rojo, Matt Snyder, Tamara Steele, Al Gilbert, CEO, Marvin Davis, CFO, Liz Dalmacio-Julien, CPO, Dr. Robin Ortiz, Yohana Quiroz, COO, Adriana Furuzawa, Kenji Paschen, Curtis Penn, Catherine Spensley, MSW, LCSW, Joseph A. Turner, PH.D
62	**CHVP State General Fund Innovation** Implementing home visits as a primary intervention strategy for families from pregnancy through kindergarten to promote positive outcomes and family success.	400,000	Sonoma County co-recipient of grant funds	625 5th Street Santa Rosa, CA 95404	tbd	Susan Gorin, David Rabbitt, Chris Coursey, James Gore, Lynda Hopkins
		200,000	Napa County co-recipient of grant funds .	2751 Napa Valley Corporate Drive Building B Napa, CA 94558	tbd	Brad Wagenknecht, RYAN GREGORY, DIANE DILLON, ALFREDO PEDROZA, BELIA RAMOS

Total	**12,801,007**
Per State Recurring Grants List	**12,801,007**
Difference	**0**

OFFICE OF THE MAYOR
SAN FRANCISCO

LONDON N. BREED
MAYOR

To: Angela Calvillo, Clerk of the Board of Supervisors
From: Ashley Groffenberger, Mayor's Budget Director
Date: June 1, 2021
Re: Mayor's FY 2021-22 and FY 2022-23 Budget Submission

Madam Clerk,

In accordance with City and County of San Francisco Charter, Article IX, Section 9.100, the Mayor's Office hereby submits the Mayor's proposed budget by June 1st, corresponding legislation, and related materials for Fiscal Year (FY) 2021-22 and FY 2022-23.

In addition to the Mayor's Proposed FY 2021-22 and FY 2022-23 Budget Book, the following items are included in the Mayor's submission:

- The Annual Appropriation Ordinance and Annual Salary Ordinance, along with Administrative Provisions, physical copies of which will be delivered by the Controller's Office
- The proposed budget for the Office of Community Investment and Infrastructure for FY 2021-22
- 22 separate pieces of trailing legislation (see list attached)
- A Transfer of Function letter detailing the transfer of positions from one City department to another
- An Interim Exception letter
- A letter addressing funding levels for nonprofit corporations or public entities for the coming two fiscal years
- Memo to the Board President requesting for 30-day rule waivers on ordinances
- Request for release of Budget and Appropriations Committee Reserve

Please note the following:

- Technical adjustments to the budget are being prepared, but are not submitted with this set of materials.

Sincerely,

Ashley Groffenberger
Mayor's Budget Director

cc: Members of the Board of Supervisors
Budget & Legislative Analyst's Office
Controller

1 DR. CARLTON B. GOODLETT PLACE, ROOM 200
SAN FRANCISCO, CALIFORNIA 94102-4681
TELEPHONE: (415) 554-6141

DEPT	Item	Relevance to Budget	Type of Legislation
ADM	Critical Repair/Recovery Stimulus COPs	Authorizes COPs to finance or refinance the capital plan in the budget.	Ordinance
CON	Prop J Certification - new	Costs related to Prop J services assumed in budget.	Resolution
CON	Prop J Certification - previously approved	Costs related to Prop J services assumed in budget.	Resolution
CON	Access Line Tax	Sets Access Line Tax. Revenues assumed in budget.	Resolution
CON	Neighborhood Beautification Fund	Neighborhood Beautification Fund contribution levels assumed in budget.	Ordinance
CON	Supplemental Enterprise Budget - AAO	Amendment to the AAO for the Airport, Port, and the PUC	Ordinance
CON	Supplemental Enterprise Budget - ASO	Amendment to the ASO for the Airport, Port, and the PUC	Ordinance
DPH	Annual Update to Patient Rates	Fee revenue assumed in budget.	Ordinance
DPH	Recurring State Grants	Grant revenue assumed in budget.	Resolution
DPH	DPH City Option Payouts	Approves the execution of a payment agreement assumed in budget.	Resolution
DPH	Emergency Medical Services Fee Transfer of Function	Transfer of function for positions reflected in the budget	Ordinance
HSH	Annual HSH Fund Expenditures	Expenditure plan assumed in budget.	Resolution
LIB	In-Kind Grant of Friends of San Francisco Public Library	Grant assumed in budget.	Resolution
LIB	In-Kind Grant of Friends of San Francisco Public Library Mission Branch	Grant assumed in budget.	Resolution
PUC	Hetch Hetchy Capital Budget	Appropriates funds to support PUC Hetch Hetchy capital budget expenditures.	Ordinance
PUC	Wastewater Capital Budget	Appropriates funds to support PUC Wastewater Enterprise capital budget expenditures.	Ordinance
PUC	Hetch Hetchy Debt Authorization	Authorizes bond issuance to finance Hetch Hetchy capital projects.	Ordinance
PUC	Wastewater Debt Authorization	Authorizes bond issuance to finance Wastewater capital projects.	Ordinance
REC	Continuing Flexible Pricing Model for REC Owned Gardens	Continues current pricing model for REC-owned gardens-- revenues reflected in budget.	Ordinance
REC	Parking Rates and Codes Revision	Authorizes SFMTA to implement paid parking and revise existing rates at certain parking lots-- revenues reflected in budget.	Ordinance
RNT	Direct Administration of the Rent Board Fee	Legislation that allows the Rent Board to directly collect the annual fee on rent-controlled units-- revenues reflected in budget.	Ordinance
TTX	Street Artist Fee	Lowers the fee of a street artist certificate—revenues reflected in budget.	Ordinance

City and County of San Francisco **Department of Public Health**

London N. Breed
Mayor

Grant Colfax, MD
Director of Health

TO: **Angela Calvillo, Clerk of the Board of Supervisors**

FROM: **Grant Colfax, MD**
Director of Health

DATE: **Friday, April 23, 2021**

SUBJECT: **Accept & Expend Resolution for State Grants**

TITLE: **FY 2021-2022 Recurring State Grants**

Attached please find the original and 1 copy of each of the following:

☒ Proposed grant resolution, original signed by Department

☐ Grant information form, including disability checklist (*Not required, these are recurring grants which are included in the FY 2021-2022 budget*.)

☒ Other (Explain): List of State grants (Attachment A)

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Gregory Wong Phone: 554-2521

Interoffice Mail Address: 101 Grove, Ste. 110

Certified copy required Yes ☐ No ☒

	Subcontractor	Amount
1	18 Reasons	**55,000**
2	APA Family Support Services	**8,000**
3	CARECEN	**8,000**
4	California Invasive Plant Council	**18,000**
5	Catholic Charities - Leland House	**311,638**
6	Catholic Charities - Peter Claver	**174,774**
7	Children's Council of San Francisco	**119,000**
8	Curry Senior Center	**114,273**
9	Dolores Street Community Services	**233,234**
10	Facente Consulting	**95,203**
11	Family Services Agency	**292,503**
12	Felton Institute	**20,000**
13	Felton Institute	**458,545**
14	Felton Institute	**128,715**
15	Felton Institute	**621,353**
16	Felton Institute	**478,357**
17	Harm Reduction Coalition DOPE Project	**122,667**
18	Harm Reduction Therapy Center	**33,600**
19	Hatchuel Tabernik & Associates Inc	**80,000**
20	Hatchuel Tabernik & Associates Inc	**45,000**
21	HealthRight 360	**141,932**
22	HealthRight 360	**419,301**
23	HealthRight 360	**54,079**
24	HealthRight 360	**12,256**
25	Heluna Health	**79,500**
26	Heluna Health	**271,989**
27	Heluna Health	**225,000**
28	Heluna Health	**604,458**
29	Heluna Health	**73,307**
30	Heluna Health	**222,085**
31	Maitri AIDS Hospice	**507,476**
32	Napa County	**200,000**
33	NICOS Chinese Health Coalition	**8,000**
34	Project Open Hand	**1,472,875**
35	RAMS	**249,691**
36	RAMS	**273,182**
37	RAMS	**5,000**
38	RAMS	**150,266**
39	Richmond Area Multi-Services	**428,439**
40	San Francisco Mental Health Educational Board	**61,488**
41	San Francisco Public Health Foundation	**332,163**
42	San Francisco Public Health Foundation	**14,161**
43	San Francisco Public Health Foundation	**57,639**
44	San Francisco Public Health Foundation	**196,122**
45	San Francisco Public Health Foundation	**73,818**
46	San Francisco Public Health Foundation	**132,990**

47	San Francisco Public Health Foundation	**2,853**
48	San Francisco Study Center	**13,732**
49	San Francisco Unified School District	**205,000**
50	Shanti	**95,203**
51	Sonoma County	**400,000**
52	The Salvation Army, San Francisco Harbor Light Center	**1,766,385**
53	UCSF Alliance Health Project	**34,829**
54	University of California, San Francisco	**437,926**
55	University of California, San Francisco	**10,000**
56	University of California, San Francisco	**150,000**
	Total	**12,801,007**
		12,801,007
		-

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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 #: 210661

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of $100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: https://sfethics.org/compliance/city-officers/contract-approval-city-officers

1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (*for amendment only*)
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	**EMAIL**
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY WONG	415-554-2521
FULL DEPARTMENT NAME	**DEPARTMENT CONTACT EMAIL**
DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR 18 REASONS	**TELEPHONE NUMBER** (415) 568-2710
STREET ADDRESS (including City, State and Zip Code) 3674 18th St. San Francisco, CA 94110	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $55,000		
NATURE OF THE CONTRACT *(Please describe)* Provide outreach to targeted populations		

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**

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Incomplete - Pending signature

