

File No. 200818

Committee Item No. 4

Board Item No. \_\_\_\_\_

# COMMITTEE/BOARD OF SUPERVISORS

## AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date September 2, 2020

Board of Supervisors Meeting

Date \_\_\_\_\_

### Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

### OTHER (Use back side if additional space is needed)

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Completed by: Linda Wong

Date August 28, 2020

Completed by: Linda Wong

Date \_\_\_\_\_

1 [Accept and Expend Grant - Retroactive - Health Resources and Services Administration -  
2 Ryan White HIV/AIDS Program Part A COVID-19 Response - \$488,185]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**  
4 **expend a grant in the amount of \$488,185 from the Health Resources and Services**  
5 **Administration for participation in a program, entitled “Ryan White HIV/AIDS Program**  
6 **Part A Coronavirus Disease (COVID-19) Response,” for the period of April 1, 2020,**  
7 **through March 31, 2021.**

8  
9 WHEREAS, The Health Resources and Services Administration (HRSA) has agreed to  
10 fund the San Francisco Department of Public Health (DPH) in the amount of \$488,185 for  
11 participation in a program, entitled “Ryan White HIV/AIDS Program Part A COVID-19  
12 Response (RWPA),” for the period of April 1, 2020, through March 31, 2021; and

13 WHEREAS, The funding will be used to address food security needs, rental assistance,  
14 and other living expenses of DPH clients, as well as clients in San Mateo County and Marin  
15 County who have been impacted by the Coronavirus Disease (COVID-19); and

16 WHEREAS, The funding will also be used to support frontline staff, purchase materials  
17 and supplies, as well as equipment to facilitate COVID-19 data tracking and information; and

18 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and

19 WHEREAS, The Department proposes to maximize use of available grant funds on  
20 program expenditures by not including indirect costs in the grant budget; now, therefore, be it

21 RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in  
22 the grant budget; and, be it

23 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and  
24 expend the grant funds pursuant to the Administrative Code, Section 10.170-1; and, be it

25

1           FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
2 Agreement on behalf of the City; and, be it

3           FURTHER RESOLVED, That within thirty (30) days of the Grant Agreement being fully  
4 executed by all parties, the Director of Health shall provide a copy to the Clerk of the Board of  
5 Supervisors for inclusion in the official file.

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1 Recommended: Approved:  /s/ \_\_\_\_\_  
2 Mayor  
3  /s/ \_\_\_\_\_  
4 Dr. Grant Colfax Approved:  /s/ \_\_\_\_\_  
5 Director of Health Controller  
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**File Number:** \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Resolution Information Form**  
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: Ryan White HIV/AIDS Program Part A COVID-19 Response

2. Department: Department of Public Health  
HIV Health Service Section

3. Contact Person: Dean Goodwin Telephone: 628-206-7675

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$488,185

6a. Matching Funds Required: \$0

b. Source(s) of matching funds (if applicable): N/A

7a. Grant Source Agency: Health Resources and Services Administration (HRSA)

b. Grant Pass-Through Agency (if applicable): N/A

8. Proposed Grant Project Summary:

The San Francisco RWPA Eligible Metropolitan Areas (EMA) has received \$488,185 in FY-2020 Coronavirus Aid, Relief and Economic Security (CARES) Act funding, representing about 3% of our RWPA current annual grant award. This funding was allocated across our three county EMA based on proportion of living HIV cases with San Francisco County receiving 84.8% of the funding (\$413,758), San Mateo County receiving 11% (\$53,715) and Marin County receiving 4.2% (\$20,712).

San Mateo will be allocating all of their share of this funding to the RWPA funded food provider to address food security needs of their clients. Marin will be allocating their funding to Emergency Financial Assistance to help clients with the financial impact of the COVID-19 epidemic, particularly for rental assistance and other living expenses needs.

HIV Health Services received nearly 30 completed surveys, with a handful of agencies reporting that they had little or no accrued expenses or had provided for these expenses with other funding sources. Based on the results of our provider budget survey HIV Health Services will be allocating \$198,197 to 15 different Community Based Organizations to offset COVID-19 related expense that have impacted each of their budget. HIV Health Services will be expending another \$215,561 of the RW Part A COVID19 funding to expand or create additional client services in priority areas including: food, emergency housing and emergency financial assistance grants.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: 04/01/2020

End-Date: 03/31/2021

10a. Amount budgeted for contractual services: \$488,185

b. Will contractual services be put out to bid? No, existing services

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? N/A

d. Is this likely to be a one-time or ongoing request for contracting out? One time

11a. Does the budget include indirect costs?  Yes  No

b1. If yes, how much? \$0

b2. How was the amount calculated? N/A

c1. If no, why are indirect costs not included?

Not allowed by granting agency  To maximize use of grant funds on direct services

Other (please explain): DPH indirect cost is based on total personnel cost. No personnel cost is being charged to project.

c2. If no indirect costs are included, what would have been the indirect costs? n/a

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to April 01, 2020. The Department received the letter of funding allocation on April 10, 2020.

Proposal ID: CTR00001871

Version ID: V101

Department ID: 162644

Project ID: 10036397

Activity ID: 0001

**\*\*Disability Access Checklist\*\*\*(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s)      | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s)       | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s)      |
| <input type="checkbox"/> New Site(s)                 | <input type="checkbox"/> New Structure(s)           |  |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker, PhD  
(Name)

DPH ADA Coordinator  
(Title)

Date Reviewed: 6/3/2020 | 9:22 AM PDT

DocuSigned by:  
Toni Rucker  
AB4292E7333F44D  
(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 6-9-20

[Signature]  
(Signature Required)

**PART A CARES Act BUDGET**  
**RECIPIENT: San Francisco Department of Health**  
**FISCAL YEAR: 2020 - 2021**

Personnel								
Salary <i>[Insert total annual salary]</i>	FTE-Administration <i>[Insert as decimal]</i>	FTE-HIV/COVID-19 Services <i>[Insert as decimal]</i>	FTE-CQM <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE]</i>	Administration	HIV/COVID-19 Services	CQM
						\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -
<b>Personnel Total</b>						\$ -	\$ -	\$ -

Fringe Benefits							
Percentage <i>[Insert as decimal]</i>	Components <i>[List components that comprise the fringe benefit rate]</i>				Administration	HIV/COVID-19 Services	CQM
					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
<b>Fringe Benefits Total</b>					\$ -	\$ -	\$ -

Travel						
Local						
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]</i>	Administration	HIV/COVID-19 Services	CQM
<b>Local Travel Sub-Total</b>				\$ -	\$ -	\$ -

Long Distance					
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]</i>	Administration	HIV/COVID-19 Services	CQM
<b>Long Distance Travel Sub-Total</b>			\$ -	\$ -	\$ -
<b>Travel Total</b>			\$ -	\$ -	\$ -

Equipment				
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]</i>				
List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals]</i>	Administration	HIV/COVID-19 Services	CQM
<b>Equipment Total</b>		\$ -	\$ -	\$ -



**PART A CARES Act BUDGET  
 RECIPIENT: San Francisco Department of Health  
 FISCAL YEAR: 2020 - 2021**

**Supplies**

*[Supplies is defined as property with a unit cost under \$5,000. **Note:** Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.]*

<b>List of Supplies</b>	<b>Budget Impact Justification</b> <i>[Description of need to carry out the program's objectives/goals]</i>	<b>Administration</b>	<b>HIV/COVID-19 Services</b>	<b>CQM</b>
SF DPH/ HHS				
		<b>Supplies Total</b>	\$ -	\$ -

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**PART A CARES Act BUDGET**  
**RECIPIENT: San Francisco Department of Health**  
**FISCAL YEAR: 2020 - 2021**

<b>Contractual</b>					
<b>List of Contracts</b>	<b>Deliverables</b>	<b>Budget Impact Justification</b> <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]</i>	<b>Administration</b>	<b>HIV/COVID-19 Services</b>	<b>CQM</b>
AIDS Legal Referral Panel	Accrued expenses within Operating Expenses only, no client services to be delivered or tracked.	Plastic Partitions for social distancing, laptops, monitor, internet connection		\$ 2,455	
Catholic Charities - Derek Silva	Accrued expenses within Operating Expenses only, no client services to be delivered or tracked.	Support for/4 frontline staff, staff travel w/reduced MUNI service, PPE, thermometers, building adjustments necessitated by social distancing, telecommuting, tele-health fees/costs, laptops and enhancements for tracking COVID data/info		\$ 8,388	
Catholic Charities - Rita de Cascia, Hazel Betsy	Accrued expenses within Operating Expenses only, no client services to be delivered or tracked.	Support and Food for Clients		\$ 5,474	
Community Forward San Francisco (formerly CATS)	Accrued expenses within Operating Expenses only, no client services to be delivered or tracked.	Support for frontline staff (fringe at 29.7%), PPE, thermometers, other medically related supplies (prorated per FTE), Cleaning supplies and materials – COVID Compliant Janitorial services at site prorated by FTE)		\$ 8,339	
HealthRight 360; Planetree	Accrued expenses within Operating Expenses only, no client services to be delivered or tracked.	Material and supplies for transitional housing program: Cleaning and disinfecting supplies, medical supplies, additional food & transportation expenses.		\$ 2,299	
Maitri	Accrued expenses within Operating Expenses only, no client services to be delivered or tracked.	Additional staff for higher level of residential support, mental health support, PPE, thermometers, gowns and other medically related supplies, Cleaning supplies and materials, education materials to prevent, contain and mitigate COVID-19, Adjustment to use of only disposable materials/low touch, Additional pest control.		\$ 71,200	
Mission Neighborhood Health Center	Accrued expenses within Operating Expenses only, no client services to be delivered or tracked.	PPE supplies (esp. masks) and food vouchers to help clients impacted by food insecurity during COVID pandemic		\$ 10,000	
SFAF	Accrued expenses within Operating Expenses only, no client services to be delivered or tracked.	4 mobile phones for staff to use while telecommuting		\$ 845	
Shanti	Accrued expenses within Operating Expenses only, no client services to be delivered or tracked.	Staff have been allowed to use Lyft/Uber/Taxis to avoid risks of taking public transit. Purchase of masks and glove for staff to use and distribute to clients. Approximate cost of purchase of two laptops and Zoom licenses, as well as miscellaneous equipment to optimize working from home for staff		\$ 5,000	
UCSF/ZSFG Department of Psychiatry / DSAAM	Accrued expenses within Operating Expenses only, no client services to be delivered or tracked.	Materials & supplies, including PPE, Masks, gloves, gowns, face shields, hand sanitizer, N95 masks, cleaning supplies and generator for van to move clinic to open air setting. Partitions and signage, cell phones phone plan cards, iPads, laptops, iPad Kiosks, food for staff and clients for continued service provision.		\$ 27,077	
W86 - UCSF	Accrued expenses within Operating Expenses only, no client services to be delivered or tracked.	Week's supply of scrubs for staff who cannot get them from Central Supplies; Thermometers & PPE for patients who are self-isolating. Additional microbial wipes, alcohol-based sanitizers, waterless soap wipes, & other cleaning materials whenever Central Supply runs out. One extra cellular phone & data plan for clinic response line. One extra laptop & data plan & patient wireless hotspots. These are to continue HHS-funded group & individual services and patient data tracking, Meals for clinic staff providing funded services; food for HHS patients facing food insecurity or self-isolating		\$ 32,080	

