



## San Francisco Ethics Commission

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

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Received On: 07-26-2021 | 16:17:40 PDT

File #: 210683

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	628-206-7675
<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> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210683
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$80,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> San Francisco AIDS Foundation 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
<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	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	Zoë 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	Pinco	James	Board of Directors
18	Reid	Katrina	Board of Directors
19	Silva	Fredo	Board of Directors

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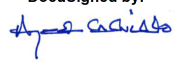
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**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.**

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

DocuSigned by:  
  
 988C8F42C3084B5  
 Angela Calvillo

**DATE SIGNED**

07-26-2021 | 16:17:40 PDT