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Nelson	SARAH	Other Principal Officer
2	SALCEDO	THERESA	Other Principal Officer
3	WELLER	MIKE	Other Principal Officer
4	ECKERT	ALLISON	Other Principal Officer
5	GUERRERO	CLAUDIA	Other Principal Officer
6	TEJUCO	BRIANA	Other Principal Officer
7	BOULTON	FRANCESCA	Other Principal Officer
8	HAYASHI	ELISE	Other Principal Officer
9	DAWSON	TOM	Other Principal Officer
10	SUSTER	ABBY	Other Principal Officer
11	VIGIL	EMELIA	Other Principal Officer
12	SOLONIUK	ANNA	Other Principal Officer
13	GUERRERO-VILLANUEVA	MAURICIO	Other Principal Officer
14	SKLENAR	NIC	Other Principal Officer
15	O'BRIEN	CAT	Other Principal Officer
16	CAMPOS	SAMANTHA	Other Principal Officer
17	FARRAR-RIVAS	PATRICIA	Board of Directors
18	HARDISTY	AARON	Board of Directors
19	MEKSAVAN	JESSICA	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	ROSNER	BOB	Board of Directors
21	TSAY	CALVIN	Board of Directors
22	MOGANNAM	SAM	Board of Directors
23	NELSON	SARAH	Board of Directors
24	BUWEMBO	ISSAC	Board of Directors
25	SPICER	MAGGIE	Board of Directors
26	TAO	ROSABEL	Board of Directors
27	COGEN	SHANNON WHITE	Board of Directors
28	OBST	SUZY	Board of Directors
29	SINGH	POONAM	Board of Directors
30	WIGGLESWORTH	SARAH	Board of Directors
31	BALDAUF	MARIAN ZISCHKE	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION

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

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

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

DocuSign Envelope ID: 0955320A-39B4-4EFA-A3B0-4EA1DF843453

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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 DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY WONG	415-554-2521
FULL DEPARTMENT NAME	**DEPARTMENT CONTACT EMAIL**
DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR APA Family Support Services	**TELEPHONE NUMBER** (415) 617-0061
STREET ADDRESS (including City, State and Zip Code) 10 Nottingham Place San Francisco, CA 94133	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $8,000		
NATURE OF THE CONTRACT *(Please describe)* Provide support for oral health program		

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**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Yuen	Rick	Other Principal Officer
2	CHUNG	ROSE	Board of Directors
3	CHEN	CARY	Board of Directors
4	HUIE	Jacqueline	Board of Directors
5	HOXIE	JULIE	Board of Directors
6	TSO	JOYCE	Board of Directors
7	CHAN	MAI-SIE	Board of Directors
8	DIEP	VAN	Board of Directors
9	LAM	FANNY	Board of Directors
10	LAM	KORY	Board of Directors
11	NG	JENNIFER	Board of Directors
12	SUNG	SUSAN	Board of Directors
13	TRAC	SONYA	Board of Directors
14	YAO	DEAN	Board of Directors
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

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1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Shanti	**TELEPHONE NUMBER** 415.674.4700
STREET ADDRESS (including City, State and Zip Code) 730 Polk Street, 3rd Floor San Francisco, CA 94109	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $95,203		
NATURE OF THE CONTRACT *(Please describe)* Provides Hepatitis C prevention services		

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**

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9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	ROY	KAUSHIK	Other Principal Officer
2	BRYAN	MELISSA	Other Principal Officer
3	MEADE	CHARLIE	Other Principal Officer
4	Schnedar	PATRICIA J.	CFO
5	DAWES	WILLIAM	Board of Directors
6	ENNIS	JAMIE	Board of Directors
7	FRANCONE	JERRY	Board of Directors
8	KIERNAN	SHIELA FISCHER	Board of Directors
9	Klearman	MICKI	Board of Directors
10	LAWLOR	CATHERINE	Board of Directors
11	MCCARTHY	COLLEEN	Board of Directors
12	SELL	JOHN	Board of Directors
13	SULLIVAN	ETHAN M.	Board of Directors
14	SUPANICH	CHIP	Board of Directors
15	WEINSTEIN	JOSH	Board of Directors
16	YEE	STANLEY	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.

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

DocuSign Envelope ID: 115C8FF6-F32D-4C80-9A40-5470DC208753

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1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR California Invasive Plant Council	**TELEPHONE NUMBER** (510) 843-3902
STREET ADDRESS (including City, State and Zip Code) 1442-A Walnut St. #462 Berkeley, CA 94709	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $18,000		
NATURE OF THE CONTRACT *(Please describe)* To restore specified marshes by replanting native cordgrass and marsh gumplant.		

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**

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9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	PARISH	JULIA	Other Principal Officer
2	KERR	DREW	Other Principal Officer
3	GODFREY	SARAH	Other Principal Officer
4	Pavliscak	LAURA	Other Principal Officer
5	DARIN	GINA	Other Principal Officer
6	ADDISON	STEVEN	Board of Directors
7	GIBSON	DOUG	Board of Directors
8	GIESSOW	JASON	Board of Directors
9	KLOCK	METHA	Board of Directors
10	MATOS	JULI	Board of Directors
11	MEYER	TANYA	Board of Directors
12	MILA	LEEANNE	Board of Directors
13	ONETO	SCOTT	Board of Directors
14	SCHOENIG	STEVE	Board of Directors
15	SWANSON	AMANDA CANTU	Board of Directors
16	TRINIDAD	MARCOS	Board of Directors
17	WILEN	CHERYL	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.

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

DocuSign Envelope ID: 0D167016-5A81-40E4-8EB0-18B4FA02AF9F

Incomplete - Pending Signature

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 #: 210661

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR CARECEN	**TELEPHONE NUMBER** 415-642-4400
STREET ADDRESS (including City, State and Zip Code) 3101 Mission Street Suite 101 San Francisco, CA 94110	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $8,000		
NATURE OF THE CONTRACT *(Please describe)* Provide support for oral health program		

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**

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9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	ARTIGA	JOSE	Board of Directors
2	ASTURIAS	ELENA	Board of Directors
3	COLL	KATHLEEN	Board of Directors
4	FLORES	CARMEN	Board of Directors
5	Loya-Talamantes	MICHELLE	Board of Directors
6	RODEZNO	GABRIELLA	Board of Directors
7	SMITH	RICHARD	Board of Directors
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BOS Clerk of the Board	

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FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

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Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Catholic Charities - Peter Claver	**TELEPHONE NUMBER** (415) 749-3800
STREET ADDRESS (including City, State and Zip Code) 1340 Golden Gate Ave, San Francisco, CA 94115	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $174,774		
NATURE OF THE CONTRACT *(Please describe)* To provide attendant care services in compliance with the Standard of Care for Client Centered Services to multiply diagnosed individuals at Peter Claver Community an RCFCI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.		

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**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Cordileone	Salvatore	Board of Directors
2	Boerio	JIM	Other Principal Officer
3	Borromeo	Theodore	Other Principal Officer
4	Sundby	George B.	Other Principal Officer
5	Meneses	Jilma	CEO
6	Bennett	Paula H	Board of Directors
7	Bojorquez	Diana I.	Board of Directors
8	Brigham	Martha	Board of Directors
9	Clark	Philip	Board of Directors
10	Connors	Timothy	Board of Directors
11	Dahik	Adriana	Board of Directors
12	Gelt	Jerilyn	Board of Directors
13	Ghilotti	Michael M.	Board of Directors
14	Gonzalez	Eleanor	Board of Directors
15	Grogan	Kathleen A.	Board of Directors
16	Hultman	David R.	Board of Directors
17	Ikeda	Lisa	Board of Directors
18	Kearney	Philip	Board of Directors
19	Leupp	Jay Paul	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Mclnerney	Maureen	Board of Directors
21	Mirek	Lori P.	Board of Directors
22	Nascimento	Daniel	Board of Directors
23	Pohlman	JACK	Board of Directors
24	REYES	RAYMUND	Board of Directors
25	REYNAUD	LOUIS	Board of Directors
26	Sangiacomo	JIM	Board of Directors
27	WILCH	PETER J.	Board of Directors
28	Pautler	Michael	Board of Directors
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

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Received On:

File #: 210661

Bid/RFP #:

Notification of Contract Approval

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2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

DocuSign Envelope ID: 9F64DDC3-2174-4DD5-9143-5EDB68D29209

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5. CONTRACTOR	
NAME OF CONTRACTOR Catholic Charities - Leland House	**TELEPHONE NUMBER** 415-405-2000
STREET ADDRESS (including City, State and Zip Code) 141 Leland Avenue, San Francisco CA 94134	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $311,638		
NATURE OF THE CONTRACT *(Please describe)* To provide attendant care services in compliance with the Standard of Care for Client Centered Services to multiply diagnosed individuals at Leland House an RCF-CI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.		

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**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Cordileone	Salvatore J	Board of Directors
2	Boerio	JOE	Other Principal Officer
3	Borromeo	THEODORE	Other Principal Officer
4	SUNDBY	GEORGE	Other Principal Officer
5	Meneses	JILMA	CEO
6	Bennett	PAULA	Board of Directors
7	Bojorquez	DIANA	Board of Directors
8	Brigham	MARTHA	Board of Directors
9	CLARK	PHILIP	Board of Directors
10	CONNORS	TIMOTHY	Board of Directors
11	DAHIK	ADRIANA	Board of Directors
12	GELT	JERILYN	Board of Directors
13	GHILOTTI	Michael M.	Board of Directors
14	Gonzalez	ELEANOR	Board of Directors
15	GROGAN	KATHLEEN A	Board of Directors
16	HULTMAN	DAVID R	Board of Directors
17	IKEDA	LISA	Board of Directors
18	KEARNEY	PHILIP	Board of Directors
19	LEUPP	JAY PAUL	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	MCINERNEY	MAUREEN	Board of Directors
21	MIREK	LORI	Board of Directors
22	Nascimento	DANIEL	Board of Directors
23	Pautler	MICHAEL	Board of Directors
24	Pohlman	JACK	Board of Directors
25	REYES	RAYMUND	Board of Directors
26	REYNAUD	LOUIS	Board of Directors
27	Sangiacomo	JIM	Board of Directors
28	WILCH	PETER	Board of Directors
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	

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3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

