



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: 05-05-2025 | 18:02:25 PDT

File #: 250355

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
Alison Tirone	(415) 701-5500
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
MYR Mayor's Office of Comm. Dev.	CommDevRFP@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Rafiki Coalition for Health and wellness	TELEPHONE NUMBER (415) 615-9945
STREET ADDRESS (including City, State and Zip Code) 601 Cesar Chavez Street, San Francisco, CA 94124	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 04/29/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250355
DESCRIPTION OF AMOUNT OF CONTRACT \$100,000		
NATURE OF THE CONTRACT (Please describe) \$100,000 - HOPWA funds for Transitional housing facility for persons with HIV/AIDS (Proposal ID:62991242)		

7. COMMENTS
Contractor and Description of Amount identified in both Consolidated and Action Plans and Expenditure Schedule attachments in the file.

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	williams	Shane11	CEO
2	Aikins	Andre	Other Principal Officer
3	Broome	Francis	Other Principal Officer
4	Hampton	Rico	COO
5	Seng	Tina	CFO
6	Ransom-Scott	Carolyn	Board of Directors
7	williams	Lisa	Board of Directors
8	Bryant	Rachel	Board of Directors
9	Strong	Shirley	Board of Directors
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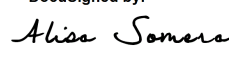
☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

DocuSigned by:

 977FC12A02FF42D...
 Alisa Somera

DATE SIGNED

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Alison Tirone	(415) 701-5500
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
MYR Mayor's Office of Comm. Dev.	CommDevRFP@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Catholic Charities CYO of Archdiocese of San Francisco	TELEPHONE NUMBER (415) 972-1211
STREET ADDRESS (including City, State and Zip Code) 990 Eddy Street, San Francisco, CA 94109	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 04/29/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250355
DESCRIPTION OF AMOUNT OF CONTRACT \$567,698		
NATURE OF THE CONTRACT (Please describe) \$567,698 - HOPWA funds for Residential Care Facility for Chronically Ill (RCFCI) persons with HIV/AIDS (Proposal ID:63186833)		

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	Hammerle	Ellen	CEO
2	Pommier	Michelle	COO
3	Garcia	Dennis	Other Principal Officer
4	Clement	Patty	Other Principal Officer
5	Godt	Stephanie J.	Other Principal Officer
6	Santoni	Carmen	Other Principal Officer
7	Lee	Kathryn	Other Principal Officer
8	Grant	Steve	Other Principal Officer
9	Brown	Erik	Other Principal Officer
10	McCarthy	Colleen	Other Principal Officer
11	Smith-Cambridge	Kurlene	Other Principal Officer
12	van der Muehlen	Jochen	Other Principal Officer
13	Autumn	Kathie	Other Principal Officer
14	Avalos	Bill	Other Principal Officer
15	Cartagena	Jose	Other Principal Officer
16	Fauteux	Kevin	Other Principal Officer
17	Garcia	Ricardo	Other Principal Officer
18	Landaverde	Jose	Other Principal Officer
19	Sagun	Tonja	Other Principal Officer

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Mendez	Rosa	Other Principal officer
21	Nave	Erica	Other Principal officer
22	Rodriguez	Liz	Other Principal officer
23	Cordileone	Salvatore	Board of Directors
24	Hammerle	Ellen	Board of Directors
25	Grogan	Kathleen	Board of Directors
26	O'Brien Frimel	Susie	Board of Directors
27	Whelan	Christine	Board of Directors
28	Aquino	Marc	Board of Directors
29	Bojorquez	Diana I.	Board of Directors
30	Boerio	Joe	Board of Directors
31	Cuadro	Nicole	Board of Directors
32	Clark	Philip	Board of Directors
33	Cullinane	Lisa	Board of Directors
34	Dahik	Adriana	Board of Directors
35	Ghilotti	Michael	Board of Directors
36	Gonzalez	Eleanor	Board of Directors
37	Ikeda	Lisa	Board of Directors
38	Kearney	Phillip	Board of Directors

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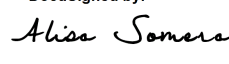
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Kostelni	Hugo	Board of Directors
40	Landis	Scott	Board of Directors
41	Leupp	Jay Paul	Board of Directors
42	Lauber	Debbie Dizon	Board of Directors
43	Mirek	Lori P.	Board of Directors
44	Nascimento	Daniel	Board of Directors
45	Reyes	Raymund	Board of Directors
46	Saia	John	Board of Directors
47	Sangiacomo	Jim	Board of Directors
48	Smith	Barbara	Board of Directors
49	Woody	Patrick	Board of Directors
50			
<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:

 977FC12A02FF42D...
 Alisa Somera

DATE SIGNED

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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
Alison Tirone	(415) 701-5500
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
MYR Mayor's Office of Comm. Dev.	CommDevRFP@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Maitri Compassionate Care	TELEPHONE NUMBER (415) 558-3000
STREET ADDRESS (including City, State and Zip Code) 401 Duboce Avenue, San Francisco, CA 94117	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 04/29/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250355
DESCRIPTION OF AMOUNT OF CONTRACT \$333,098		
NATURE OF THE CONTRACT (Please describe) \$333,098 - HOPWA funds for Residential Care Facility for Chronically Ill (RCFCI) persons with HIV/AIDS (Proposal ID:62957797)		

7. COMMENTS
Contractor and Description of Amount identified in both Consolidated and Action Plans and Expenditure Schedule attachments in the file.

