



San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 210720

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Hanna Hjord	415-437-6316
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	hanna.hjord@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Facente Consulting	TELEPHONE NUMBER 415-999-1310
STREET ADDRESS (including City, State and Zip Code) 5601 Van Fleet Avenue, Richmond, CA 94804	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 210720
DESCRIPTION OF AMOUNT OF CONTRACT \$290,000		
NATURE OF THE CONTRACT (Please describe) <p>Facente Consulting will be funded to coordinate the development of a Community Health Leadership Institute (CHLI) in year 1 in partnership with the Community Engagement grantees listed above (\$60,000 will go to community organizations, experts and members). The CHLI will serve as a model for the type of transformative change that is called for to address the major health disparities that have persisted in SF.</p>		

7. COMMENTS
Facente Consulting is a 501 (c) 3 Nonprofit with a Board of Directors

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	FACENTE	SHELLEY	Other Principal Officer
2	MAXIM	CINDY	Other Principal Officer
3	ALBERS	AUTUMN	Other Principal Officer
4	Geckeler	DARA	Other Principal Officer
5	JIMENEZ	JOSE	Other Principal Officer
6	BLEA	LEROY	Other Principal Officer
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Hanna Hjord	415-437-6316
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	hanna.hjord@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Glide	TELEPHONE NUMBER (415) 674-6000
STREET ADDRESS (including City, State and Zip Code) 330 Ellis Street, San Francisco, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 210720
DESCRIPTION OF AMOUNT OF CONTRACT \$40,000		
NATURE OF THE CONTRACT (Please describe) Glide will pilot mobile contingency management with people experiencing homelessness.		

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	FOSTER	KAYE	Other Principal Officer
2	GLIDE	MARY	Other Principal Officer
3	WARREN	MICHAEL L	Other Principal Officer
4	Archibong	IME	Board of Directors
5	COHEN	EMILY	Board of Directors
6	COLLINS	PAULA R	Board of Directors
7	FLICK	CHERYL L	Board of Directors
8	BROWN GLAD	Crickette	Board of Directors
9	LAWSON	ERICA	Board of Directors
10	McSpadden	SHIREEN	Board of Directors
11	Mirikitani	JANICE	Board of Directors
12	NELSON	Tara-Nicholle	Board of Directors
13	SIMON	GIL	Board of Directors
14	THOMPSON	LAURA	Board of Directors
15	WEINER	ROSS	Board of Directors
16	Williams	CECIL	Board of Directors
17	WU	LIN-HUA	Board of Directors
18	ZACKLER	PHILLIP	Board of Directors
19	BLUM	RICHARD	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	CORDES	CHARLES	Board of Directors
21	KAPLAN	PHILLIS	Board of Directors
22	TAMAKI	DONALD	Board of Directors
23			
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Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Hanna Hjord	415-437-6316
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	hanna.hjord@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Harm Reduction Coalition	TELEPHONE NUMBER (510) 285-2799
STREET ADDRESS (including City, State and Zip Code) 45 Franklin Street, Suite 320, San Francisco, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 210720
DESCRIPTION OF AMOUNT OF CONTRACT \$30,000		
NATURE OF THE CONTRACT (Please describe) Harm Reduction Coalition will provide overdose prevention services in supportive housing units and work with tenant leaders to ensure access to naloxone.		

7. COMMENTS
Harm Reduction is a 501 (c) 3 Nonprofit with a Board of Directors

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	SHERMAN	SUSAN	Other Principal Officer
2	BARBOUR	RUSSELL	Other Principal Officer
3	KINZLY	MARK	Other Principal Officer
4	KRAL	ALEX H.	Other Principal Officer
5	McIntosh	MARCIA S.	Other Principal Officer
6	PILLAI	NANDINI	Other Principal Officer
7	PILLAI	NANDINI	Board of Directors
8	FUENTES	TINO	Board of Directors
9	GREEN	CORRINE	Board of Directors
10	KINZLY	MARK	Board of Directors
11	Larriett	Dakarai	Board of Directors
12	PICK	WILLIAM O.	Board of Directors
13	RAMIREZ	LISA	Board of Directors
14	ROIG	CARLOS	Board of Directors
15	STAMPLER	JULIE	Board of Directors
16	TOOKES	HANSEL	Board of Directors
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Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Hanna Hjord	415-437-6316
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	hanna.hjord@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 210720
DESCRIPTION OF AMOUNT OF CONTRACT \$797,699		
NATURE OF THE CONTRACT (Please describe) Heluna Health will provide fiscal intermediary services to SFDPH and contractual oversight over consultants selected by CHEP.		

7. COMMENTS
Heluna Health is a 501 (c) 3 Nonprofit with a Board of Directors

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	Ramanathan	ERIK D	Other Principal Officer
2	BAKER	ALEX	Other Principal Officer
3	JENKS	ROBERT R.	Other Principal Officer
4	TAMARA	JOSEPH	Other Principal Officer
5	Gieseler	BRIAN	CFO
6	CUTLER	BLAYNE	CEO
7	EDWARDS	Carladenise	Board of Directors
8	YIP	EDWARD	Board of Directors
9	Casciato	GEORGIA	Board of Directors
10	O'Connor	JEAN C.	Board of Directors
11	Macarchuk	NICOLE J.	Board of Directors
12	Vetticaden	SANTOSH	Board of Directors
13	RICH	SARAH MULLEN	Board of Directors
14	FILER	SCOTT	Board of Directors
15	DESANTI	SUSAN	Board of Directors
16	VASALLO	VIVIAN	Board of Directors
17	NGUYEN	VON	Board of Directors
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NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Hanna Hjord	415-437-6316
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	hanna.hjord@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 210720
DESCRIPTION OF AMOUNT OF CONTRACT \$40,000		
NATURE OF THE CONTRACT (Please describe) San Francisco AIDS Foundation will pilot mobile contingency management with people experiencing homelessness.		

7. COMMENTS
San Francisco AIDS Foundation is a 501 (c) 3 Nonprofit with a Board of Directors.

8. CONTRACT APPROVAL	
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1	MARQUIS	MATTHEW	Other Principal Officer
2	GARCIA	FERD	Other Principal Officer
3	BORKON	PETER	Board of Directors
4	BROOKE	KERI	Board of Directors
5	BROOKS	DOUGLAS	Board of Directors
6	COWEN	CHRISTOPHER	Board of Directors
7	DAMALAS	ALEX	Board of Directors
8	DUFF	FRANK	Board of Directors
9	EDWARDS	KENNETH	Board of Directors
10	LAZARRE	ZOE HARRIS	Board of Directors
11	HODGES	PHILIP	Board of Directors
12	HUANG	STEVEN	Board of Directors
13	KINSLEY	MICHAEL	Board of Directors
14	LIVINGSTON	SEAN	Board of Directors
15	MAPPS	ROSCO	Board of Directors
16	Nungaray	MANNY	Board of Directors
17	PINCOW	JAMES	Board of Directors
18	REID	KATRINA	Board of Directors
19	SILVA	FREDO	Board of Directors

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20	Vastardis	WILLIAM	Board of Directors
21	WATSON	MAUREEN	Board of Directors
22	WALKER	LA SHON	Board of Directors
23	WONG	DORA	Board of Directors
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25			
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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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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