



San Francisco Ethics Commission

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

Received On: 03-06-2023 | 16:27:17 PST

File #: 230012

Bid/RFP #: RFP #920

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
Tara Alvarez	415-557-6398
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSA Human Services Agency	Tara.Alvarez@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Project Open Hand	TELEPHONE NUMBER 415-447-2300
STREET ADDRESS (including City, State and Zip Code) 730 Polk Street, San Francisco, CA 94109	EMAIL phepfer@openhand.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 02/28/2023	ORIGINAL BID/RFP NUMBER RFP #920	FILE NUMBER (If applicable) 230012
DESCRIPTION OF AMOUNT OF CONTRACT \$11,782,223		
NATURE OF THE CONTRACT (Please describe) The purpose of this grant is to provide congregate nutrition services for older adults living in the City and County of San Francisco. Congregate nutrition services include the provision of nutritious meals, nutrition education, and nutrition risk screening. Congregate nutrition services support individuals to live independently in their own homes and communities, help ensure health and well-being through improved nutrition and reduced isolation, and serve as an access point for other home and community-based services.		

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	Hepfer	Paul	CEO
2	Dong	Herbert	CFO
3	Henry	Mike	Board of Directors
4	Yankoupe	Ruth	Board of Directors
5	Colton	John	Board of Directors
6	wakankar	Adi	Board of Directors
7	Chandra	Vishwa	Board of Directors
8	wieman Petraglia	Jennifer	Board of Directors
9	Chang	Andrew	Board of Directors
10	Maring	Preston	Board of Directors
11	McSwine	Ginny	Board of Directors
12	Ng Chang	Theresa	Board of Directors
13	wilkinson	Andrea	Board of Directors
14	York	Helene	Board of Directors
15	Drimmer-Rokovich	Jennifer	Board of Directors
16	Long	Richard	Board of Directors
17	wood	Arthur	Board of Directors
18	Holt	Susanna	Board of Directors
19	wei	Jason	Board of Directors

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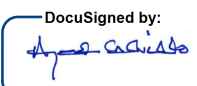
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

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>03-06-2023 16:27:17 PST</p>
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