



San Francisco Ethics Commission

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

Received On:

03-24-2020 | 09:27:21 PDT

File #:

200116

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
Kelly Hiramoto	415-554-2828
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH DEPARTMENT OF HEALTH	kelly.hiramoto@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR PRC/Baker Places Hummingbird Place	TELEPHONE NUMBER (415) 255-6544
STREET ADDRESS (including City, State and Zip Code) 1000 Brannan St., #401, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 03/17/2020	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 200116
DESCRIPTION OF AMOUNT OF CONTRACT \$3,000,000		
NATURE OF THE CONTRACT (Please describe) Hummingbird Place is a behavioral health respite facility, operated by PRC-Baker Places, Inc. The facility offers respite services to homeless clients referred by Psychiatric Emergency Services, as well as a variety of other medical and non medical sites.		

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	BROWNING	DOUG	Board of Directors
2	LUNNEN-ALEKS	LARRY	Board of Directors
3	JUSTUS	SCOTT	Board of Directors
4	MATHESON	BILL	Board of Directors
5	MICHAELS	JACQUES	Board of Directors
6	ROGER	KENT M.	Board of Directors
7	TREASTER	MERREDITH	Board of Directors
8	ANDREWS	BRETT	CEO
9	CHU	ANDY	Other Principal Officer
10	TUOHY	JOE	COO
11	FOSTEL	JOHN	Other Principal Officer
12	FITZSIMMONS	HELEN	CFO
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9. AFFILIATES AND SUBCONTRACTORS

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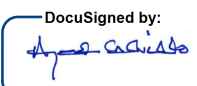
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

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>DocuSigned by:  988C8F42C3084B5 Angela Calvillo</p>	<p>DATE SIGNED</p> <p>03-24-2020 09:27:21 PDT</p>
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