**PART A CARES Act BUDGET**  
**RECIPIENT: San Francisco Department of Health**  
**FISCAL YEAR: 2020 - 2021**

Westside - AIDS Case Management	Accrued expenses within Operating Expenses only, no client services to be delivered or tracked.	PPE, thermometers, gowns and other medically related supplies, Cleaning supplies and materials, Telecommuting costs: , laptops to provide case management to HIV/AIDS clients, Food for staff during restaurant closures near office, Staff mileage expense for client nutrition and supply pickups and deliveries		\$	1,694		
Positive Resource Center	Accrued expenses within Operating Expenses only, no client services to be delivered or tracked.	IT related costs: zoom fees for staff meetings to coordinate client services and for meeting with clients when needed.		\$	1,360		
Lutheran Social Services	Accrued expenses within Operating Expenses only, no client services to be delivered or tracked.	PPE, thermometers, Transportatoin for clients/ staff safety, Cleaning materials and supplies, IT telecommuting costs, Expansion of cleaning services for sanitizing client and staff areas.		\$	6,600		
Shanti/ HCPC	Accrued expenses within Operating Expenses only, no client services to be delivered or tracked.	Laptops and other IT costs for HCPC members to be able to participate in remote PC meetings during SIP and beyond to avoid large groups of 50 or more		\$	3,000		
HealthRight 360/ DPH Transitions Housing	50 Emergency Stabilization Rooms \$1,500 for 28 day stay for 50 clients	Emergency Housing During COVID-19 Pandemic		\$	75,000		
Project Open Hand/ Prepared Meals	2,983 prepared meals \$13.83/ meal for about 100 clients	Additional Investment to address food security needs during COVID-19: Prepared meals		\$	41,250		
Project Open Hand/ Grocery Bags	407 bags of groceries \$28.87/ bag for about 40 clients	Additional Investment to address food security needs during COVID-19: Grocery Bags		\$	11,750		
Positive Resource Center	466 emergency financial assistance grants \$117.90/ emergency grant 260 clients in San Francisco	Emergency Financial Assistance Grants for those impacted by COVID-19		\$	55,000		
San Mateo County	5,115 prepared meals \$10.50/ meal for 160 clients in San Mateo	Food Bank/Home Delivered Meals category in order to meet the increased demand for Food Bank/Home-Delivered Meals provider caused by a dramatic increase in food insecurity for our clients.		\$	53,715		
Marin County	282 emergency grants \$73.50/ grant for 47 clients in Marin County	Emergency Financial Assistance Grants for those impacted by COVID-19, particularly to assure housing expenses and prevent evictions,.		\$	20,712		
			<b>Contracts Total</b>	\$	-	\$ 443,238	\$ -

<b>Other</b> <i>[List all costs that do not fit into any other category]</i>							
<b>List of Other</b>	<b>Budget Impact Justification</b> <i>[Impact on the program's objectives/goals]</i>			<b>Administration</b>	<b>HIV/COVID-19 Services</b>	<b>CQM</b>	
Client incentive vouchers to help meet food and transportation costs for clients during pandemic.	4,280 prepared meals	\$10.50/ meal	for 160 clients		\$	44,947	
<b>Other Costs Total</b>				\$	-	\$ 44,947	\$ -

<b>Total Direct Cost</b>							
<b>Cost Category Total</b>				\$	-	\$ 488,185	\$ -
<b>Combined Total</b>				\$		<b>488,185</b>	

**PART A CARES Act BUDGET**  
**RECIPIENT: San Francisco Department of Health**  
**FISCAL YEAR: 2020 - 2021**

**Indirect Cost**

<b>Type of Indirect Cost</b> <i>[Select from dropdown list]</i>	<b>Rate</b> <i>[Insert rate below]</i>	<b>Insert Base</b>	<b>Total</b> <b>[Insert Indirect]</b>

**Part A CARES Act Total**

**Total** \$ **488,185**

<b>1. DATE ISSUED:</b> 04/10/2020		<b>2. PROGRAM CFDA:</b> 93.914	
<b>3. SUPERSEDES AWARD NOTICE dated:</b> except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
<b>4a. AWARD NO.:</b> 1 H9AHA36954-01-00		<b>4b. GRANT NO.:</b> H9AHA36954	<b>5. FORMER GRANT NO.:</b>
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 04/01/2020 <b>THROUGH:</b> 03/31/2021			
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 04/01/2020 <b>THROUGH:</b> 03/31/2021			



**NOTICE OF AWARD**  
**AUTHORIZATION (Legislation/Regulation)**  
 Public Health Service Act, Sections 2601-2610, and 2693(b)(2)(A)  
 (42 USC 300ff-11 – 300ff-20, and 300ff-121(b)(2)(A)), as amended  
 by the Ryan White HIV/AIDS Treatment Extension Act of 2009  
 (Public Law 111-87)

**8. TITLE OF PROJECT (OR PROGRAM):** Ryan White HIV/AIDS Program Part A COVID-19 Response

**9. GRANTEE NAME AND ADDRESS:**  
 CITY & COUNTY OF SAN FRANCISCO  
 1380 Howard St  
 San Francisco, CA 94103-2638  
**DUNS NUMBER:**  
 103717336

**10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)**  
 Bill Blum  
 CITY & COUNTY OF SAN FRANCISCO  
 25 Van Ness Ave  
 San Francisco, CA 94102-6033

**11. APPROVED BUDGET: (Excludes Direct Assistance)**  
 Grant Funds Only  
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages :	\$0.00
b. Fringe Benefits :	\$0.00
c. Total Personnel Costs :	\$0.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$0.00
g. Travel :	\$0.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$488,185.00
j. Consortium/Contractual Costs :	\$0.00
k. Trainee Related Expenses :	\$0.00
l. Trainee Stipends :	\$0.00
m. Trainee Tuition and Fees :	\$0.00
n. Trainee Travel :	\$0.00
o. TOTAL DIRECT COSTS :	\$488,185.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$488,185.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$488,185.00

**12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	<b>\$488,185.00</b>
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$488,185.00</b>

**13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)**

YEAR	TOTAL COSTS
Not applicable	

**14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)**

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	<b>\$0.00</b>

**15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:**  
**A=Addition B=Deduction C=Cost Sharing or Matching D=Other** **[A]**  
 Estimated Program Income: \$0.00

**16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:**  
 a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

**REMARKS: (Other Terms and Conditions Attached [ X ]Yes [ ]No)**

*Electronically signed by Brad Barney , Grants Management Officer on : 04/10/2020*

**17. OBJ. CLASS:** 41.15 **18. CRS-EIN:** 1946000417A8 **19. FUTURE RECOMMENDED FUNDING:** \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
20 - 377CVDA	93.914	20H9AHA36954C3	\$488,185.00	\$0.00		20-Part A- COVID-19-C3

## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

**Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

### Grant Specific Term(s)

- As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsr.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
- All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under “Expanded Authority,” as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See “Prior-Approval Requirements” in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
- Effective December 26, 2014, all references to OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.
- The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds. You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pms.psc.gov/grant-recipients/access-newuser.html> and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <https://pms.psc.gov/find-pms-liaison-accountant.html>.
- The recipient must maintain EMA/TGA political subdivision expenditures for HIV-related activities at a level which is not less than the level of expenditures for such activities during the one-year period preceding the fiscal year for which the applicant is applying to receive the grant (see Section 2605(a)(1)(B) of the PHS Act).

### Program Specific Term(s)

- RWHAP Part A recipients are required to use a minimum amount/percentage of this award to provide services to women, infants, children and youth (WICY) living with HIV/AIDS. The minimum set-aside amounts/percentages for each eligible metropolitan area/transitional grant area (EMA/TGA) must be determined separately for each priority population, and may not be less than the percentage of each population to the total number of persons estimated to be living with HIV/AIDS within the EMA/TGA. Waiver: If the recipient can document that one or more WICY priority populations are receiving HIV-related services through the state Medicaid program under Title XIX of the Social Security Act, the Children's Health Program (CHIP) under Title XXI of the same Act, or other qualified federal or state programs in accordance with HRSA guidelines, then the recipient may request a waiver of the minimum WICY expenditure requirement from HRSA. Recipients requesting a waiver may utilize the WICY Expenditure Report to document that all priority populations are receiving HIV/AIDS health services through other funding sources.
- Funds awarded for pharmaceuticals must only be spent to assist clients who have been determined not eligible for other pharmaceutical

programs, especially the AIDS Drug Assistance Program and/or for drugs that are not on the State ADAP or Medicaid formulary

3. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the Federal Financial Report (FFR) SF-425 Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.
4. All recipients who are providing services under Ryan White that are available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.
5. Per 45 CFR §75.351 - .353, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, Ryan White HIV/AIDS Program legislative requirements (Except Sections 2604 (c), 2612 (b) and 2651 (c), regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.
6. Funds may not be used for payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any state compensation program, insurance policy, federal or state health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services).