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NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Children's Council of San Francisco	**TELEPHONE NUMBER** (415) 276-2900
STREET ADDRESS (including City, State and Zip Code) 445 Church St, San Francisco, CA 94114	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $119,000		
NATURE OF THE CONTRACT *(Please describe)* Provide outreach to targeted populations		

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**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Nordberg	Anna	Board of Directors
2	Sims	Deborah	Board of Directors
3	Dusedau	Marga	Board of Directors
4	Benavidez	Dominique	Board of Directors
5	Moore	Fatima	Board of Directors
6	Butler	Omar	Board of Directors
7	Page	Farris	Board of Directors
8	Diana	Elizabeth	Board of Directors
9	Pattinson	Charmaine	Board of Directors
10	Fram	Victoria	Board of Directors
11	Rosberg	Peter	Board of Directors
12	Hilberman	Jessica	Board of Directors
13	Salaam	Na'eem	Board of Directors
14	Hood	Sophie	Board of Directors
15	Thomas	Chris	Board of Directors
16	Israel	George	Board of Directors
17	Vause	Brandy	Board of Directors
18	Kirk	Jim	Board of Directors
19	Fromer	Gina	CEO

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Cornwell	Gwendolyn	Other Principal Officer
21	Fischer	Eric	CFO
22	Latterman	Amie	Other Principal Officer
23	Renteria	Yvette	Other Principal Officer
24	Stephens	Tiffany	Other Principal Officer
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4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR CURRY SENIOR CENTER	**TELEPHONE NUMBER** 415-920-1351
STREET ADDRESS (including City, State and Zip Code) 333 Turk Street San Francisco, CA 94102	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $114,273		
NATURE OF THE CONTRACT *(Please describe)* Provides support for older adults with mental health issues and are homeless or risk of losing their houses		

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**

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9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	KNEGO	DAVID	Other Principal Officer
2	BARNES	SHERRI	Other Principal Officer
3	BESS	RASHAAD	Other Principal Officer
4	BUSHNELL	ARLO	Other Principal Officer
5	DIMARTINO	ANGELA	Other Principal Officer
6	HILL	DANIEL	Other Principal Officer
7	SHORTS	TOBY	Other Principal Officer
8	Tuszynski	ANN	Other Principal Officer
9	MORGAN	JUSTIN	Other Principal Officer
10	DAVILA	JONRIE	Board of Directors
11	SKLAR	DIANE	Board of Directors
12	QUITUGUA	SHIRLEY	Board of Directors
13	SCHILLER	ZACK	Board of Directors
14	ZHANG	ALICE	Board of Directors
15	VALENTE	JULIE	Board of Directors
16	PRITCHETT	PATTIE	Board of Directors
17	SLAM	ARIELLE	Board of Directors
18	NORTON	ALYCIA	Board of Directors
19	SULLIVAN	RICHARD	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	BICKHAM	DAVID	Board of Directors
21	RAZZO	ROBERT A.	Board of Directors
22	DWYER	DIANE	Board of Directors
23	SELVAM	SASHA	Board of Directors
24	LINCECUM	HANNAH	Board of Directors
25	ZACHARY	WENDY	Board of Directors
26	GUERRERO HUH	JA EUN	Board of Directors
27	WULFOVICH	YAEL	Board of Directors
28	MCKINNON	JOHN	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.

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

DocuSign Envelope ID: 72270F08-F502-403F-87CB-4EF23C901DF2

Incomplete - Pending Signature

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 #: 210661

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Dolores Street Community Services	**TELEPHONE NUMBER** (415) 282-6209
STREET ADDRESS (including City, State and Zip Code) 938 Valencia St, San Francisco, CA 94110	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $233,234		
NATURE OF THE CONTRACT *(Please describe)* To improve and maintain the health of our residents through the provision of facility-based health care and other supportive services.		

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**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	REGAN	MONICA	Other Principal Officer
2	SILVA	ROCIO	Other Principal Officer
3	LIN	KANI	Other Principal Officer
4	HERNANDEZ	PEDRO	Other Principal Officer
5	PENFOLD	WARD	Board of Directors
6	LAUDERBACK	JUSTIN	Board of Directors
7	WINN	MICHAEL	Board of Directors
8	CAMERON	ANJALI	Board of Directors
9	VALDEZ	LAURA	Other Principal Officer
10	BHAKTA	CHIRAG	Board of Directors
11	LEONARD	ANAT	Other Principal Officer
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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 CLERK	DATE SIGNED
BOS Clerk of the Board	

DocuSign Envelope ID: E24CD389-5948-432C-9E87-A87428FDF5F0

Incomplete - Pending Signature

San Francisco Ethics Commission
25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
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ethics.commission@sfgov.org . www.sfethics.org

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Notification of Contract Approval

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1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

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OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Facente Consulting	**TELEPHONE NUMBER** 415-999-1310
STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Parkway, Suite 450 CID CA 91746	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $95,203		
NATURE OF THE CONTRACT *(Please describe)* Professional consultation and technical Asssitance for Strategic Planning		

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**

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Incomplete - Pending signature

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	FACENTE	SHELLEY	Other Principal Officer
2	AGYEI	LILLIAN	Other Principal Officer
3	ALBERS	AUTUMN	Other Principal Officer
4	BLAND	WILLIAM	Other Principal Officer
5	BLEA	LEROY	Other Principal Officer
6	Geckeler	DARA	Other Principal Officer
7	HARRIS	MONIQUE	Other Principal Officer
8	HYNES	MEGHAN	Other Principal Officer
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10. VERIFICATION

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

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

DocuSign Envelope ID: 6F048D4A-BE32-49F7-8B7A-2EE522E6E798

Incomplete - Pending Signature

San Francisco Ethics Commission
25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
Phone: 415.252.3100 . Fax: 415.252.3112
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Notification of Contract Approval

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1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR FAMILY SERVICES AGENCY	**TELEPHONE NUMBER** (415) 474-7310
STREET ADDRESS (including City, State and Zip Code) 1500 Franklin Street San Francisco, CA 94109	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $292,503		
NATURE OF THE CONTRACT *(Please describe)* Provides services First Episode Psychosis, families suffering from signs & symptoms of schizophrenia		

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**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Smith	SANDRA	Board of Directors
2	Skolnick	DARREN	Board of Directors
3	Eichinger	Gretchen	Board of Directors
4	Solliday	Amy	Board of Directors
5	Seaman	Christopher	Board of Directors
6	Hofman	Michael N.	Board of Directors
7	Clark	Michelle	Board of Directors
8	Rafidi	Yasmine	Board of Directors
9	Adams	Paul	Board of Directors
10	Bobulsky	Susan	Board of Directors
11	Clark	Westley	Board of Directors
12	Limpert	Terry M.	Board of Directors
13	Orias	Michael	Board of Directors
14	Rojo	Peter	Board of Directors
15	Snyder	Matt	Board of Directors
16	Steele	Tamara	Board of Directors
17	GILBERT	AL	CEO
18	DAVIS	MARVIN	CFO
19	Dalmacio-Julien	LIZ	Other Principal Officer

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Incomplete - pending signature

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
20	ORTIZ	ROBIN	Other Principal Officer
21	QUIROZ	YOHANA	Other Principal Officer
22	Furuzawa	ADRIANA	Other Principal Officer
23	Paschen	KENJI	Other Principal Officer
24	Penn	CURTIS	Other Principal Officer
25	Spensley	CATHERINE	Other Principal Officer
26	Turner	JOSEPH A.	Other Principal Officer
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Incomplete - Pending Signature

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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 CLERK	DATE SIGNED
BOS Clerk of the Board	

DocuSign Envelope ID: E9FAA65D-5CA8-4EDE-B6D6-9BB5A9BAD5C6

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Notification of Contract Approval

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1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Felton Institute	**TELEPHONE NUMBER** (415) 474-7310
STREET ADDRESS (including City, State and Zip Code) 1500 Franklin Street San Francisco, CA 94109	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $458,545		
NATURE OF THE CONTRACT *(Please describe)* To provide mental health services.		

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
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DocuSign Envelope ID: E9FAA65D-5CA8-4EDE-B6D6-9BB5A9BAD5C6

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	SMITH	SANDRA	Board of Directors
2	Skolnick	DARREN	Board of Directors
3	Eichinger	Gretchen	Board of Directors
4	Solliday	AMY	Board of Directors
5	Seaman	Christopher	Board of Directors
6	Hofman	Michael N.	Board of Directors
7	Clark	Michelle	Board of Directors
8	Rafidi	Yasmine	Board of Directors
9	Adams	Paul	Board of Directors
10	Bobulsky	Susan	Board of Directors
11	Clark	Westley	Board of Directors
12	Limpert	Terry M.	Board of Directors
13	Orias	Michael	Board of Directors
14	Rojo	Peter	Board of Directors
15	Snyder	Matt	Board of Directors
16	Steele	Tamara	Board of Directors
17	GILBERT	AL	CEO
18	DAVIS	MARVIN	CFO
19	Dalmacio-Julien	LIZ	Other Principal Officer

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	ORTIZ	ROBIN	Other Principal Officer
21	QUIROZ	YOHANA	Other Principal Officer
22	Furuzawa	ADRIANA	Other Principal Officer
23	Paschen	KENJI	Other Principal Officer
24	PENN	CURTIS	Other Principal Officer
25	Spensley	CATHERINE	Other Principal Officer
26	TURNER	JOSEPH A.	Other Principal Officer
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Incomplete - Pending Signature

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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 CLERK	DATE SIGNED
BOS Clerk of the Board	

DocuSign Envelope ID: 5B11AE94-CC9D-49E5-9203-3DEC90BC455C

Incomplete - Pending Signature

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 #: 210661

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Felton Institute	**TELEPHONE NUMBER** (415) 474-7310
STREET ADDRESS (including City, State and Zip Code) 1500 Franklin Street San Francisco, CA 94109	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $128,715		
NATURE OF THE CONTRACT *(Please describe)* Provide support for TAPP program		

