



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 #:

200246

Bid/RFP #:

115

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 |
| Dylan Schneider | 415 961 8257 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| HSB Homelessness and Supportive Housing | dylan.schneider@sfgov.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR The Tides Center | TELEPHONE NUMBER 415-561-4000 |
| STREET ADDRESS (including City, State and Zip Code) The Presidio, P.O.Box 29907 San Francisco, CA. 94129 | EMAIL kbo1ts@tides.org |

| 6. CONTRACT | | |
|--|---------------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 06/28/2018 | ORIGINAL BID/RFP NUMBER 115 | FILE NUMBER (If applicable) 200246 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$29,538,357 | | |
| NATURE OF THE CONTRACT (Please describe) <p>The Department of Homelessness and Supportive Housing (HSH) requests authorization to amend the existing contract with TIDES Center (Delivering Innovation in Supportive Housing (DISH)) for the provision of Property Management at Six Buildings for the period of July 1, 2019 to June 30, 2024. The additional amount of \$21,821,577 (\$3,765,735 is non-General Fund sources) includes four additional performance years, plus contingency of \$1,908,787 on the outgoing years of General Fund only, for a total contract amount not to exceed \$29,538,357.</p> <p>The purpose of the contract is to provide Property Management services to formerly homeless adult and older adult tenants of 450 units of six Permanent Supportive Housing sites, per the program location table below. The goal of these services is to help tenants maintain housing and stability.</p> | | |

| 7. COMMENTS |
|---|
| This contract amendment requires Board Approval and is calendared to be heard by the Budget & Finance Committee on Wednesday, March 25, 2020. |

| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
| <input type="checkbox"/> | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM |
| <input checked="" type="checkbox"/> | A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors |
| <input type="checkbox"/> | THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS |

9. AFFILIATES AND SUBCONTRACTORS

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

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|---------------------|-------------------------|
| 1 | Alton /Tides Center | Cheryl | Other Principal Officer |
| 2 | Scott / Tides Center | Tuti | CEO |
| 3 | Fernandez / Tides Center | Michael | Board of Directors |
| 4 | Mellen / Tides Center | Peter | Board of Directors |
| 5 | Wingard / Tides Center | Jason | Board of Directors |
| 6 | Noseel / Tides Center | Suzanne | Board of Directors |
| 7 | Lloyd/ Tides Center | Edward | Board of Directors |
| 8 | Jain / Tides Center | Suneela | Other Principal Officer |
| 9 | Landig / Tides Center | Jennifer (JenMarie) | Other Principal Officer |
| 10 | Hill / Tides Center | Judith | CFO |
| 11 | Solutions SF | | Subcontractor |
| 12 | Renoir Staffing | | Subcontractor |
| 13 | Intersolutions LLC | | Subcontractor |
| 14 | Premier Staffing | | Subcontractor |
| 15 | Mennonite Missionary Netwo | | Subcontractor |
| 16 | SF Patrol Special | | Subcontractor |
| 17 | Gary / DISH | Doug | Other Principal Officer |
| 18 | Hall / DISH | Lauren | Other Principal Officer |
| 19 | Larson / DISH | Kirk | Other Principal Officer |

9. AFFILIATES AND SUBCONTRACTORS

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
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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.

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|