In addition, funds may not be used for the following purposes:

- Cash payment to intended recipients of services.
- Clinical research.
- International travel.
- Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval).
- Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>
- Pre Exposure Prophylaxis (PrEP) medications and related medical services or Post-Exposure Prophylaxis (PEP), as the person using PrEP or PEP does not have HIV and therefore not eligible for HRSA HAB initiative funded medication. [https://hab.hrsa.gov/sites/default/files/hab/Global/preletter062216\\_0.pdf](https://hab.hrsa.gov/sites/default/files/hab/Global/preletter062216_0.pdf)

7. This notice of award provides one-time funding to support preventing, preparing for, and responding to coronavirus disease 2019 (COVID-19), as outlined in the [Coronavirus Aid, Relief and Economic Security Act \(P.L. 116-136\)](#). As provided for in Office of Management and Budget Memorandum [M-20-17 - Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus \(COVID-19\)](#), HRSA authorizes the recipient to incur pre-award costs prior to the effective date of a Federal award dating back to January 20, 2020.
8. Recipients are required to track and report all sources of service reimbursement as program income on the annual Federal Financial Report and in annual data reports. All program income earned must be used to further the objectives of preventing, preparing for, and responding to COVID-19 for RWHAP clients. For additional information, see 45 CFR § 75.307.
9. If applicable, recipients must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. Tangible personal property reports must be submitted electronically through HRSA EHBs.
10. Funds may not be used by recipients or subcontractors for the purchase of vehicles without written approval from HRSA's Division of Grants Management Operations (DGMO).
11. The recipient must assure HRSA/HAB that the developed items can be used by HRSA/HAB in accordance with 45 CFR 75.322(b). The recipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under an award. In accordance with 45 CFR 75.322(b), HRSA HAB reserves a royalty free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.
12. Recipient costs for grant administration may not exceed ten (10) percent of the grant award. Planning and evaluation costs may not exceed ten (10) percent of the grant award. Collectively, recipient administration and planning and evaluation costs may not exceed fifteen (15) percent of the grant award. The aggregate total of administrative expenditures for subrecipients, including all indirect costs, may not exceed 10 percent of the aggregate amount of all subawards.  
If the recipient elects to expend funds for clinical quality management activities that amount shall not exceed the lesser of 5 percent of the total grant funds or \$3 million.  
See Policy 15-01 for additional information on the 10% administrative cap.

13. This funding should be used for preventing, preparing for, and responding to COVID-19, as needs evolve for clients of Ryan White HIV/AIDS Program (RWHAP) recipients. With the exception of the 75 percent core medical services requirement, all other RWHAP provisions governing use of funds and funding limitations still apply. Funding may support a wide range of in-scope (allowable RWHAP) activities including, but not limited to: client education, COVID-19 screening, testing for (including temporary drive-or walk-up testing) and laboratory services for RWHAP clients, adding providers and other personnel, training, purchase of vehicles to transport patients or clinic/program personnel, supplies (e.g., personal protective equipment, infection control supplies), equipment (e.g., telehealth equipment), and health information technology (e.g., technology to support tracking, sharing, and reporting capacity).  
As provided for in the OMB Memorandum [M-20-17](#) - *Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus (COVID-19)*, the recipient is authorized to waive the procurement requirements contained in 45 CFR § 75.328(b) regarding geographical preferences and 45 CFR 75.330 regarding contracting small and minority businesses, women's business enterprises, and labor surplus area firms. This authority is only valid for the period formally declared by the Department of Health and Human Services through the 90-Day Public Health Emergency Declaration (Public Health Emergency Period).
14. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.
15. Consistent with Departmental guidance, HRSA recipients that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the grantee organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at <https://protect2.fireeye.com/url?k=f6cc1a8e-aa99139d-f6cc2bb1-0cc47adb5650-c735f8b079c3ff70&u=http://www.hrsa.gov/opa/>.
16. Unless otherwise specified, all Reporting Requirements must be electronically submitted through the HRSA Electronic Handbooks (EHB).
17. Any post-award changes in grant allocations must be submitted to the Project Officer. Prior approval for rebudgeting is required when cumulative transfers among direct cost budget categories (i.e., Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc.) for the current budget period exceed 25% of the total approved budget (which includes direct and indirect costs) for that budget period or \$250,000, whichever is less; or substantial changes are made to the approved work plan or project scope (e.g., changing the model of care, transferring substantive work from personnel to contractual); or the recipient wants to purchase a piece of equipment that exceeds \$5,000 and was not included in the approved project budget/application.
18. The recipient is required to notify the Project Officer, within 30 days, of any changes to Planning Council (PC) composition that impact legislative compliance with "reflectiveness", the mandated membership categories, and/or the composition requirement that 33% of the PC membership should be comprised of persons receiving Part A HIV-related services who are non-conflicted and accurately reflect the demographics of the epidemic in the EMA/TGA. You must notify your Project Officer to initiate a Request for Information via EHB to submit this requirement. The notification and letter must be accompanied by revised PC roster and reflectiveness tables or a narrative describing compliance with PC composition and Reflectiveness. Reflectiveness must be based on the prevalence of HIV Disease (AIDS Prevalence plus HIV Prevalence, real or estimated) in the EMA/TGA as reported in the current fiscal year application.
19. Recipients must follow the guidance in all applicable HIV/AIDS Bureau Policy Notices and Program Letters to ensure compliance with programmatic requirements. See <http://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>.
20. Jurisdictions that 1) are legislatively mandated to establish planning councils or 2) have elected to establish a planning council, must adhere to the requirement that the chief elected official (CEO) retains sole responsibility for appointment and removal of planning council members, as recommended by Planning Council leadership.
21. You are encouraged to utilize available technical assistance resources, such as those available from the Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and HAB's COVID-19 TA Webpage: <https://hab.hrsa.gov/program-grants-management/coronavirus-covid-19-response>
22. COVID-19 funds may not be used to make cash payments to intended clients of COVID-19-funded services. This prohibition includes cash incentives and cash intended as payment for services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that they cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.



23. The recipient shall make all files, including captioning, audio descriptions, videos, tables, graphics/pictures, registration forms, presentations (both audio and video) or other types of proprietary format files – e.g., Adobe Portable Document Format (.pdf), Microsoft Office PowerPoint (.ppt) and Microsoft Excel (.xls), fully accessible to members of the public with disabilities. Technical and functional standards for accessibility are codified at 36 CFR Part 1194 and may be accessed through the Access Board's Web site at <http://www.access-board.gov>.
24. In accordance with the RWHAP client eligibility determination and recertification requirements (HRSA HAB PCN 13-02: Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements), HRSA expects clients' eligibility be assessed during the initial eligibility determination, at least every six months, and at least once a year (whether defined as a 12-month period or calendar year) to ensure that the program only serves eligible clients, and that the RWHAP is the payer of last resort. See <https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1302clienteligibility.pdf>
25. Not later than 10 days after the end of each calendar quarter, any Recipient that is an entity receiving more than \$150,000 total in funds under the Coronavirus Aid, Relief, and Economics Security Act (P.L. 116-136), the Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116-123), the Families First Coronavirus Response Act (P.L. 116-127), or any other Act primarily making appropriations for the coronavirus response and related activities, shall submit to the Secretary and the Pandemic Response Accountability Committee a report. This report shall contain: the total amount of funds received from HHS under one of the foregoing enumerated Acts; the amount of funds received that were expended or obligated for each project or activity; a detailed list of all projects or activities for which large covered funds were expended or obligated, including: the name and description of the project or activity, and the estimated number of jobs created or retained by the project or activity, where applicable; and detailed information on any level of sub-contracts or subgrants awarded by the covered recipient or its subcontractors or subgrantees, to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 allowing aggregate reporting on awards below \$50,000 or to individuals, as prescribed by the Director of the Office of Management and Budget.

## Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
3. "This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with xx percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."  
Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA-supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.
4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item ....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75 [Note: 75 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] must be submitted as a Prior Approval action via Electronic Handbooks (EHBs). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.

In addition to the prior approval requirements identified in 45 CFR Part 75, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share of the project exceeds the

- Simplified Acquisition Threshold and the cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period.
6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or [PMSSupport@psc.hhs.gov](mailto:PMSSupport@psc.hhs.gov). For additional information please visit the Division of Payment Management Website at <https://pms.psc.gov/>.
  7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: [Htips@os.dhhs.gov](mailto:Htips@os.dhhs.gov) or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
  8. Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800) 253-0696 toll free <https://harvester.census.gov/facweb/default.aspx/>.
  9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at [HHS Limited English Proficiency \(LEP\)](#).
  10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to: <https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/trafficking-in-persons.pdf>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
  11. The Further Consolidated Appropriations Act, 2020, § 202, (P.L. 116-94), enacted December 20, 2019, restricts the amount of direct salary that may be paid to an individual under a HRSA grant or cooperative agreement to a rate no greater than Executive Level II of the Federal Executive Pay Scale. Effective January 2020, the Executive Level II salary level is \$197,300. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. For individuals whose salary rates are in excess of Executive Level II, the non-federal entity may pay the excess from non-federal funds.
  12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/civil-rights/for-individuals/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 75). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.
  13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit <https://www.sam.gov/SAM/>. It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees ([https://www.sam.gov/SAM/transcript/Quick\\_Guide\\_for\\_Grants\\_Registrations.pdf](https://www.sam.gov/SAM/transcript/Quick_Guide_for_Grants_Registrations.pdf)), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.

14. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. This term applies to all grant programs except block grants governed by 45 CFR part 96 or 45 CFR Part 98, or grant awards made under titles IV-A, XIX, and XXI of the Social Security Act; and grant programs with approved deviations.

15. **§75.113 Mandatory disclosures.**

Consistent with 45 CFR 75.113, applicants and non-federal entities must disclose, in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following address:

Department of Health and Human Services  
Health Resources and Services Administration  
Office of Federal Assistance Management  
Division of Grants Management Operations  
5600 Fishers Lane, Mailstop 10SWH-03  
Rockville, MD 20879

**AND**

U.S. Department of Health and Human Services  
Office of Inspector General  
Attn: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW, Cohen Building  
Room 5527  
Washington, DC 20201

Fax: (202)205-0604 (Include: "mandatory Grant Disclosures" in subject line) or Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321). The recipient must include this mandatory disclosure requirement in all sub-awards and contracts under this award.

Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII are required to report certain civil, criminal, or administrative proceedings to [www.sam.gov](http://www.sam.gov). Failure to make required disclosures can result in any of the remedies described in §75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

**Recipient integrity and performance matters.** If the total Federal share of the Federal award is more than \$500,000 over the period of performance, [Appendix XII to CFR Part 200](#) is applicable to this award.

## Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.**

The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

2. **Due Date: Monthly (None) Beginning: Budget Start Date Ending: Budget End Date, due 15 days after end of reporting period.**

Recipients must submit a short data report monthly to capture the RWHAP services provided and the number of clients served (treatment for

COVID-19 or to protect against becoming infected with COVID-19). Additional information on reporting format and submission process will be provided by the Project Officer. Recipients must submit the report on-line in the Electronic Handbooks (EHB) system.