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**

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2	Skolnick	Darren	Board of Directors
3	Eichinger	Gretchen	Board of Directors
4	Solliday	Amy	Board of Directors
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6	Hofman	Michael N.	Board of Directors
7	Clark	Michelle	Board of Directors
8	Rafidi	Yasmine	Board of Directors
9	Adams	Paul	Board of Directors
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11	Clark	Westley	Board of Directors
12	Limpert	Terry M.	Board of Directors
13	Orias	Michael	Board of Directors
14	Rojo	Peter	Board of Directors
15	Snyder	MATT	Board of Directors
16	Steele	Tamara	Board of Directors
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18	DAVIS	MARVIN	CFO
19	Dalmacio-Julien	LIZ	Other Principal Officer

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

DocuSign Envelope ID: 3EA16B39-83CE-4F87-B150-180FAF9F75DD

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NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

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NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Felton Institute	**TELEPHONE NUMBER** (415) 474-7310
STREET ADDRESS (including City, State and Zip Code) 1500 Franklin Street San Francisco, CA 94109	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $621,353		
NATURE OF THE CONTRACT *(Please describe)* Provide program support		

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**

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5	Seaman	Christopher	Board of Directors
6	Hofman	Michael N.	Board of Directors
7	Clark	Michelle	Board of Directors
8	Rafidi	Yasmine	Board of Directors
9	Adams	Paul	Board of Directors
10	Bobulsky	Susan	Board of Directors
11	Clark	Westley	Board of Directors
12	Limpert	Terry M.	Board of Directors
13	Orias	Michael	Board of Directors
14	Rojo	Peter	Board of Directors
15	Snyder	Matt	Board of Directors
16	Steele	Tamara	Board of Directors
17	GILBERT	AL	CEO
18	DAVIS	MARVIN	CFO
19	Dalmacio-Julien	LIZ	Other Principal Officer

Incomplete - pending signature

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

DocuSign Envelope ID: B850CDEA-3FFA-41D4-B595-740AFFC01185

Incomplete - Pending Signature

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 #: 210661

Bid/RFP #:

Notification of Contract Approval

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FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

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NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Felton Institute	**TELEPHONE NUMBER** (415) 474-7310
STREET ADDRESS (including City, State and Zip Code) 1500 Franklin Street San Francisco, CA 94109	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $478,357		
NATURE OF THE CONTRACT *(Please describe)* Provide program support		

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**

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2	Skolnick	Darren	Board of Directors
3	Eichinger	Gretchen	Board of Directors
4	Solliday	Amy	Board of Directors
5	Seaman	Christopher	Board of Directors
6	Hofman	Michael N.	Board of Directors
7	Clark	Michelle	Board of Directors
8	Rafidi	Yasmine	Board of Directors
9	Adams	Paul	Board of Directors
10	Bobulsky	Susan	Board of Directors
11	Clark	Westley	Board of Directors
12	Limpert	Terry M.	Board of Directors
13	Orias	Michael	Board of Directors
14	Rojo	Peter	Board of Directors
15	Snyder	Matt	Board of Directors
16	Steele	Tamara	Board of Directors
17	Gilbert	Al	CEO
18	Davis	Marvis	CFO
19	Dalmacio-Julien	LIZ	Other Principal Officer

Incomplete - pending signature

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25	Spensley	CATHERINE	Other Principal Officer
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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 CLERK	DATE SIGNED
BOS Clerk of the Board	

DocuSign Envelope ID: 92E63477-1DA9-4ECF-852A-142AAEAB9D2D

Incomplete - Pending Signature

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OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

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FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

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NAME OF CONTRACTOR Felton Institute	**TELEPHONE NUMBER** (415) 474-7310
STREET ADDRESS (including City, State and Zip Code) 1500 Franklin Street San Francisco, CA 94109	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $20,000		
NATURE OF THE CONTRACT *(Please describe)* Provides mental health technical assistance to community based MH crisis response to trauma		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
☐	**THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM**
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8	Rafidi	YASMINE	Board of Directors
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BOS Clerk of the Board	

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Each City elective officer who approves a contract that has a total anticipated or actual value of $100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: https://sfethics.org/compliance/city-officers/contract-approval-city-officers

1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Harm Reduction Therapy Center	**TELEPHONE NUMBER** (415) 863 4282
STREET ADDRESS (including City, State and Zip Code) 45 Franklin Street, Suite 320 San Francisco, CA 94102	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $33,600		
NATURE OF THE CONTRACT *(Please describe)* Provide Clinical Consultation Services to LINC frontline staff		

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**

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Incomplete - Pending signature

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	DENNING	PATT	Board of Directors
2	BLIZZARD	MELISSA	Board of Directors
3	ALEXANDER	IRINA	Board of Directors
4	BERG	ANNA	Board of Directors
5	BROWN	JASON	Board of Directors
6	KAMPS-HUGHES	NATHAN	Board of Directors
7	PEREZ	CELIA SAMPAYO	Board of Directors
8	BROUSSARD	JIA	Board of Directors
9	HESS	JOEY	Board of Directors
10	BROWN	LETICIA	Board of Directors
11	BYRD	MAURICE	Board of Directors
12	DARON	RANDY	Board of Directors
13	SAINI	ERICA	Board of Directors
14	DART-MCLEAN	DANA	Board of Directors
15	HERRERA	DANIELLE M.	Board of Directors
16	DREW	COREY	Board of Directors
17	FISHER	MASA	Board of Directors
18	BIRCH	JENNIFER	Board of Directors
19			

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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 CLERK	DATE SIGNED
BOS Clerk of the Board	

DocuSign Envelope ID: 89E3E5A7-F3A0-471A-8E83-F44AEC446876

Incomplete - Pending Signature

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 #: 210661

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
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NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

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NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Harm Reduction Coalition DOPE Project	**TELEPHONE NUMBER** (212) 213-6376
STREET ADDRESS (including City, State and Zip Code) 22 West 27th St. 5th Floor New York, NY 10001	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $122,667		
NATURE OF THE CONTRACT *(Please describe)* Fiscal Intermediary		

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**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	TULA	MONIQUE	Other Principal Officer
2	LOPEZ	CAROLINA	Other Principal Officer
3	GOERTZEN	KATE	Other Principal Officer
4	SHERMAN	SUSAN	Board of Directors
5	KRAL	ALEX H.	Board of Directors
6	MCINTOSH	MARCIA S.	Board of Directors
7	PILLAI	NANDINI	Board of Directors
8	FUENTES	TINO	Board of Directors
9	GREEN	CORRINE	Board of Directors
10	KINZLY	MARK	Board of Directors
11	LARRIETT	DAKARAI	Board of Directors
12	PICK	WILLIAM O.	Board of Directors
13	RAMIREZ	LISA	Board of Directors
14	ROIG	CARLOS	Board of Directors
15	STAMPLER	JULIE	Board of Directors
16	TOOKES	HANSEL	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.

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

DocuSign Envelope ID: 7B9AD165-19CB-497F-889B-C48A33A7079B

Incomplete - Pending Signature

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 #: 210661

Bid/RFP #:

Notification of Contract Approval

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TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
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2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Hatchuel Tabernik & Associates Inc	**TELEPHONE NUMBER** 510-559-3193
STREET ADDRESS (including City, State and Zip Code) 2560 Ninth Street, Suite 319A Berkeley, CA 94710	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $45,000		
NATURE OF THE CONTRACT *(Please describe)* Provide consulting services in support of the Pre-Trial Felony Mental Health Diversion (MHD) program		

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**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Tabernik	TIM	CEO
2	Hatchuel	DINA	Other Principal Officer
3	Toussaint	Danielle	Other Principal Officer
4	Allio	LORI	Board of Directors
5	MALAT	RANDY	Board of Directors
6	LOBAR	RUSS	CFO
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10. VERIFICATION

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

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

DocuSign Envelope ID: 43F7E660-3207-408D-AAD0-B660DD41A99B

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San Francisco Ethics Commission
25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
Phone: 415.252.3100 . Fax: 415.252.3112
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Notification of Contract Approval

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2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

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STREET ADDRESS (including City, State and Zip Code) 2560 Ninth Street, Suite 319A Berkeley, CA 94710	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $80,000		
NATURE OF THE CONTRACT *(Please describe)* Provide program evaluation services		

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**

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3	Toussaint	DANIELLE	Other Principal Officer
4	Allio	LORI	Board of Directors
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	

DocuSign Envelope ID: FC829810-B8F1-4221-857B-8A4380C0C752

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FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

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NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR HealthRIGHT 360	**TELEPHONE NUMBER** (415) 762-3700
STREET ADDRESS (including City, State and Zip Code) 1563 Mission St, San Francisco, CA 94103	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $141,932		
NATURE OF THE CONTRACT *(Please describe)* Provides Fiscal Intermediary services		

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**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Eisen	Vitka	Other Principal Officer
2	Duong	Tony	Other Principal Officer
3	Anandasakaran	Jegan	Other Principal Officer
4	Valdés	ANA	Other Principal Officer
5	Andreas	Demetrius	Other Principal Officer
6	GRATTIDGE	DYLAN	Other Principal Officer
7	Hoese	Evan	Other Principal Officer
8	Miazgowicz	BRITT	Other Principal Officer
9	Navarro	Anna- Cristina	Other Principal Officer
10	Siegel	Shabana	Other Principal Officer
11	Torres	APRIL	Other Principal Officer
12	Williams	Denise	Other Principal Officer
13	Graham	Bryan	Board of Directors
14	Ireland	Diana	Board of Directors
15	McElwee	James	Board of Directors
16	Balan	YENER	Board of Directors
17	Binder	Daniel	Board of Directors
18	Pointer	Karen E.	Board of Directors
19	Pugh	Alex	Board of Directors

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Incomplete - Pending Signature

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
20	Torres	Timothy	Board of Directors
21	Thomas	Ahmad	Board of Directors
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Incomplete - Pending Signature

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

10. VERIFICATION

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

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

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

DocuSign Envelope ID: CD61A1DB-1C1E-4FAD-9F66-AF7188C72F20

Incomplete - Pending Signature

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 #: 210661

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of $100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: https://sfethics.org/compliance/city-officers/contract-approval-city-officers