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	Armentrout	Michael	CEO
2	Herzig	Molly	Other Principal Officer
3	Matsuda	Andre	CFO
4	Moreno	Tomas	Other Principal Officer
5	Dupree	Monique	Other Principal Officer
6	Kong	Ann	Other Principal Officer
7	Valentine	David	Other Principal Officer
8	Bautista	Roland	Other Principal Officer
9	Wong	Jane	Board of Directors
10	Miller	Austin	Board of Directors
11	Ludlow	David	Board of Directors
12	Hilbert	Gary	Board of Directors
13	King	Jim	Board of Directors
14	Lapointe	Ray	Board of Directors
15	Bright	Andrew	Board of Directors
16	Fraas	Erika	Board of Directors
17	Ling	Alvin	Board of Directors
18	Buckley	Sloane	Board of Directors
19	Schoenefeld	Ryan	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Yang	Jun	Board of Directors
21	Morgenstern	Amy	Board of Directors
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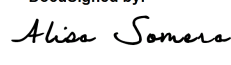
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10. VERIFICATION

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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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DATE SIGNED

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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
Alison Tirone	(415) 701-5500
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
MYR Mayor's Office of Comm. Dev.	CommDevRFP@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Mission Action, Inc.	TELEPHONE NUMBER (718) 915-0121
STREET ADDRESS (including City, State and Zip Code) 938 Valencia Street San Francisco, CA 94110	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 04/29/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250355
DESCRIPTION OF AMOUNT OF CONTRACT \$399,481		
NATURE OF THE CONTRACT (Please describe) \$399,481 - HOPWA funds for Transitional Residential Care Facility (TRCF) for persons with HIV/AIDS (Proposal ID:63256635)		

7. COMMENTS
Contractor and Description of Amount identified in both Consolidated and Action Plans and Expenditure Schedule attachments in the file.

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	Valdéz	Laura	CEO
2	Hidalgo	Saúl	Other Principal Officer
3	Yulan	Nolia	Other Principal Officer
4	Gonzalez Ruiz	Maribel	CFO
5	Mitzel	Kara	Other Principal Officer
6	Penton	Renee	Other Principal Officer
7	Cameron	Anjali	Board of Directors
8	Hernandez	Pedro	Board of Directors
9	Lin	Kani	Board of Directors
10	Tanaka	Chelsey	Board of Directors
11	Lo	Kevin	Board of Directors
12	Chehab	Sam	Board of Directors
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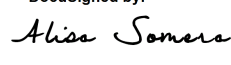
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FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
MYR Mayor's Office of Comm. Dev	CommDevRFP@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR PRC	TELEPHONE NUMBER (415) 777-0333
STREET ADDRESS (including City, State and Zip Code) 170 9th Street, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 04/29/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250355
DESCRIPTION OF AMOUNT OF CONTRACT \$1,123,216		
NATURE OF THE CONTRACT (Please describe) \$1,123,216 - HOPWA funds for Transitional Residential Care Facility (TRCF) for persons with HIV/AIDS (Proposal ID:63427434)		

7. COMMENTS
Contractor and Description of Amount identified in both Consolidated and Action Plans and Expenditure Schedule attachments in the file.

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	Teng	Chuan	CEO
2	Gannon	Marc	COO
3	Henneman	Tasha	Other Principal Officer
4	Mazie	Beth	Other Principal Officer
5	Paul	Randi	Other Principal Officer
6	Cinq-Mars	Jason	Other Principal Officer
7	Morais	Erickson	Other Principal Officer
8	Muneton	Martin	Other Principal Officer
9	Perez	Greg	Other Principal Officer
10	Solorzano	Melida	Other Principal Officer
11	Suwarno	Lanny	Other Principal Officer
12	Tsuchitani-Watson	Jeremy	Other Principal Officer
13	Wegman	Jim	Other Principal Officer
14	William	Brent	CFO
15	Winterrowd	Jessica	Other Principal Officer
16	Schneider	Brian	Board of Directors
17	Smith	Darren	Board of Directors
18	Frieman	Josh	Board of Directors
19	Wiley	Nichole	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Day	Lukejohn	Board of Directors
21	Hartke	Colin	Board of Directors
22	Henry	Ahmad	Board of Directors
23	Keeling	Phillip	Board of Directors
24	Kyle	Michael	Board of Directors
25	Michaels	Jacques	Board of Directors
26	Niczyporuk	Michael	Board of Directors
27	Ngo Peabody	Camellia	Board of Directors
28	Peabody	John	Board of Directors
29	Prevost	Tamarah	Board of Directors
30	Schaaf	Jacob	Board of Directors
31			
32			
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9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
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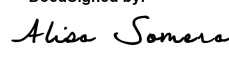
☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

DocuSigned by:

 977FC12A02FF42D...
 Alisa Somera

DATE SIGNED

05-05-2025 | 18:06:44 PDT