**3. Due Date: Within 30 Days of Award Release Date**

Within 30 days of award release date, you must submit the following: (1) SF424-A Budget Form, (2) Budget Narrative, (3) Project Overview, and (4) Equipment List Form (if applicable). Recipients must submit the report on-line in the Electronic Handbooks (EHB) system.

Instructions to support your submission, as well as details for technical assistance calls to address your submission questions, are available at: <https://hab.hrsa.gov/program-grants-management/coronavirus-covid-19-response>

**4. Due Date: Within 90 Days of Budget Start Date**

The recipient must submit an annual Allocations Report via the Program Terms Report (PTR) Web Application, consistent with reporting guidelines, instructions, and reporting templates provided in PTR Web Application. Reports are due 90 days after the start of the budget period.

**5. Due Date: Within 90 Days of Project End Date**

The recipient must submit an annual Expenditures Report via the Program Terms Report (PTR) Web Application, consistent with reporting guidelines, instructions, and reporting templates provided in PTR Web Application. Reports are due 90 days after the project period.

**6. Due Date: 11/01/2020**

Recipients must submit two progress reports during the budget period via the HRSA EHBs. The information will include updates on staff changes and budget expenditures; recipient progress on program specific goals and strategies; key accomplishments including a list of all developed materials, tools and websites; barriers encountered and how they are resolved; and responses to summary questions regarding overall impact. Recipients must submit the report on-line in the Electronic Handbooks (EHB) system. The format for these reports will be provided by the Project Officer within the EHB.

**7. Due Date: 05/01/2021**

Recipients must submit two progress reports during the budget period via the HRSA EHBs. The information will include updates on staff changes and budget expenditures; recipient progress on program specific goals and strategies; key accomplishments including a list of all developed materials, tools and websites; barriers encountered and how they are resolved; and responses to summary questions regarding overall impact. Recipients must submit the report on-line in the Electronic Handbooks (EHB) system. The format for these reports will be provided by the Project Officer within the EHB.

**Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.**

## Contacts

### NoA Email Address(es):

Name	Role	Email
Bill Blum	Point of Contact, Program Director	bill.blum@sfdph.org
Sajid Shaikh	Business Official	sajid.shaikh@sfdph.org
Roxana Catellon	Authorizing Official	roxana.castellon@sfdph.org

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Lennwood Green at:  
Rockville, MD, 20857-0001  
Email: lgreen@hrsa.gov  
Phone: (301) 443-5431  
Fax: (301) 443-5431

### Division of Grants Management Operations:

For assistance on grant administration issues, please contact India Smith at:  
5600 Fishers Ln  
Rockville, MD, 20852-1750  
Email: lsmith@hrsa.gov  
Phone: (301) 443-2096



London N. Breed  
Mayor

**TO:** Angela Calvillo, Clerk of the Board of Supervisors  
**FROM:** Dr. Grant Colfax  
Director of Health  
**DATE:** Wednesday, June 10, 2020  
**SUBJECT:** Grant Accept and Expend  
**GRANT TITLE:** Accept and Expend Grant - Ryan White HIV/AIDS Program  
Part A Coronavirus Disease (COVID-19) Response-  
\$488,185

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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 -
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted.
- Agreement / Award Letter
- Other (Explain):

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, Grants Administration for  
Community Programs, 101 Grove St # 108

Certified copy required Yes

No

	<b>Subcontractor</b>	<b>Amount</b>
1	AIDS Legal Referral Panel	\$ 2,455
2	Catholic Charities - Derek Silva	\$ 8,388
3	Catholic Charities - Rita de Cascia, Hazel Betsey	\$ 5,474
4	Community Forward San Francisco	\$ 8,339
5	HealthRight 360	\$ 2,299
6	HealthRight 360	\$ 75,000
7	Lutheran Social Services	\$ 6,600
8	MAITRI	\$ 71,200
9	MARIN COUNTY	\$ 20,712
10	Mission Neighborhood Health Center	\$ 10,000
11	Positive Resource Center - Emergency Financial Assistance Grants	\$ 55,000
12	Positive Resource Center	\$ 1,360
13	Project Open Hand - Grocery Bags	\$ 11,750
14	Project Open Hand/ Prepared Meals	\$ 41,250
15	San Mateo County	\$ 53,715
16	San Francisco AIDS Foundation	\$ 845
17	Shanti Project	\$ 3,000
18	Shanti Project	\$ 5,000
19	UCSF/ZSFG Department of Psychiatry / Divicion of Substance Abuse and Addiction Medicine	\$ 27,077
20	UCSF/Ward 86	\$ 32,080
21	Westside community services	\$ 1,694

**Total**

**\$ 443,238**



## San Francisco Ethics Commission

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Received On:

File #: 200818

Bid/RFP #:

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
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#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> AIDS Legal Referral Panel	<b>TELEPHONE NUMBER</b> (415) 701-1100
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1663 Mission Street, Suite 500, San Francisco, Califor	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$2,455		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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	Svinarich	Katherine	Other Principal Officer
2	Zimmermann	Scott	Other Principal Officer
3	Gooch	J. Taylor	Other Principal Officer
4	Vidutis	Nida	Other Principal Officer
5	BARATA	ALEX	Board of Directors
6	BERLIN	GEORGE	Board of Directors
7	CALOZA	ALEXIS	Board of Directors
8	COLE	M. MICHAEL	Board of Directors
9	DICAT	MICHAEL	Board of Directors
10	DOOLEY	ELIZABETH	Board of Directors
11	DRAPER	FELICIA	Board of Directors
12	ESPOSITO	ROBERT	Board of Directors
13	GROSS	JACLYN	Board of Directors
14	HAYWARD	RYAN	Board of Directors
15	IBARRA	ALDO	Board of Directors
16	JACOBI	JEFFREY	Board of Directors
17	JONES	KEVIN	Board of Directors
18	KIM	ELIZABETH	Board of Directors
19	MIYAR	RAMON	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	NOVAK	VICENT	Board of Directors
21	OHLERT	ANDREW	Board of Directors
22	ORTIZ	ERIC	Board of Directors
23	PHILLIPS	MARNIE	Board of Directors
24	SHEARER	ADAM	Board of Directors
25	SOUSA	PAUL	Board of Directors
26	TOLAR	WHITNEY	Board of Directors
27	UNRUH	JOHN	Board of Directors
28	VU	BAO	Board of Directors
29	WIESER	EMILY	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.**

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

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Catholic Charities - Derek Silva	<b>TELEPHONE NUMBER</b> (415) 553-8700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 990 Eddy Street, San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$8,388		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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	Cordileone	Salvatore	Other Principal Officer
2	MOLINELLI	STEPHEN	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	BOERIO	JOE	Board of Directors
8	BOJORQUEZ	DIANA	Board of Directors
9	BRIGHAM	MARTHA	Board of Directors
10	BULLIAN	GREGORY	Board of Directors
11	CLARK	PHILLIP	Board of Directors
12	CONNORS	TIMOTHY	Board of Directors
13	DAHIK	ADRIANA	Board of Directors
14	GELT	JERILYN	Board of Directors
15	GROGAN	KATHLEEN	Board of Directors
16	HULTMAN	DAVID	Board of Directors
17	IKEDA	LISA	Board of Directors
18	KANE	STEVEN	Board of Directors
19	KEITH	ELIZABETH	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	LEUPP	JAY	Board of Directors
21	MANNING	SIMON	Board of Directors
22	MCINERNEY	MAUREEN	Board of Directors
23	MIREK	LORI	Board of Directors
24	Nasciamento	DANIEL	Board of Directors
25	PAUTLER	MICHAEL	Board of Directors
26	POHLMAN	JACK	Board of Directors
27	REYNAUD	LOUIS	Board of Directors
28	Sangiaco	JIM	Board of Directors
29	WESTRAY	KENNETH	Board of Directors
30	WILCH	PETER	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.

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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.

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<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Catholic Charities - Rita de Cascia, Hazel Betsey	<b>TELEPHONE NUMBER</b> 415 202 0941
<b>STREET ADDRESS (including City, State and Zip Code)</b> 990 Eddy Street, San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$5,474		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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**

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1	Cordileone	STEPHEN	Other Principal Officer
2	Molinelli	STEPHEN	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	BOERIO	JOE	Board of Directors
8	Bojorquez	DIANA	Board of Directors
9	BRIGHAM	MARTHA	Board of Directors
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11	CLARK	PHILIP	Board of Directors
12	CONNORS	TIMOTHY	Board of Directors
13	DAHIK	ADRIANA	Board of Directors
14	GELT	JERILYN	Board of Directors
15	GROGAN	KATHLEEN	Board of Directors
16	HULTMAN	DAVID	Board of Directors
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19	KEITH	ELIZABETH	Board of Directors

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20	LEUPP	JAY	Board of Directors
21	MANNING	SIMON	Board of Directors
22	MCINERNEY	MAUREEN	Board of Directors
23	MIREK	LORI	Board of Directors
24	Nasciamento	DANIEL	Board of Directors
25	PAUTLER	MICHAEL	Board of Directors
26	POHLMAN	JACK	Board of Directors
27	REYNAUD	LOUIS	Board of Directors
28	Sangiaco	JIM	Board of Directors
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30	WILCH	PETER	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.

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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.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Community Forward San Francisco	<b>TELEPHONE NUMBER</b> (415) 241-1199
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1171 Mission Street, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$8,339		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	FINETTI	RODERICK	Other Principal Officer
2	TRUGLIO	CHRIS	Other Principal Officer
3	JOHNSON	TODD	Other Principal Officer
4	DEL CASTILLO	MARTA	Board of Directors
5	MCDONNELL	LOGAN	Board of Directors
6	BURNS	RENA	Board of Directors
7	STAFFORD	SUZANNE	Board of Directors
8	MINOT	JOHN	Board of Directors
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**9. AFFILIATES AND SUBCONTRACTORS**

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



## 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](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 200818

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

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> HealthRight 360	<b>TELEPHONE NUMBER</b> (415) 762-3700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1563 Mission Street, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$2,299		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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	GRAHAM	BRYAN	Other Principal Officer
2	IRELAND	DIANE	Other Principal Officer
3	MCELWEE	JAMES	Other Principal Officer
4	BALAN	YENER	Board of Directors
5	BINDER	DANIEL	Board of Directors
6	MENDOZA	MELYSSA	Board of Directors
7	POINTER	KAREN	Board of Directors
8	PUGH	ALEX	Board of Directors
9	TORRES	TIMOTHY	Board of Directors
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Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> HealthRight 360	<b>TELEPHONE NUMBER</b> (415) 762-3700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1563 Mission Street, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$75,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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.