1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR HealthRIGHT 360	**TELEPHONE NUMBER** (415) 762-3700
STREET ADDRESS (including City, State and Zip Code) 1563 Mission St, San Francisco, CA 94103	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $419,301		
NATURE OF THE CONTRACT *(Please describe)* Fiscal Intermediary		

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**

DocuSign Envelope ID: CD61A1DB-1C1E-4FAD-9F66-AF7188C72F20

Incomplete - Pending signature

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Eisen	Vitka	Other Principal Officer
2	Duong	Tony	Other Principal Officer
3	Anandasakaran	Jegan	Other Principal Officer
4	Valdés	Ana	Other Principal Officer
5	Andreas	Demetrius	Other Principal Officer
6	Grattidge	Dylan	Other Principal Officer
7	Hoese	Evan	Other Principal Officer
8	Miazgowicz	BRITT	Other Principal Officer
9	Navarro	Anna- Cristina	Other Principal Officer
10	Siegel	Shabana	Other Principal Officer
11	Torres	APRIL	Other Principal Officer
12	Williams	DENISE	Other Principal Officer
13	Graham	Bryan	Board of Directors
14	Ireland	DIANA	Board of Directors
15	McElwee	JAMES	Board of Directors
16	Balan	YENER	Board of Directors
17	Binder	DIANA	Board of Directors
18	Pointer	Karen E.	Board of Directors
19	Pugh	ALEX	Board of Directors

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20	Torres	Timothy	Board of Directors
21	Thomas	Ahmad	Board of Directors
22			
23			
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	

DocuSign Envelope ID: D2645789-BAE5-4C19-AAA8-686262EEB598

Incomplete - Pending Signature

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

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File #: 210661

Bid/RFP #:

Notification of Contract Approval

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AMENDMENT DESCRIPTION – Explain reason for amendment	

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OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR HealthRIGHT 360	**TELEPHONE NUMBER** (415) 762-3700
STREET ADDRESS (including City, State and Zip Code) 1563 Mission St, San Francisco, CA 94103	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $54,079		
NATURE OF THE CONTRACT *(Please describe)* Provide fiscal intermediary check-writing services		

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**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Eisen	VITKA	Other Principal Officer
2	Duong	TONY	Other Principal Officer
3	Anandasakaran	JEGAN	Other Principal Officer
4	Valdés	ANA	Other Principal Officer
5	Andreas	Demetrius	Other Principal Officer
6	Grattidge	Dylan	Other Principal Officer
7	Hoese	Evan	Other Principal Officer
8	Miazgowicz	Britt	Other Principal Officer
9	Navarro	Anna- Cristina	Other Principal Officer
10	Siegel	Shabana	Other Principal Officer
11	Torres	April	Other Principal Officer
12	Williams	Denise	Other Principal Officer
13	Graham	BRYAN	Board of Directors
14	Ireland	Diana	Board of Directors
15	McElwee	James	Board of Directors
16	Balan	Yener	Board of Directors
17	Binder	Daniel	Board of Directors
18	Pointer	Karen E.	Board of Directors
19	Pugh	Alex	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Torres	Timothy	Board of Directors
21	Thomas	Ahmad	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.

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

DocuSign Envelope ID: 90D3C186-3926-42CD-8D01-8B01E39BB1DA

Incomplete - Pending Signature

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 #: 210661

Bid/RFP #:

Notification of Contract Approval

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A Public Document

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1. FILING INFORMATION

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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
GREGORY WONG	415-554-2521
FULL DEPARTMENT NAME	**DEPARTMENT CONTACT EMAIL**
DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR HealthRight 360	**TELEPHONE NUMBER** 415.762.3700
STREET ADDRESS (including City, State and Zip Code) 1563 Mission St, San Francisco, CA 94103	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $12,256		
NATURE OF THE CONTRACT *(Please describe)* Provide fiscal intermediary services		

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**

DocuSign Envelope ID: 90D3C186-3926-42CD-8D01-8B01E39BB1DA

Incomplete - Pending signature

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Eisen	VITKA	Other Principal Officer
2	DUONG	TONY	Other Principal Officer
3	Anandasakaran	Jegan	Other Principal Officer
4	Valdés	Ana	Other Principal Officer
5	Andreas	Demetrius	Other Principal Officer
6	Grattidge	Dylan	Other Principal Officer
7	Hoese	Evan	Other Principal Officer
8	Miazgowicz	Britt	Other Principal Officer
9	Navarro	Anna- Cristina	Other Principal Officer
10	Siegel	Shabana	Other Principal Officer
11	Torres	April	Other Principal Officer
12	Williams	Denise	Other Principal Officer
13	Graham	Bryan	Board of Directors
14	Ireland	Diana	Board of Directors
15	McElwee	James	Board of Directors
16	Balan	Yener	Board of Directors
17	Binder	Daniel	Board of Directors
18	Pointer	Karen E.	Board of Directors
19	Pugh	Alex	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Torres	Timothy	Board of Directors
21	Thomas	Ahmad	Board of Directors
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10. VERIFICATION

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

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

DocuSign Envelope ID: 7DCDFBDE-FB10-4020-9CCC-CA68530838F5

Incomplete - Pending Signature

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

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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. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY WONG	415-554-2521
FULL DEPARTMENT NAME	**DEPARTMENT CONTACT EMAIL**
DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR HELUNA HEALTH	**TELEPHONE NUMBER** 800-201-7320
STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Parkway North, Suite 450 CID CA 91746	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $271,989		
NATURE OF THE CONTRACT *(Please describe)* Providing program administration and support services - Fiscal Intermediary		

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**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Ramanathan	ERIK D.	Board of Directors
2	JENKS	ROBERT R.	Board of Directors
3	JOSEPH	TAMARA	Board of Directors
4	BAKER	ALEX	Board of Directors
5	Macarchuk	NICOLE J.	COO
6	RICH	SARAH MULLEN	Board of Directors
7	VASALLO	VIVIAN	Board of Directors
8	NGUYEN	VON	Board of Directors
9	Casciato	GEORGIA	Board of Directors
10	DE SANTI	SUSAN	Board of Directors
11	EDWARDS	Carladenise	Board of Directors
12	FILER	SCOTT	Board of Directors
13	O'Connor	JEAN C.	Board of Directors
14	Vetticaden	SANTOSH	Board of Directors
15	YIP	EDWARD	Board of Directors
16	CUTLER	BLAYNE	CEO
17	SEIFERT	TIM	Other Principal Officer
18	DALE	PETER	Other Principal Officer
19	Gieseler	BRIAN	CFO

DocuSign Envelope ID: 7DCDFBDE-FB10-4020-9CCC-CA68530838F5

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	YEOMANS	LINDA	Other Principal Officer
21	SALUJA	KIRAN	Other Principal Officer
22	KLUGE	NICKIE	Other Principal Officer
23			
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BOS Clerk of the Board	

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1. FILING INFORMATION	
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AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR HELUNA HEALTH	**TELEPHONE NUMBER** 800-201-7320
STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Parkway North, Suite 450 CID CA 91746	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $225,000		
NATURE OF THE CONTRACT *(Please describe)* Providing program administration and support services - Fiscal Intermediary		

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**

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Incomplete - Pending signature

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Ramanathan	Erik D.	Board of Directors
2	JENKS	ROBERT R.	Board of Directors
3	JOSEPH	TAMARA	Board of Directors
4	BAKER	ALEX	Board of Directors
5	Macarchuk	NICOLE J.	COO
6	RICH	SARAH	Board of Directors
7	VASALLO	VIVIAN	Board of Directors
8	NGUYEN	VON	Board of Directors
9	Casciato	GEORGIA	Board of Directors
10	DE SANTI	SUSAN	Board of Directors
11	EDWARDS	Carladenise	Board of Directors
12	FILER	SCOTT	Board of Directors
13	O'CONNOR	JEAN C.	Board of Directors
14	Vetticaden	SANTOSH	Board of Directors
15	YIP	EDWARD	Board of Directors
16	CUTLER	BLAYNE	CEO
17	SEIFERT	TIM	Other Principal Officer
18	DALE	PETER	Other Principal Officer
19	Gieseler	BRIAN	CFO

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Yeomans	LINDA	Other Principal Officer
21	Saluja	KIRAN	Other Principal Officer
22	KLUGE	NICKIE	Other Principal Officer
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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 CLERK	DATE SIGNED
BOS Clerk of the Board	

DocuSign Envelope ID: B6A3AEA4-BB35-4EE7-AA0E-13FC0A42006F

Incomplete - Pending Signature

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 #: 210661

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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1. FILING INFORMATION

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
GREGORY WONG	415-554-2521
FULL DEPARTMENT NAME	**DEPARTMENT CONTACT EMAIL**
DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR HELUNA HEALTH	**TELEPHONE NUMBER** 800-201-7320
STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Parkway North, Suite 450 CID CA 91746	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $604,458		
NATURE OF THE CONTRACT *(Please describe)* Provide support for Expecting Justice Program		

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**

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4	BAKER	ALEX	Board of Directors
5	Macarchuk	Nicole J.	COO
6	RICH	SARAH MULLEN	Board of Directors
7	VASALLO	VIVIAN	Board of Directors
8	NGUYEN	VON	Board of Directors
9	Casciato	GEORGIA	Board of Directors
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

DocuSign Envelope ID: FC12FF3C-38AE-43A6-923F-3EBD5ACA91EB

Incomplete - Pending Signature

San Francisco Ethics Commission
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Phone: 415.252.3100 . Fax: 415.252.3112
ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 210661

Bid/RFP #:

Notification of Contract Approval

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A Public Document

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1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR HELUNA HEALTH	**TELEPHONE NUMBER** 800-201-7320
STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Parkway North, Suite 450 CID CA 91746	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $73,307		
NATURE OF THE CONTRACT *(Please describe)* Providing program administration and support services in support of Population Health Division - Tuberculosis Prevention and Control Program.		