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1	GRAHAM	BRYAN	Other Principal Officer
2	IRELAND	DIANE	Other Principal Officer
3	MCELWEE	JAMES	Other Principal Officer
4	BALAN	YELEN	Board of Directors
5	BINDER	DANIEL	Board of Directors
6	MENDOZA	MELYSSA	Board of Directors
7	POINTER	KAREN	Board of Directors
8	PUGH	ALEX	Board of Directors
9	TORRES	TIMOTHY	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.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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Received On:

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
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#### 2. CITY ELECTIVE OFFICE OR BOARD

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Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Lutheran Social Services	<b>TELEPHONE NUMBER</b> (415) 581-0891
<b>STREET ADDRESS (including City, State and Zip Code)</b> 191 Golden Gate Avenue, San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$6,600		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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	SLANE	SANDRA	Other Principal Officer
2	BEETZ	BRION	Board of Directors
3	BENTLEY	RIDWANA	Board of Directors
4	CARSON	CHRISLYN	Board of Directors
5	CHERNOCK	V-ANNE	Board of Directors
6	DONNELLY	ELIZABETH	Board of Directors
7	FOLEY	PATRICIA	Board of Directors
8	GAN	YOLANDA	Board of Directors
9	GARCIA	JAYDE	Board of Directors
10	NICOLETTE	CHRIS	Board of Directors
11	TAYLOR	SUSAN	Board of Directors
12	wolkenhauer	MARY	Board of Directors
13	WONG	CRYSTLE	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.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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Received On:

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### Notification of Contract Approval

SFEC Form 126(f)4

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#### 1. FILING INFORMATION

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Original	
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#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> MAITRI	<b>TELEPHONE NUMBER</b> (415) 558-3000
<b>STREET ADDRESS (including City, State and Zip Code)</b> 401 Duboce Ave. San Francisco, CA 94117-3551	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$71,200		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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
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**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	KING	JIM	Other Principal Officer
2	WONG	JANE	Other Principal Officer
3	VIGNA	BILL	Other Principal Officer
4	WILLIAMS	PATRICK	Other Principal Officer
5	ANSARI	OMAR	Board of Directors
6	CUMMINGS	DONNA	Board of Directors
7	CUMMINGS	GREGG	Board of Directors
8	LAPOINTE	RAY	Board of Directors
9	MILLER	AUSTIN	Board of Directors
10	Boettcher	EVA	Board of Directors
11	NIEMEYER	MIKE	Board of Directors
12	RANA	SAMEERA	Board of Directors
13	CASADOS	JOHANNES	Board of Directors
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<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
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<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Marin County	<b>TELEPHONE NUMBER</b> (415) 444-7000
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3501 Civic Center Drive, San Rafael, CA 94903	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$20,712		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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	CONNOLLY	DAMON	Board of Directors
2	RICE	KATIE	Board of Directors
3	SEARS	KATHRIN	Board of Directors
4	RODONI	DENNIS	Board of Directors
5	ARNOLD	JUDY	Board of Directors
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**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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<input type="checkbox"/>	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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



## 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](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 200818

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

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Mission Neighborhood Health Center	<b>TELEPHONE NUMBER</b> (415) 552-3870
<b>STREET ADDRESS (including City, State and Zip Code)</b> 240 Shotwell Street - San Francisco, CA 94110	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$10,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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	MARTINEZ	AMELIA	Other Principal Officer
2	FRANKLIN	RITA	Other Principal Officer
3	MOSER	CHARLES	Other Principal Officer
4	GARCIA	FRANCISCO	Other Principal Officer
5	Bach-y-Rita	GEORGE	Board of Directors
6	CONTRERAS	MARCIA	Board of Directors
7	MORA	SANDRA	Board of Directors
8	WOHLER	RICARDO	Board of Directors
9	DECKER	LUZ	Board of Directors
10	PONCE	MARYLOU	Board of Directors
11	MOLINERO	MARIA	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.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

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Received On:

File #: 200818

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

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Positive Resource Center - Emergency Financial Assista	<b>TELEPHONE NUMBER</b> 415-777-0333
<b>STREET ADDRESS (including City, State and Zip Code)</b> 170 - 9th Street, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$55,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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	Schneider	BRIAN	Other Principal Officer
2	ROGER	KENT	Other Principal Officer
3	MATHESON	BILL	Other Principal Officer
4	JUSTUS	SCOTT	Other Principal Officer
5	Browning	DOUG	Board of Directors
6	ISHIDA	RYO	Board of Directors
7	MCKEEL	RYAN	Board of Directors
8	MICHAELS	JACQUES	Board of Directors
9	POWELL	LAURA	Board of Directors
10	Schroeder	TIM	Board of Directors
11	Steinberg	MICHAEL	Board of Directors
12	Treaster	Merredith	Board of Directors
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**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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
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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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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## San Francisco Ethics Commission

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Received On:

File #: 200818

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

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Positive Resource Center	<b>TELEPHONE NUMBER</b> (415) 777-0333
<b>STREET ADDRESS (including City, State and Zip Code)</b> 170 - 9th Street, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$1,360		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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	SCHNEIDER	BRIAN	Other Principal Officer
2	ROGER	KENT	Other Principal Officer
3	MATHESON	BILL	Other Principal Officer
4	JUSTUS	SCOTT	Other Principal Officer
5	BROWNING	DOUG	Board of Directors
6	ISHIDA	RYO	Board of Directors
7	MCKEEL	RYAN	Board of Directors
8	MICHAELS	JACQUES	Board of Directors
9	POWELL	LAURA	Board of Directors
10	SCHROEDER	TIM	Board of Directors
11	STEINBERG	MICHAEL	Board of Directors
12	TREASTER	MERREDITH	Board of Directors
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**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	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**

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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.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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## San Francisco Ethics Commission

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Received On:

File #: 200818

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$11,750		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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	HENRY	MIKE	Other Principal Officer
2	YANKOUPE	RUTH	Other Principal Officer
3	KING	PATRICIA	Other Principal Officer
4	COLTON	JOHN	Other Principal Officer
5	CHANG	ANDREW	Board of Directors
6	CHANDRA	VISHWA	Board of Directors
7	KRISHNA	ANEESH	Board of Directors
8	MARING	PRESTON	Board of Directors
9	MCSWINE	GINNY	Board of Directors
10	wakankar	Aditya	Board of Directors
11	Petraglia	JENNIFER	Board of Directors
12	WILKINSON	ANDREA	Board of Directors
13	YORK	HELENE	Board of Directors
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**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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
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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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



## 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](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 200818

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

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org



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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$41,250		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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	HENRY	MIKE	Other Principal Officer
2	YANKROUPE	RUTH	Other Principal Officer
3	KING	PATRICIA	Other Principal Officer
4	COLTON	JOHN	Other Principal Officer
5	CHANG	ANDREW	Board of Directors
6	CHANDRA	VISHWA	Board of Directors
7	KRISHNA	ANEESH	Board of Directors
8	MARING	PRESTON	Board of Directors
9	MCSWINE	GINNY	Board of Directors
10	wakankar	ADITYA	Board of Directors
11	Petraglia	JENNIFER	Board of Directors
12	WILKINSON	ANDREA	Board of Directors
13	YORK	HELENE	Board of Directors
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**10. VERIFICATION**

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<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Mateo County	<b>TELEPHONE NUMBER</b> (650) 363-4000
<b>STREET ADDRESS (including City, State and Zip Code)</b> 225 -- 37th Ave., San Mateo, CA 94403	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$53,715		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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	PINE	DAVID	Board of Directors
2	GROOM	CAROLE	Board of Directors
3	HORSLEY	DON	Board of Directors
4	SLOCUM	WARREN	Board of Directors
5	CANEPA	DAVID	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.**

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Received On:

File #: 200818

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### Notification of Contract Approval

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco AIDS Foundation	<b>TELEPHONE NUMBER</b> (415) 487-3000
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1035 Market Street, Suite 400, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$845		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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	MARQUIS	MATTHEW	Other Principal Officer
2	MAPPS	ROSCOE	Other Principal Officer
3	GARCIA	FERD	Other Principal Officer
4	BORKON	PETER	Board of Directors
5	BROOKE	KERI	Board of Directors
6	BROOKS	DOUGLAS	Board of Directors
7	COWEN	CHRISTOPHER	Board of Directors
8	DILLON	MIKE	Board of Directors
9	DUFF	FRANK	Board of Directors
10	EDWARDS	KENNETH	Board of Directors
11	LAZARRE	ZOE	Board of Directors
12	HODGES	PHILIP	Board of Directors
13	HUANG	STEVEN	Board of Directors
14	KINSLEY	MICHAEL	Board of Directors
15	LIVINGSTON	SEAN	Board of Directors
16	Nungaray	MANNY	Board of Directors
17	PINCOW	JAMES	Board of Directors
18	PIZZUTI	DANA	Board of Directors
19	VASTARDIS	WILLIAM	Board of Directors

**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	WATSON	MAUREEN	Board of Directors
21	WONG	DORA	Board of Directors
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**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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**

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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.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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Received On:

File #: 200818

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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#### 1. FILING INFORMATION

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Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Shanti Project	<b>TELEPHONE NUMBER</b> (415) 674-4700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 730 Polk Street, 3rd Floor, San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$3,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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	KLEARMAN	MICKI	Other Principal Officer
2	FRANCONE	JERRY	Other Principal Officer
3	DAWES	WILLIAM	Other Principal Officer
4	ENNIS	JAMIE	Board of Directors
5	KIERNAN	SHEILA	Board of Directors
6	LAWLOR	CATHERINE	Board of Directors
7	MCCARTHY	COLLEEN	Board of Directors
8	SELL	JOHN	Board of Directors
9	SULLIVAN	ETHAN	Board of Directors
10	SUPANICH	CHIP	Board of Directors
11	WEINSTEIN	JOSH	Board of Directors
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Board of Supervisors	Members

#### 3. FILER'S CONTACT

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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Shanti Project	<b>TELEPHONE NUMBER</b> (415) 674-4700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 730 Polk Street, 3rd Floor, San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$5,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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	KLEARMAN	MICKI	Other Principal Officer
2	FRANCONE	JERRY	Other Principal Officer
3	DAWES	WILLIAM	Other Principal Officer
4	ENNIS	JAMIE	Board of Directors
5	KIERNAN	SHEILA	Board of Directors
6	LAWLOR	CATHERINE	Board of Directors
7	MCCARTHY	COLLEEN	Board of Directors
8	SELL	JOHN	Board of Directors
9	SULLIVAN	ETHAN	Board of Directors
10	SUPANICH	CHIP	Board of Directors
11	WEINSTEIN	JOSH	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.**

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





## 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](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 200818

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

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> UCSF/ZSFG Department of Psychiatry / Division of Subst	<b>TELEPHONE NUMBER</b> (415) 476-7000
<b>STREET ADDRESS (including City, State and Zip Code)</b> UCSF Dept of Psychiatry 401 Parnassus Ave SF CA 94143	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$27,077		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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	Oberndorf	WILLIAM	Other Principal Officer
2	Hammarskjold	Philip	Other Principal Officer
3	ACH	ANDREW	Board of Directors
4	BALLARD	ANDREW	Board of Directors
5	BRIGER	PETER	Board of Directors
6	CARTER	TODD	Board of Directors
7	COHEN	FRED	Board of Directors
8	CHEN	CONNIE	Board of Directors
9	DONOHOE	ROBIN	Board of Directors
10	EMERY	DANA	Board of Directors
11	FISHER	WILLIAM	Board of Directors
12	GANDHI	SAMEER	Board of Directors
13	GROSSMAN	BRIAN	Board of Directors
14	HAO	KENNETH	Board of Directors
15	HARTZ	JULIA	Board of Directors
16	KAWAJA	CARL	Board of Directors
17	KIMBALL	RICHARD	Board of Directors
18	MARCUS	GEORGE	Board of Directors
19	MCKNIGHT	AMY	Board of Directors

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	MOMENT	JASON	Board of Directors
21	MORRIS	DIANE	Board of Directors
22	PRITZKER	LISA	Board of Directors
23	READ	STEVEN	Board of Directors
24	SCANGOS	GEORGE	Board of Directors
25	Soghikian	SHAHAN	Board of Directors
26	WEILL	JOAN	Board of Directors
27	WOEBER	ANDREW	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.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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## San Francisco Ethics Commission

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Received On:

File #: 200818

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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A Public Document

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Dean Goodwin	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> UCSF/Ward 86	<b>TELEPHONE NUMBER</b> 415 476 5190
<b>STREET ADDRESS (including City, State and Zip Code)</b> 550 16th Street, San Francisco, CA 94158	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$32,080		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

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
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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	Oberndorf	WILLIAM	Other Principal Officer
2	Hammarskjold	Philip	Other Principal Officer
3	ACH	ANDREW	Board of Directors
4	BALLARD	ANDREW	Board of Directors
5	BRIGER	PETER	Board of Directors
6	CARTER	TODD	Board of Directors
7	COHEN	FRED	Board of Directors
8	CHEN	CONNIE	Board of Directors
9	DONOHUE	ROBIN	Board of Directors
10	EMERY	DANA	Board of Directors
11	FISHER	WILLIAM	Board of Directors
12	GANDHI	SAMEER	Board of Directors
13	GROSSMAN	BRIAN	Board of Directors
14	HAO	KENNETH	Board of Directors
15	HARTZ	JULIA	Board of Directors
16	KAWAJA	CARL	Board of Directors
17	KIMBALL	RICHARD	Board of Directors
18	MARCUS	GEORGE	Board of Directors
19	MCKNIGHT	AMY	Board of Directors



**9. AFFILIATES AND SUBCONTRACTORS**

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20	MOMENT	JASON	Board of Directors
21	MORRIS	DIANE	Board of Directors
22	PRITZKER	LISA	Board of Directors
23	READ	STEVEN	Board of Directors
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25	Soghikian	SHAHAN	Board of Directors
26	WEILL	JOAN	Board of Directors
27	WOEBER	ANDREW	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**

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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.**

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Board of Supervisors	Members

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Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
DEAN GOODWIN	415-505-4558
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Westside community services	<b>TELEPHONE NUMBER</b> (415) 431-9000
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1153 Oak Street, San Francisco, CA 94117	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200818
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$1,694		
<b>NATURE OF THE CONTRACT (Please describe)</b> one-time funding to help with COVID-19 Expenses		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Ducreay	Marcellus	Board of Directors
2	ROWE	DONNA	Board of Directors
3	NASH	CAROLYN	Board of Directors
4	Patin	Rachele	Board of Directors
5	CHURCHWELL	CAESAR	Board of Directors
6	SMITH	EBONY	Board of Directors
7	JONES	MARY ANN	Board of Directors
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---	---------------------------

**From:** [Wong, Greg \(DPH\)](#)  
**To:** [BOS Legislation, \(BOS\)](#); [Peacock, Rebecca \(MYR\)](#)  
**Cc:** [Kittler, Sophia \(MYR\)](#); [Mundy, Erin \(BOS\)](#); [Duning, Anna \(MYR\)](#)  
**Subject:** RE: Mayor -- [Resolution] -- [Accept and Expend Grant - Health Resources and Services Administration - Ryan White HIV/AIDS Program Part A COVID19 Response - \$488,185]  
**Date:** Wednesday, July 29, 2020 11:14:25 AM  
**Attachments:** [image001.png](#)  
[List of Subcontractor Totals.xlsx](#)

---

Please find attached a list of the organizations and amounts paid to them.

Currently, we only have the award letter that we attached to the DPH packet. We do not have a draft agreement yet.

Thank you,

**Gregory Wong**  
*Administrative Analyst*  
**Department of Public Health**  
101 Grove Street  
San Francisco CA 94102  
Email: [greg.wong@sfdph.org](mailto:greg.wong@sfdph.org)

---

**From:** BOS Legislation, (BOS) <bos.legislation@sfgov.org>  
**Sent:** Wednesday, July 29, 2020 11:02 AM  
**To:** BOS Legislation, (BOS) <bos.legislation@sfgov.org>; Peacock, Rebecca (MYR) <rebecca.peacock@sfgov.org>  
**Cc:** Kittler, Sophia (MYR) <sophia.kittler@sfgov.org>; Wong, Greg (DPH) <greg.wong@sfdph.org>; Mundy, Erin (BOS) <erin.mundy@sfgov.org>; Duning, Anna (MYR) <anna.duning@sfgov.org>  
**Subject:** RE: Mayor -- [Resolution] -- [Accept and Expend Grant - Health Resources and Services Administration - Ryan White HIV/AIDS Program Part A COVID19 Response - \$488,185]

One more request. Can you please provide a consolidated list of the organizations and amounts for the Forms 126 that were submitted with this file as well? Thank you.

**Jocelyn Wong**  
San Francisco Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102  
T: 415.554.7702 | F: 415.554.5163  
[jocelyn.wong@sfgov.org](mailto:jocelyn.wong@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)

**(VIRTUAL APPOINTMENTS)** To schedule a “virtual” meeting with me (on Microsoft Teams), please ask and I can answer your questions in real time.

*Due to the current COVID-19 health emergency and the Shelter in Place Order, the Office of the Clerk of the Board is working remotely while providing complete access to the legislative process and our services*





Click [here](#) to complete a Board of Supervisors Customer Service Satisfaction form

The [Legislative Research Center](#) provides 24-hour access to Board of Supervisors legislation, and archived matters since August 1998.

***Disclosures:** Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information provided will not be redacted. Members of the public are not required to provide personal identifying information when they communicate with the Board of Supervisors and its committees. All written or oral communications that members of the public submit to the Clerk's Office regarding pending legislation or hearings will be made available to all members of the public for inspection and copying. The Clerk's Office does not redact any information from these submissions. This means that personal information—including names, phone numbers, addresses and similar information that a member of the public elects to submit to the Board and its committees—may appear on the Board of Supervisors' website or in other public documents that members of the public may inspect or copy.*

---

**From:** BOS Legislation, (BOS) <[bos.legislation@sfgov.org](mailto:bos.legislation@sfgov.org)>  
**Sent:** Wednesday, July 29, 2020 10:53 AM  
**To:** Peacock, Rebecca (MYR) <[rebecca.peacock@sfgov.org](mailto:rebecca.peacock@sfgov.org)>; BOS Legislation, (BOS) <[bos.legislation@sfgov.org](mailto:bos.legislation@sfgov.org)>  
**Cc:** Kittler, Sophia (MYR) <[sophia.kittler@sfgov.org](mailto:sophia.kittler@sfgov.org)>; Wong, Greg (DPH) <[greg.wong@sfdph.org](mailto:greg.wong@sfdph.org)>; Mundy, Erin (BOS) <[erin.mundy@sfgov.org](mailto:erin.mundy@sfgov.org)>; Duning, Anna (MYR) <[anna.duning@sfgov.org](mailto:anna.duning@sfgov.org)>  
**Subject:** RE: Mayor -- [Resolution] -- [Accept and Expend Grant - Health Resources and Services Administration - Ryan White HIV/AIDS Program Part A COVID19 Response - \$488,185]

Good morning,

Please see attached for proof of edits made to the short and long titles of the legislation. "Retroactive" was added to the titles to match the resolved clause on page 1, line 23. Kindly review and confirm if these changes are acceptable.

The budget information in the full packet PDF (attached) includes about nine pages, while the budget spreadsheet is 5 pages. Can you clarify which is correct and should be included in the file?

Lastly, please provide a draft Grant Agreement for inclusion to the file. Thank you in advance.

Best regards,

***Jocelyn Wong***

San Francisco Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102  
T: 415.554.7702 | F: 415.554.5163  
[jocelyn.wong@sfgov.org](mailto:jocelyn.wong@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)

**(VIRTUAL APPOINTMENTS)** To schedule a "virtual" meeting with me (on Microsoft Teams), please

ask and I can answer your questions in real time.

*Due to the current COVID-19 health emergency and the Shelter in Place Order, the Office of the Clerk of the Board is working remotely while providing complete access to the legislative process and our services*



Click [here](#) to complete a Board of Supervisors Customer Service Satisfaction form

The [Legislative Research Center](#) provides 24-hour access to Board of Supervisors legislation, and archived matters since August 1998.