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**

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5	Macarchuk	NICOLE	COO
6	RICH	SARAH MULLEN	Board of Directors
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17	SEIFERT	TIM	Other Principal Officer
18	DALE	PETER	Other Principal Officer
19	Gieseler	BRIAN	CFO

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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 CLERK	DATE SIGNED
BOS Clerk of the Board	

DocuSign Envelope ID: 1AF671EA-0A36-4CD6-8405-CD890A65BDE5

Incomplete - Pending Signature

San Francisco Ethics Commission
25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
Phone: 415.252.3100 . Fax: 415.252.3112
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Notification of Contract Approval

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1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR HELUNA HEALTH	**TELEPHONE NUMBER** 800-201-7320
STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Parkway North, Suite 450 CID CA 91746	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $222,085		
NATURE OF THE CONTRACT *(Please describe)* Providing program administration and support services - Fiscal Intermediary		

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**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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2	JENKS	ROBERT R.	Board of Directors
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4	BAKER	ALEX	Board of Directors
5	Macarchuk	NICOLE J.	COO
6	RICH	SARAH MULLEN	Board of Directors
7	VASALLO	VIVIAN	Board of Directors
8	NGUYEN	VON	Board of Directors
9	Casciato	GEORGIA	Board of Directors
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11	EDWARDS	Carladenise	Board of Directors
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15	YIP	EDWARD	Board of Directors
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17	SEIFERT	TIM	Other Principal Officer
18	DALE	PETER	Other Principal Officer
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	

DocuSign Envelope ID: E5505319-4109-4C55-B965-F03776C7E558

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NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

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NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

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NAME OF CONTRACTOR HELUNA HEALTH	**TELEPHONE NUMBER** 800-201-7320
STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Parkway North, Suite 450 CIDCA 91746	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $79,500		
NATURE OF THE CONTRACT *(Please describe)* Providing program administration and support services - Fiscal Intermediary		

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**

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5	Macarchuk	Nicole J.	COO
6	RICH	SARAH MULLEN	Board of Directors
7	VASALLO	VIVIAN	Board of Directors
8	NGUYEN	VON	Board of Directors
9	Casciato	GEORGIA	Board of Directors
10	DE SANTI	SUSAN	Board of Directors
11	EDWARDS	Carladenise	Board of Directors
12	FILER	SCOTT	Board of Directors
13	O'Connor	JEAN C.	Board of Directors
14	Vetticaden	SANTOSH	Board of Directors
15	YIP	EDWARD	Board of Directors
16	CUTLER	BLAYNE	COO
17	SEIFERT	TIM	Other Principal Officer
18	DALE	PETER	Other Principal Officer
19	Gieseler	BRIAN	CFO

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Incomplete - Pending Signature

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
20	YEOMANS	LINDA	Other Principal Officer
21	SALUJA	KIRAN	Other Principal Officer
22	KLUGE	NICKIE	Other Principal Officer
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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 CLERK	DATE SIGNED
BOS Clerk of the Board	

DocuSign Envelope ID: A4169842-2F91-4080-813F-4EC9CFB97102

Incomplete - Pending Signature

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 #: 210661

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Maitri Compassionate Care	**TELEPHONE NUMBER** (415) 558-3000
STREET ADDRESS (including City, State and Zip Code) 401 Duboce Avenue San Francisco CA 94117	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $507,476		
NATURE OF THE CONTRACT *(Please describe)* To provide safe housing, medical care and nutrition supports for those with HIV at end of life and those needing respite to return to independence as defined by the resident.		

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**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	SMITH	RUSTY	Other Principal Officer
2	RUSSELL	CRYSTAL	Other Principal Officer
3	MORENO	TOMAS	Other Principal Officer
4	RICHARDSON	JUSTIN	Other Principal Officer
5	KONG	ANN	Other Principal Officer
6	VALENTINE	DAVID	Other Principal Officer
7	JOHNSON	ROB	Other Principal Officer
8	PALMEA	RHOME	Other Principal Officer
9	KING	JIM	Board of Directors
10	WONG	JANE	Board of Directors
11	WILLIAMS	PATRICK	Board of Directors
12	LAPOINTE	RAY	Board of Directors
13	ARANA	JOAQUIN CASTILLO	Board of Directors
14	CASADOS	JOHANNES	Board of Directors
15	CUMMINGS	DONNA	Board of Directors
16	CUMMINGS	GREGG	Board of Directors
17	DILAWRI	NAMITA	Board of Directors
18	MILLER	AUSTIN	Board of Directors
19	MISHRA	BISMAY	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	RAJE	RISHI	Board of Directors
21	RANA	SAMEERA	Board of Directors
22			
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BOS Clerk of the Board	

DocuSign Envelope ID: 03A8D5F3-BE80-411E-B79E-0E910E057197

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3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR NAPA COUNTY	**TELEPHONE NUMBER** 707-253-4421
STREET ADDRESS (including City, State and Zip Code) 2751 Napa Valley Corporate Drive Bldg B Napa CA 94558	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $200,000		
NATURE OF THE CONTRACT *(Please describe)* co-recipient of grant funds		

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**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Wagenknecht	Brad	Board of Directors
2	GREGORY	Ryan	Board of Directors
3	DILLON	DIANE	Board of Directors
4	PEDROZA	ALFREDO	Board of Directors
5	RAMOS	BELIA	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.

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

DocuSign Envelope ID: EF7D4AFA-70E9-4E3B-8702-15217FEF9560

Incomplete - Pending Signature

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TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR NICOS Chinese Health Coalition	**TELEPHONE NUMBER** (415) 788 - 6426
STREET ADDRESS (including City, State and Zip Code) 1208 Mason Street, San Francisco, CA 94108	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $8,000		
NATURE OF THE CONTRACT *(Please describe)* Provide support for oral health program		

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**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	LUI	BEN	Board of Directors
2	LEONG	MAY	Board of Directors
3	CHAN	CATHY	Board of Directors
4	LIM-YEE	NANCY	Board of Directors
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

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Incomplete - Pending Signature

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1. FILING INFORMATION

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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
GREGORY WONG	415-554-2521
FULL DEPARTMENT NAME	**DEPARTMENT CONTACT EMAIL**
DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

DocuSign Envelope ID: 2F99F7C9-2D2C-4ABA-954B-F70FF112D08D

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Project Open Hand San Francisco	**TELEPHONE NUMBER** (415) 447-2300
STREET ADDRESS (including City, State and Zip Code) 730 Polk Street San Francisco, CA 94109	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $1,472,875		
NATURE OF THE CONTRACT *(Please describe)* To improve the nutritional health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments and other food and nutrition services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
☐	**THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM**
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	HENRY	MIKE	Board of Directors
2	Yankoupe	RUTH	Board of Directors
3	KING	PATRICIA	Board of Directors
4	COLTON	JOHN	Board of Directors
5	CHANG	ANDREW	Board of Directors
6	CHANDRA	VISHWA	Board of Directors
7	MARING	PRESTON	Board of Directors
8	MCSWINE	GINNY	Board of Directors
9	WAKANKAR	ADITYA	Board of Directors
10	PETRAGLIA	JENNIFER WIEMAN	Board of Directors
11	WILKINSON	ANDREA	Board of Directors
12	YORK	HELENE	Board of Directors
13	CHANG	THERESA	Board of Directors
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BOS Clerk of the Board	

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OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR RAMS	**TELEPHONE NUMBER** (415) 668-5955
STREET ADDRESS (including City, State and Zip Code) 3626 Balboa Street San Francisco CA 94121	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $273,182		
NATURE OF THE CONTRACT *(Please describe)* Provides Bilingual-designated counselor positions		

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**

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Incomplete - Pending signature

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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11	Chun	KRISTIN	Other Principal Officer
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13	Peng	REBECCA	Other Principal Officer
14	Huie	CYNTHIA	Board of Directors
15	Scholtz	Marjorie	Board of Directors
16	Chaudhuri	Anoshua	Board of Directors
17	Hsu	Lee	Board of Directors
18	Roberts	Maggie	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.

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

DocuSign Envelope ID: F9A39F65-39E2-43E1-8277-6D4AB222C3E6

Incomplete - Pending Signature

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 #: 210661

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

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3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

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NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR RAMS	**TELEPHONE NUMBER** (415) 668-5955
STREET ADDRESS (including City, State and Zip Code) 3626 Balboa Street San Francisco CA 94121	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $5,000		
NATURE OF THE CONTRACT *(Please describe)* Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic - Job training wages		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
☐	**THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM**
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☐	**THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS**

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13	Peng	Rebecca	Other Principal Officer
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15	Scholtz	Marjorie	Board of Directors
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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 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	

DocuSign Envelope ID: EFE2768E-EE96-4EFA-A297-54562D789E1A

Incomplete - Pending Signature

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 #: 210661

Bid/RFP #:

Notification of Contract Approval

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A Public Document

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OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR RAMS	**TELEPHONE NUMBER** (415) 668-5955
STREET ADDRESS (including City, State and Zip Code) 3626 Balboa Street San Francisco CA 94121	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $249,691		
NATURE OF THE CONTRACT *(Please describe)* Provides Peer Internship Program that prepares clients for employment in peer support and counseling		

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**

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13	Peng	REBECCA	Other Principal Officer
14	Huie	CYNTHIA	Board of Directors
15	Scholtz	Marjorie	Board of Directors
16	Chaudhuri	Anoshua	Board of Directors
17	Hsu	LEE	Board of Directors
18	Roberts	MAGGIE	Board of Directors
19	Yeh	Tom	Board of Directors

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10. VERIFICATION

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

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

DocuSign Envelope ID: 20A99ACB-0E4E-4900-8539-BB78DDA0400E

Incomplete - Pending Signature

San Francisco Ethics Commission
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Notification of Contract Approval

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3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

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FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR RAMS	**TELEPHONE NUMBER** (415) 668-5955
STREET ADDRESS (including City, State and Zip Code) 3626 Balboa Street San Francisco CA 94121	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $150,266		
NATURE OF THE CONTRACT *(Please describe)* Provides support of consumer-run centers serving manu dually-diagnosed individuals		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
☐	**THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM**
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BOS Clerk of the Board	

DocuSign Envelope ID: 8D39CFB8-055A-4763-AA88-CBA46D31EE3C

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FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Richmond Area Multi-Services	**TELEPHONE NUMBER** (415) 668-5955
STREET ADDRESS (including City, State and Zip Code) 3626 Balboa Street San Francisco CA 94121	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $428,439		
NATURE OF THE CONTRACT *(Please describe)* Provide Peer Internship Program that prepares clients for employment in peer support and counseling positions		

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
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15	Scholtz	Marjorie	Board of Directors
16	Chaudhuri	Anoshua	Board of Directors
17	Hsu	Lee	Board of Directors
18	Roberts	Maggie	Board of Directors
19	Yeh	Tom	Board of Directors

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Incomplete - Pending Signature

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
20	Chow	Wade	Board of Directors
21	Quinn	Maire	Board of Directors
22	Muhammad	Jayvonn	CEO
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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 CLERK	DATE SIGNED
BOS Clerk of the Board	

DocuSign Envelope ID: E4707579-BA9A-4E3E-98A3-3962E0F81CCD

Incomplete - Pending Signature

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 #: 210661

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Mental Health Educational Board	**TELEPHONE NUMBER** 415-255-3474
STREET ADDRESS (including City, State and Zip Code) 1380 Howard Street, 2nd Floor San Francisco, CA 94103	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $61,488		
NATURE OF THE CONTRACT *(Please describe)* Support Administrative oversight of system-of-care fiscal intermediary funding in order to maintain level of finding for training		

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**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Tesconi	Marylyn L.	Board of Directors
2	SANDERS	NJON	Board of Directors
3	Jackson-Lane	CARLETTA	Board of Directors
4	Zalazar Drummond	JUDY	Board of Directors
5	Bohrer	TEREZIE	Board of Directors
6	CURRY	ARTHUR	Board of Directors
7	DANCER	MARCUS	Board of Directors
8	Thakore-Dunlap	ULASH	Board of Directors
9	Ledbetter	GREGORY	Board of Directors
10	Klain	JUDITH	Board of Directors
11	PARKS	TONI	Board of Directors
12	SLOTA	RICHELLE	Board of Directors
13	Stevens	Harriette Stallworth	Board of Directors
14	WILSON	IDELL	Board of Directors
15	WONG	BENNY	Board of Directors
16	STEFANI	CATHERINE	Board of Directors
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	

DocuSign Envelope ID: 17A18A79-B028-4D38-89FE-C9BBB0F1100B

Incomplete - Pending Signature

San Francisco Ethics Commission
25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
Phone: 415.252.3100 . Fax: 415.252.3112
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Notification of Contract Approval

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Original	
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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 DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY WONG	415-554-2521
FULL DEPARTMENT NAME	**DEPARTMENT CONTACT EMAIL**
DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Public Health Foundation	**TELEPHONE NUMBER** (415) 504-6738
STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $332,163		
NATURE OF THE CONTRACT *(Please describe)* Providing program administration in support of SF Tobadcco Free Project.		

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**

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2	PETROSOVA	ANASTASIJA	Other Principal Officer
3	TOATELEGESE	KELLSA	Other Principal Officer
4	THORNTON	KITTY	Other Principal Officer
5	CAMPOS	LAURA	Other Principal Officer
6	MIKALACKI- SUBLETT	JEHNIFER	Other Principal Officer
7	Falk	NICOLE	Board of Directors
8	BENNETT	AYANNA	Board of Directors
9	LONGSTRETH	ELIZABETH	Board of Directors
10	LYLES	COURTNEY	Board of Directors
11	Moore	MELISSA	Board of Directors
12	VILLAGOMEZ	ALICE	Board of Directors
13	SHARMA	ADAM	Board of Directors
14	Lau	GINA	Board of Directors
15	MOREWITZ	MARK	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.

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

DocuSign Envelope ID: 08F2137B-B2B7-4440-923C-AAB5F58C2CB4

Incomplete - Pending Signature

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 #: 210661

Bid/RFP #:

Notification of Contract Approval

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2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Public Health Foundation	**TELEPHONE NUMBER** (415) 504-6738
STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $14,161		
NATURE OF THE CONTRACT *(Please describe)* Fiscal Intermediary		

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**

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6	MIKALACKI- SUBLETT	JEHNIFER	Other Principal Officer
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8	BENNETT	AYANNA	Board of Directors
9	LONGSTRETH	ELIZABETH	Board of Directors
10	LYLES	COURTNEY	Board of Directors
11	Moore	Melissa	Board of Directors
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13	SHARMA	ADAM	Board of Directors
14	Lau	GINA	Board of Directors
15	MOREWITZ	MARK	Board of Directors
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

DocuSign Envelope ID: 77FECEB9-1FD6-4BD1-AFF5-D790699C7EA6

Incomplete - Pending Signature

San Francisco Ethics Commission
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NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

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NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

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5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Public Health Foundation	**TELEPHONE NUMBER** (415) 504-6738
STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $57,639		
NATURE OF THE CONTRACT *(Please describe)* Fiscal Intermediary		

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
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15	MOREWITZ	MARK	Board of Directors
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BOS Clerk of the Board	

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AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Public Health Foundation	**TELEPHONE NUMBER** (415) 504-6738
STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $196,122		
NATURE OF THE CONTRACT *(Please describe)* Fiscal Intermediary Svc for California TB Controller's Association		

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**

DocuSign Envelope ID: 3D1C7BC0-4E5A-4561-85AF-4B5F14491BA1

Incomplete - Pending signature

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Eardley	Penny	Other Principal Officer
2	PETROSOVA	ANASTASIJA	Other Principal Officer
3	TOATELEGESE	KELLSA	Other Principal Officer
4	THORNTON	KITTY	Other Principal Officer
5	CAMPOS	LAURA	Other Principal Officer
6	MIKALACKI- SUBLETT	JEHNIFER	Other Principal Officer
7	Falk	Nicole	Board of Directors
8	BENNETT	AYANNA	Board of Directors
9	LONGSTRETH	ELIZABETH	Board of Directors
10	LYLES	COURTNEY	Board of Directors
11	Moore	Melissa	Board of Directors
12	VILLAGOMEZ	Alice	Board of Directors
13	SHARMA	Adam	Board of Directors
14	Lau	GINA	Board of Directors
15	MOREWITZ	MARK	Board of Directors
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DocuSign Envelope ID: 3D1C7BC0-4E5A-4561-85AF-4B5F14491BA1

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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 CLERK	DATE SIGNED
BOS Clerk of the Board	

DocuSign Envelope ID: 6D960442-B960-432F-8D6E-35C36943B48A

Incomplete - Pending Signature

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 #: 210661

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of $100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: https://sfethics.org/compliance/city-officers/contract-approval-city-officers

1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

DocuSign Envelope ID: 6D960442-B960-432F-8D6E-35C36943B48A

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Public Health Foundation	**TELEPHONE NUMBER** (415) 504-6738
STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $73,818		
NATURE OF THE CONTRACT *(Please describe)* Fiscal Intermediary		

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**

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9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Eardley	PENNY	Other Principal Officer
2	PETROSOVA	ANASTASIJA	Other Principal Officer
3	TOATELEGESE	KELLSA	Other Principal Officer
4	THORNTON	KITTY	Other Principal Officer
5	CAMPOS	LAURA	Other Principal Officer
6	MIKALACKI- SUBLETT	JEHNIFER	Other Principal Officer
7	Falk	NICOLE	Board of Directors
8	BENNETT	AYANNA	Board of Directors
9	LONGSTRETH	ELIZABETH	Board of Directors
10	LYLES	COURTNEY	Board of Directors
11	Moore	Melissa	Board of Directors
12	VILLAGOMEZ	Alice	Board of Directors
13	SHARMA	ADAM	Board of Directors
14	Lau	GINA	Board of Directors
15	MOREWITZ	MARK	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.

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

DocuSign Envelope ID: 8A20969A-3D8D-4950-8632-BCA13589FEBC

Incomplete - Pending Signature

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 #: 210661

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Public Health Foundation	**TELEPHONE NUMBER** (415) 504-6738
STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $132,990		
NATURE OF THE CONTRACT *(Please describe)* FISCAL INTERMEDIARY		

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**

DocuSign Envelope ID: 8A20969A-3D8D-4950-8632-BCA13589FEBC

Incomplete - Pending signature

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Eardley	PENNY	Other Principal Officer
2	PETROSOVA	ANASTASIJA	Other Principal Officer
3	TOATELEGESE	KELLSA	Other Principal Officer
4	THORNTON	KITTY	Other Principal Officer
5	CAMPOS	LAURA	Other Principal Officer
6	MIKALACKI- SUBLETT	JEHNIFER	Other Principal Officer
7	Falk	NICOLE	Board of Directors
8	BENNETT	AYANNA	Board of Directors
9	LONGSTRETH	ELIZABETH	Board of Directors
10	LYLES	COURTNEY	Board of Directors
11	Moore	Melissa	Board of Directors
12	VILLAGOMEZ	Alice	Board of Directors
13	SHARMA	Adam	Board of Directors
14	Lau	Gina	Board of Directors
15	MOREWITZ	Mark	Board of Directors
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DocuSign Envelope ID: 8A20969A-3D8D-4950-8632-BCA13589FEBC

Incomplete - Pending Signature

9. AFFILIATES AND SUBCONTRACTORS

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

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Incomplete - Pending Signature

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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 CLERK	DATE SIGNED
BOS Clerk of the Board	

DocuSign Envelope ID: 32939092-A7B4-48BB-B98C-59002774E355

Incomplete - Pending Signature

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 #: 210661

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Notification of Contract Approval

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1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Public Health Foundation	**TELEPHONE NUMBER** (415) 504-6738
STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $2,853		
NATURE OF THE CONTRACT *(Please describe)* FISCAL INTERMEDIARY		