***Disclosures:** Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information provided will not be redacted. Members of the public are not required to provide personal identifying information when they communicate with the Board of Supervisors and its committees. All written or oral communications that members of the public submit to the Clerk's Office regarding pending legislation or hearings will be made available to all members of the public for inspection and copying. The Clerk's Office does not redact any information from these submissions. This means that personal information—including names, phone numbers, addresses and similar information that a member of the public elects to submit to the Board and its committees—may appear on the Board of Supervisors' website or in other public documents that members of the public may inspect or copy.*

---

**From:** Peacock, Rebecca (MYR) <[rebecca.peacock@sfgov.org](mailto:rebecca.peacock@sfgov.org)>  
**Sent:** Tuesday, July 28, 2020 4:04 PM  
**To:** BOS Legislation, (BOS) <[bos.legislation@sfgov.org](mailto:bos.legislation@sfgov.org)>  
**Cc:** Kittler, Sophia (MYR) <[sophia.kittler@sfgov.org](mailto:sophia.kittler@sfgov.org)>; Wong, Greg (DPH) <[greg.wong@sfdph.org](mailto:greg.wong@sfdph.org)>; Mundy, Erin (BOS) <[erin.mundy@sfgov.org](mailto:erin.mundy@sfgov.org)>; Duning, Anna (MYR) <[anna.duning@sfgov.org](mailto:anna.duning@sfgov.org)>  
**Subject:** Mayor -- [Resolution] -- [Accept and Expend Grant - Health Resources and Services Administration - Ryan White HIV/AIDS Program Part A COVID19 Response - \$488,185]

Attached for introduction to the Board of Supervisors is an **resolution authorizing the Department of Public Health to accept and expend a grant in the amount of \$488,185 from the Health Resources and Services Administration for participation in a program, entitled “Ryan White HIV/AIDS Program Part A Coronavirus Disease (COVID19) Response,” for the period of April 1, 2020, through March 31, 2021.**

Please note that Supervisor Mandelman is a co-sponsor of this legislation.

Please let me know if you have any questions.

---

**Rebecca Peacock** ([she/they](#))  
(415) 554-6982 | [Rebecca.Peacock@sfgov.org](mailto:Rebecca.Peacock@sfgov.org)  
Office of Mayor London N. Breed  
City & County of San Francisco

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**Rebecca Peacock** ([they/she](#))  
(415) 554-6982 | [Rebecca.Peacock@sfgov.org](mailto:Rebecca.Peacock@sfgov.org)  
Office of Mayor London N. Breed  
City & County of San Francisco

FILE NO.

RESOLUTION NO.

1 [Accept and Expend Grant - Health Resources and Services Administration - Ryan White  
2 HIV/AIDS Program Part A COVID-19 Response - \$488,185]

3 **Resolution authorizing the Department of Public Health to accept and expend a grant in**  
4 **the amount of \$488,185 from the Health Resources and Services Administration for**  
5 **participation in a program, entitled “Ryan White HIV/AIDS Program Part A Coronavirus**  
6 **Disease (COVID-19) Response,” for the period of April 1, 2020, through March 31, 2021.**

7  
8 WHEREAS, The Health Resources and Services Administration (HRSA) has agreed to  
9 fund the San Francisco Department of Public Health (DPH) in the amount of \$488,185 for  
10 participation in a program, entitled “Ryan White HIV/AIDS Program Part A COVID-19  
11 Response (RWPA),” for the period of April 1, 2020, through March 31, 2021; and

12 WHEREAS, The funding will be used to address food security needs, rental assistance,  
13 and other living expenses of DPH clients, as well as clients in San Mateo County and Marin  
14 County who have been impacted by the Coronavirus Disease (COVID-19); and

15 WHEREAS, The funding will also be used to support frontline staff, purchase materials  
16 and supplies, as well as equipment to facilitate COVID-19 data tracking and information; and

17 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and

18 WHEREAS, The Department proposes to maximize use of available grant funds on  
19 program expenditures by not including indirect costs in the grant budget; now, therefore, be it

20 RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in  
21 the grant budget; and, be it

22 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and  
23 expend the grant funds pursuant to the Administrative Code, Section 10.170-1; and, be it

24 FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
25 Agreement on behalf of the City; and, be it

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FURTHER RESOLVED, That within thirty (30) days of the Grant Agreement being fully executed by all parties, the Director of Health shall provide a copy to the Clerk of the Board of Supervisors for inclusion in the official file.

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Recommended:

  
\_\_\_\_\_

Dr. Grant Colfax  
Director of Health

Approved: \_\_\_\_\_

Mayor

Approved: \_\_\_\_\_

Controller

**File Number:** \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Resolution Information Form**  
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: Ryan White HIV/AIDS Program Part A COVID-19 Response

2. Department: Department of Public Health  
HIV Health Service Section

3. Contact Person: Dean Goodwin Telephone: 628-206-7675

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$488,185

6a. Matching Funds Required: \$0

b. Source(s) of matching funds (if applicable): N/A

7a. Grant Source Agency: Health Resources and Services Administration (HRSA)

b. Grant Pass-Through Agency (if applicable): N/A

8. Proposed Grant Project Summary:

The San Francisco RWPA Eligible Metropolitan Areas (EMA) has received \$488,185 in FY-2020 Coronavirus Aid, Relief and Economic Security (CARES) Act funding, representing about 3% of our RWPA current annual grant award. This funding was allocated across our three county EMA based on proportion of living HIV cases with San Francisco County receiving 84.8% of the funding (\$413,758), San Mateo County receiving 11% (\$53,715) and Marin County receiving 4.2% (\$20,712).

San Mateo will be allocating all of their share of this funding to the RWPA funded food provider to address food security needs of their clients. Marin will be allocating their funding to Emergency Financial Assistance to help clients with the financial impact of the COVID-19 epidemic, particularly for rental assistance and other living expenses needs.

HIV Health Services received nearly 30 completed surveys, with a handful of agencies reporting that they had little or no accrued expenses or had provided for these expenses with other funding sources. Based on the results of our provider budget survey HIV Health Services will be allocating \$198,197 to 15 different Community Based Organizations to offset COVID-19 related expense that have impacted each of their budget. HIV Health Services will be expending another \$215,561 of the RW Part A COVID19 funding to expand or create additional client services in priority areas including: food, emergency housing and emergency financial assistance grants.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: 04/01/2020

End-Date: 03/31/2021

10a. Amount budgeted for contractual services: \$488,185

b. Will contractual services be put out to bid? No, existing services

**From:** [Groffenberger, Ashley \(MYR\)](#)  
**To:** [Duning, Anna \(MYR\)](#); [Wong, Greg \(DPH\)](#)  
**Cc:** [Peacock, Rebecca \(MYR\)](#); [Kittler, Sophia \(MYR\)](#)  
**Subject:** RE: New Proposed Legislation from DPH (Ryan White HIV/AIDS Program Part A COVID-19 Response)  
**Date:** Tuesday, July 28, 2020 3:42:28 PM

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Ok with me

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**From:** Duning, Anna (MYR)  
**Sent:** Tuesday, July 28, 2020 3:41 PM  
**To:** Groffenberger, Ashley (MYR) <[ashley.groffenberger@sfgov.org](mailto:ashley.groffenberger@sfgov.org)>; Wong, Greg (DPH) <[greg.wong@sfdph.org](mailto:greg.wong@sfdph.org)>  
**Cc:** Peacock, Rebecca (MYR) <[rebecca.peacock@sfgov.org](mailto:rebecca.peacock@sfgov.org)>; Kittler, Sophia (MYR) <[sophia.kittler@sfgov.org](mailto:sophia.kittler@sfgov.org)>  
**Subject:** RE: New Proposed Legislation from DPH (Ryan White HIV/AIDS Program Part A COVID-19 Response)

Ashley – revisions have been made to the budget information documents as requested to DPH. Rebecca and Sophia believe Mandelman may want to co-sponsor. If you're OK to sign off, I believe we can still try to intro today.

Greg – has CON signed this at some point?

---

**From:** Wong, Greg (DPH)  
**Sent:** Tuesday, July 28, 2020 3:04 PM  
**To:** Duning, Anna (MYR) <[anna.duning@sfgov.org](mailto:anna.duning@sfgov.org)>  
**Cc:** Groffenberger, Ashley (MYR) <[ashley.groffenberger@sfgov.org](mailto:ashley.groffenberger@sfgov.org)>; Peacock, Rebecca (MYR) <[rebecca.peacock@sfgov.org](mailto:rebecca.peacock@sfgov.org)>; Kittler, Sophia (MYR) <[sophia.kittler@sfgov.org](mailto:sophia.kittler@sfgov.org)>  
**Subject:** FW: New Proposed Legislation from DPH (Ryan White HIV/AIDS Program Part A COVID-19 Response)

Hello,

Please find the revised documentation for the Ryan White HIV/AIDS Program Part A COVID-19 Response grant. Please let me know if there is any other information you need.

Thank you,

**Gregory Wong**  
*Administrative Analyst*  
**Department of Public Health**  
101 Grove Street  
San Francisco CA 94102  
Email: [greg.wong@sfdph.org](mailto:greg.wong@sfdph.org)

---

**From:** Wong, Greg (DPH)



**Sent:** Wednesday, June 17, 2020 1:59 PM

**To:** Duning, Anna (MYR) <[anna.duning@sfgov.org](mailto:anna.duning@sfgov.org)>

**Cc:** Peacock, Rebecca (MYR) ([rebecca.peacock@sfgov.org](mailto:rebecca.peacock@sfgov.org)) <[rebecca.peacock@sfgov.org](mailto:rebecca.peacock@sfgov.org)>; Groffenberger, Ashley (MYR) ([ashley.groffenberger@sfgov.org](mailto:ashley.groffenberger@sfgov.org)) <[ashley.groffenberger@sfgov.org](mailto:ashley.groffenberger@sfgov.org)>; Kittler, Sophia (MYR) <[sophia.kittler@sfgov.org](mailto:sophia.kittler@sfgov.org)>

**Subject:** New Proposed Legislation from DPH (Ryan White HIV/AIDS Program Part A COVID-19 Response)

**To:** Anna Duning  
**CC:** Sophia Kittler; Rebecca Peacock, Ashley Groffenberger  
**Department Name:** Public Health  
**Ryan White HIV/AIDS Program Part A COVID19 Response - \$488,185**

Attached is the proposed legislation concerning **Ryan White HIV/AIDS Program Part A COVID19 Response**

The electronic attachments are listed below:

1. File Name: **Accept and Expend Grant – Retroactive - Health Resources and Services Administration- Ryan White HIV/AIDS Program Part A COVID19 Response - \$488,185**  
  
Description: **Resolution retroactively authorizing the San Francisco Department of Public Health to accept and expend a grant in the total amount of \$488,185 from Health Resources and Services Administration to participate in a program entitled, “Ryan White HIV/AIDS Program Part A COVID19 Response”, for the period of April 1, 2020, through March 31, 2021.**

The following documents will be submitted and are included in electronic form:

- . Grant Information Form, including disability checklist
- . Grant Resolution
- . Budget & Budget Justification
- . Agreement/ Award Letter
- . ZIP file with Ethics form 126

Please note, the Controller’s office has approved this package by email, and the resolution does not have the wet signature.