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**

DocuSign Envelope ID: 32939092-A7B4-48BB-B98C-59002774E355

Incomplete - Pending signature

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Eardley	PENNY	Other Principal Officer
2	PETROSOVA	ANASTASIJA	Other Principal Officer
3	TOATELEGESE	KELLSA	Other Principal Officer
4	THORNTON	KITTY	Other Principal Officer
5	CAMPOS	LAURA	Other Principal Officer
6	MIKALACKI- SUBLETT	JEHNIFER	Other Principal Officer
7	Falk	NICOLE	Board of Directors
8	BENNETT	AYANNA	Board of Directors
9	LONGSTRETH	ELIZABETH	Board of Directors
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11	Moore	Melissa	Board of Directors
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13	SHARMA	ADAM	Board of Directors
14	Lau	GINA	Board of Directors
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

DocuSign Envelope ID: 75861D5D-9542-440C-ACA4-0171221C6ABB

Incomplete - Pending Signature

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 #: 210661

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Notification of Contract Approval

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1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Unified School District	**TELEPHONE NUMBER** 415-241-6000
STREET ADDRESS (including City, State and Zip Code) 555 Franklin Street San Francisco, CA 94102	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $205,000		
NATURE OF THE CONTRACT *(Please describe)* Provide outreach to targeted populations		

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**

DocuSign Envelope ID: 75861D5D-9542-440C-ACA4-0171221C6ABB

Incomplete - Pending signature

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	SANCHEZ	MARK	Board of Directors
2	LOPEZ	GABRIEL	Board of Directors
3	COLLINS	ALISON M.	Board of Directors
4	LAM	JENNY	Board of Directors
5	MOLIGA	Faauuga	Board of Directors
6	ALEXANDER	MATT	Board of Directors
7	BOGGESS	KEVINE	Board of Directors
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Incomplete - Pending Signature

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Incomplete - Pending Signature

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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☐ 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 CLERK	DATE SIGNED
BOS Clerk of the Board	

DocuSign Envelope ID: FD9C8B31-8DAD-4DA4-A117-9A1100A14F8B

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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 #: 210661

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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1. FILING INFORMATION

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
GREGORY WONG	415-554-2521
FULL DEPARTMENT NAME	**DEPARTMENT CONTACT EMAIL**
DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR SAN FRANCISCO STUDY CENTER	**TELEPHONE NUMBER** 415-626-1650
STREET ADDRESS (including City, State and Zip Code) 1663 Mission Street, Suite 310 San Francisco, CA 94103	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $13,732		
NATURE OF THE CONTRACT *(Please describe)* Support Administrative oversight of system-of-care fiscal intermediary funding in order to maintain level of finding for training		

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**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	LIVINGSTON	RICHARD	Board of Directors
2	TRUE	REIKO HOMMA	Board of Directors
3	YEE	TINA TONG	Board of Directors
4	KUTNICK	BEN	Board of Directors
5	Elbgal	HAZIM	Board of Directors
6	Eldon	ERIC	Board of Directors
7	Kwong	JEANNE	Board of Directors
8	Margaronis	STAS	Board of Directors
9	McWilliams	JIM	Board of Directors
10	LINK	GEOFFREY	Other Principal Officer
11	CHEN	JADEN	Other Principal Officer
12	NUNEZ	JOHN	Other Principal Officer
13	VERA	LEONOR	Other Principal Officer
14	KUO	LINDA	Other Principal Officer
15	SORIANO	IRENE	Other Principal Officer
16	BEGGS	MARJORIE	Other Principal Officer
17	Stampfli	LISE	Other Principal Officer
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	

DocuSign Envelope ID: D855A5AE-1F84-467C-BB56-2C15D3FDEF15

Incomplete - Pending Signature

San Francisco Ethics Commission
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Bid/RFP #:

Notification of Contract Approval

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1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Sonoma County	**TELEPHONE NUMBER** (707) 565-2241
STREET ADDRESS (including City, State and Zip Code) 625 5th Street Santa Rosa, CA 95404	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $400,000		
NATURE OF THE CONTRACT *(Please describe)* co-recipient of grant funds		

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**

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9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	GORIN	SUSAN	Board of Directors
2	RABBITT	DAVID	Board of Directors
3	COURSEY	CHRIS	Board of Directors
4	GORE	JAMES	Board of Directors
5	HOPKINS	LYNDA	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.

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

DocuSign Envelope ID: 5D0DAF70-319E-4D22-9C03-8A08209C6FFC

Incomplete - Pending Signature

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ethics.commission@sfgov.org . www.sfethics.org

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AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR The Salvation Army, San Francisco Harbor Light Center	**TELEPHONE NUMBER** (415) 503-3000
STREET ADDRESS (including City, State and Zip Code) 1275 Harrison St, San Francisco, CA 94103	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $1,766,385		
NATURE OF THE CONTRACT *(Please describe)* Provide client support services		

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**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	PEDDLE	BRIAN	Board of Directors
2	PEDDLE	ROSALIE	Board of Directors
3	BUCKINGHAM	LYNDON	Board of Directors
4	BUCKINGHAM	BRONWYN	Board of Directors
5	Brekke-Clifton	BIRGITTE	Board of Directors
6	DIAZ	EVIE	Board of Directors
7	Heatwole	MERLE	Board of Directors
8	HUDSON	DAVID	Board of Directors
9	HUDSON	SHARON	Board of Directors
10	BAILEY	BRADFORD	Board of Directors
11	BAILEY	HEIDI	Board of Directors
12	BAMFORD	WILLIAM	Board of Directors
13	BAMFORD	LORRAINE	Board of Directors
14	HOWELL	WILLIS	Board of Directors
15	HOWELL	BARBARA	Board of Directors
16	HODDER	KENNETH	Board of Directors
17	HODDER	JOLENE	Board of Directors
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10. VERIFICATION

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

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

DocuSign Envelope ID: 79150C2F-7FF4-44DB-8F78-688AAFF2BFF5

Incomplete - Pending Signature

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1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

DocuSign Envelope ID: 79150C2F-7FF4-44DB-8F78-688AAFF2BFF5

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR UCSF Alliance Health Project	**TELEPHONE NUMBER** 415-476-3902
STREET ADDRESS (including City, State and Zip Code) 1930 Market Street San Francisco, CA 94102	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $34,829		
NATURE OF THE CONTRACT *(Please describe)* The program goal is to provide outpatient mental health services to people living with HIV - including Long-Term Survivors - to reduce symptoms and functional impairments resulting from mental health and/or substance use disorders.		

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**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	SHUMATE	KATE	Board of Directors
2	Breall	SUSAN M.	Board of Directors
3	DE CARLO	PHIL	Board of Directors
4	HAKIMI	MAHSA	Board of Directors
5	HARE	BRAD	Board of Directors
6	Hilmon	REGINALD	Board of Directors
7	LIU	ENCHI	Board of Directors
8	METTLER	BERENICE	Board of Directors
9	PEARCE	KEN	Board of Directors
10	PRADO	UZZIEL	Board of Directors
11	SARAH	GABRIEL	Board of Directors
12	TOH	SOPHIA	Board of Directors
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	

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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 DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY WONG	415-554-2521
FULL DEPARTMENT NAME	**DEPARTMENT CONTACT EMAIL**
DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR University of California, San Francisco	**TELEPHONE NUMBER** (415) 476-6922
STREET ADDRESS (including City, State and Zip Code) PO Box 45339 San Francisco, CA 94145	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $150,000		
NATURE OF THE CONTRACT *(Please describe)* Technical Assistance: HIV Global Health		

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**

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Incomplete - Pending signature

9. AFFILIATES AND SUBCONTRACTORS

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3	ACH	ANDREW	Board of Directors
4	BALLARD	ANDREW	Board of Directors
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6	CARTER	TODD	Board of Directors
7	CHEN	CONNIE	Board of Directors
8	COHEN	FRED	Board of Directors
9	DEB	Dipanjan	Board of Directors
10	DONOHOE	ROBIN RICHARDS	Board of Directors
11	EMERY	DANA	Board of Directors
12	FISHER	WILLIAM S.	Board of Directors
13	GANDHI	SAMEER	Board of Directors
14	GROSSMAN	BRIAN	Board of Directors
15	HALL	KATHRYN	Board of Directors
16	HAO	KENNETH	Board of Directors
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18	KAWAJA	CARL	Board of Directors
19	KAHN	MICHAEL	Board of Directors

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34	POLICY	CARMEN	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.

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

DocuSign Envelope ID: 7827F51D-8E85-4289-A99B-A64F23D0508A

Incomplete - Pending Signature

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 #: 210661

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of $100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: https://sfethics.org/compliance/city-officers/contract-approval-city-officers

1. FILING INFORMATION	
TYPE OF FILING Original	**DATE OF ORIGINAL FILING (*for amendment only*)**
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD Board of Supervisors	**NAME OF CITY ELECTIVE OFFICER** Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT Angela Calvillo	**TELEPHONE NUMBER** 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	**EMAIL** Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT GREGORY WONG	**DEPARTMENT CONTACT TELEPHONE NUMBER** 415-554-2521
FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH	**DEPARTMENT CONTACT EMAIL** GREG.WONG@SFDPH.ORG

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR University of California, San Francisco	**TELEPHONE NUMBER** (415) 476-6922
STREET ADDRESS (including City, State and Zip Code) PO Box 45339 San Francisco, CA 94145	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $10,000		
NATURE OF THE CONTRACT *(Please describe)* Provide support for oral health program		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
☐	**THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM**
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BOS Clerk of the Board	

DocuSign Envelope ID: EDC35DFC-F8A6-4403-8384-6340F72250B6

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San Francisco Ethics Commission
25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
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Received On:

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DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 210661
DESCRIPTION OF AMOUNT OF CONTRACT $437,926		
NATURE OF THE CONTRACT *(Please describe)* Conduct a new comprehensive client assessment and produce a modified Treatment Plan		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
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16	Hao	Kenneth	Board of Directors
17	Hartz	Julia	Board of Directors
18	Kawaja	Carl	Board of Directors
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