Thank you,

**Gregory Wong**

*Administrative Analyst*

**Department of Public Health**

101 Grove Street

San Francisco CA 94102  
Email: [greg.wong@sfdph.org](mailto:greg.wong@sfdph.org)

**From:** [Encarnacion, Natalie \(CON\)](#)  
**To:** [Wong, Greg \(DPH\)](#)  
**Cc:** [Mok, Jack \(CON\)](#); [Wu, Jing \(CON\)](#)  
**Subject:** RE: Documentation for Ryan White HIV-AIDS Program Part A COVID19 Response \$488,185  
**Date:** Wednesday, June 17, 2020 10:00:00 AM  
**Attachments:** [DPH A&E - Ryan White HIV AIDS Program Part A COVID-19 Response - \\$488,185.pdf](#)  
[image001.jpg](#)  
[image002.jpg](#)

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Hi Greg,

Just an FYI that this A&E was forwarded to the Mayor's Office this morning. CON approved through email.

Thanks!

Best regards,

**Natalie Encarnacion**

Controller's Office – Accounting Operations  
City & County of San Francisco  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102

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**From:** Wong, Greg (DPH) <[greg.wong@sfdph.org](mailto:greg.wong@sfdph.org)>  
**Sent:** Monday, June 15, 2020 5:44 PM  
**To:** Encarnacion, Natalie (CON) <[natalie.encarnacion@sfgov.org](mailto:natalie.encarnacion@sfgov.org)>  
**Cc:** Mok, Jack (CON) <[jack.mok@sfgov.org](mailto:jack.mok@sfgov.org)>; Wu, Jing (CON) <[jing.wu@sfgov.org](mailto:jing.wu@sfgov.org)>  
**Subject:** RE: Documentation for Ryan White HIV-AIDS Program Part A COVID19 Response \$488,185

Hi Natalie,

Sorry, please find attached.

Sincerely,

**Gregory Wong**

*Administrative Analyst*

**Department of Public Health**

101 Grove Street  
San Francisco CA 94102  
Email: [greg.wong@sfdph.org](mailto:greg.wong@sfdph.org)

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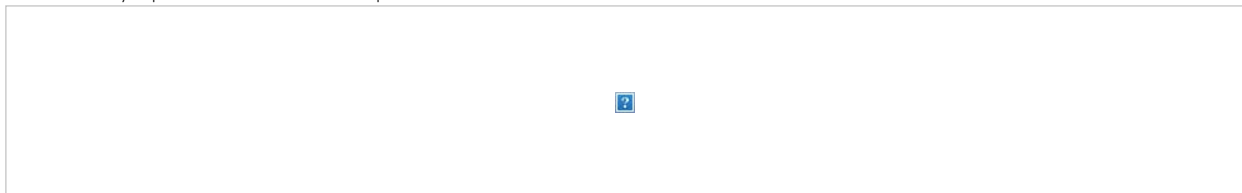
**From:** Encarnacion, Natalie (CON) <[natalie.encarnacion@sfgov.org](mailto:natalie.encarnacion@sfgov.org)>  
**Sent:** Monday, June 15, 2020 5:26 PM  
**To:** Wong, Greg (DPH) <[greg.wong@sfdph.org](mailto:greg.wong@sfdph.org)>  
**Cc:** Mok, Jack (CON) <[jack.mok@sfgov.org](mailto:jack.mok@sfgov.org)>; Wu, Jing (CON) <[jing.wu@sfgov.org](mailto:jing.wu@sfgov.org)>  
**Subject:** RE: Documentation for Ryan White HIV-AIDS Program Part A COVID19 Response \$488,185

Hi Greg,

Could you please update the title in the cover page?



Also, was the attached word document the most updated version? I see a discrepancy in line 8 of page 1 of the word doc (please see screenshot below) and the PDF version. Could you please forward me the most updated Resolution in word document form as well?



Thanks!

Best regards,

**Natalie Encarnacion**

Controller's Office – Accounting Operations  
City & County of San Francisco  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102

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**From:** Wong, Greg (DPH) <[greg.wong@sfdph.org](mailto:greg.wong@sfdph.org)>  
**Sent:** Monday, June 15, 2020 2:53 PM  
**To:** Encarnacion, Natalie (CON) <[natalie.encarnacion@sfgov.org](mailto:natalie.encarnacion@sfgov.org)>  
**Cc:** Mok, Jack (CON) <[jack.mok@sfgov.org](mailto:jack.mok@sfgov.org)>; Wu, Jing (CON) <[jing.wu@sfgov.org](mailto:jing.wu@sfgov.org)>  
**Subject:** RE: Documentation for Ryan White HIV-AIDS Program Part A COVID19 Response \$488,185

Dear Natalie,

Please find attached the revised A&E, and the grant resolution document. Please let me know if any other adjustments need to be made.

Sincerely,

**Gregory Wong**

*Administrative Analyst*

**Department of Public Health**

101 Grove Street  
San Francisco CA 94102  
Email: [greg.wong@sfdph.org](mailto:greg.wong@sfdph.org)

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**From:** Encarnacion, Natalie (CON) <[natalie.encarnacion@sfgov.org](mailto:natalie.encarnacion@sfgov.org)>  
**Sent:** Monday, June 15, 2020 11:34 AM  
**To:** Wong, Greg (DPH) <[greg.wong@sfdph.org](mailto:greg.wong@sfdph.org)>  
**Cc:** Mok, Jack (CON) <[jack.mok@sfgov.org](mailto:jack.mok@sfgov.org)>; Wu, Jing (CON) <[jing.wu@sfgov.org](mailto:jing.wu@sfgov.org)>  
**Subject:** RE: Documentation for Ryan White HIV-AIDS Program Part A COVID19 Response \$488,185

Hi Greg,

We are reviewing this A&E. Could you please review and address the following (please reference attachment):

1. Cover page: Please include another hyphen in grant title.
2. For grantor name, please update to "Health Resources and Services Administration", including in resolution and GRIF.
3. Resolution
  - a. Short Title: Please add dollar sign in front of amount and remove space after amount.
  - b. Please add "Public" before "Health" in line 9 of page 1.
4. GRIF
  - a. Please delete floating letter "p".
  - b. What is "EMA"?
5. Budget: Who is recipient, and what fiscal year?

Thanks!

Best regards,

**Natalie Encarnacion**

Controller's Office – Accounting Operations  
City & County of San Francisco  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102

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**From:** Wong, Greg (DPH) <[greg.wong@sfdph.org](mailto:greg.wong@sfdph.org)>  
**Sent:** Wednesday, June 10, 2020 4:31 PM  
**To:** Encarnacion, Natalie (CON) <[natalie.encarnacion@sfgov.org](mailto:natalie.encarnacion@sfgov.org)>  
**Cc:** Mok, Jack (CON) <[jack.mok@sfgov.org](mailto:jack.mok@sfgov.org)>; Wu, Jing (CON) <[jing.wu@sfgov.org](mailto:jing.wu@sfgov.org)>  
**Subject:** Documentation for Ryan White HIV-AIDS Program Part A COVID19 Response \$488,185

Dear Natalie,

Please find attached the documentation for a new grant "Ryan White HIV-AIDS Program Part A COVID19 Response - \$488,185". Please let me know if you need any more information.

Sincerely,

**Gregory Wong**

*Administrative Analyst*

**Department of Public Health**

101 Grove Street

San Francisco CA 94102

Email: [greg.wong@sfdph.org](mailto:greg.wong@sfdph.org)

FILE NO. 200818

RESOLUTION NO.

1 [Accept and Expend Grant - Retroactive - Health Resources and Services Administration -  
2 Ryan White HIV/AIDS Program Part A COVID-19 Response - \$488,185]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**  
4 **expend a grant in the amount of \$488,185 from the Health Resources and Services**  
5 **Administration for participation in a program, entitled “Ryan White HIV/AIDS Program**  
6 **Part A Coronavirus Disease (COVID-19) Response,” for the period of April 1, 2020,**  
7 **through March 31, 2021.**

8  
9 WHEREAS, The Health Resources and Services Administration (HRSA) has agreed to  
10 fund the San Francisco Department of Public Health (DPH) in the amount of \$488,185 for  
11 participation in a program, entitled “Ryan White HIV/AIDS Program Part A COVID-19  
12 Response (RWPA),” for the period of April 1, 2020, through March 31, 2021; and

13 WHEREAS, The funding will be used to address food security needs, rental assistance,  
14 and other living expenses of DPH clients, as well as clients in San Mateo County and Marin  
15 County who have been impacted by the Coronavirus Disease (COVID-19); and

16 WHEREAS, The funding will also be used to support frontline staff, purchase materials  
17 and supplies, as well as equipment to facilitate COVID-19 data tracking and information; and

18 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and

19 WHEREAS, The Department proposes to maximize use of available grant funds on  
20 program expenditures by not including indirect costs in the grant budget; now, therefore, be it

21 **RESOLVED**, That the Board of Supervisors hereby waives inclusion of indirect costs in  
22 the grant budget; and, be it

23 **FURTHER RESOLVED**, That DPH is hereby authorized to retroactively accept and  
24 expend the grant funds pursuant to the Administrative Code, Section 10.170-1; and, be it

1           FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
2 Agreement on behalf of the City; and, be it

3           FURTHER RESOLVED, That within thirty (30) days of the Grant Agreement being fully  
4 executed by all parties, the Director of Health shall provide a copy to the Clerk of the Board of  
5 Supervisors for inclusion in the official file.

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Recommended:

Approved: /s/

Mayor

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/s/

Dr. Grant Colfax

Approved: /s/

Controller

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