



San Francisco Ethics Commission

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Received On: 12-19-2025 | 11:27:54 PST

File #: 251133

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 <i>(for amendment only)</i>
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
Reanna Albert	628-271-6178
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	reanna.albert@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Bayview Hunters Point Foundation	TELEPHONE NUMBER 415-468-5100
STREET ADDRESS (including City, State and Zip Code) 1625 Carroll Ave. San Francisco, CA 94124	EMAIL katherine.duong@bayviewci.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 12/16/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 251133
DESCRIPTION OF AMOUNT OF CONTRACT NTE \$25,611,719		
NATURE OF THE CONTRACT (Please describe) Provide mental health and substance abuse 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	Watson	Susan	Board of Directors
2	Fuller	Wayzel	Board of Directors
3	Cray	Adam	Board of Directors
4	Everhart	Claude	Board of Directors
5	Colson	Chuck	Board of Directors
6	Bouquin	James	CEO
7	Smith	Darrell	COO
8	Duong	Katherine	Other Principal Officer
9	Davenport	Anthony	Other Principal Officer
10	Roh	Sirk	Subcontractor
11	Moon	Ina	Subcontractor
12	De Peralta	Ruth	Subcontractor
13	Pillai	Prashanth	Subcontractor
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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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<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	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo</p> <p>988C8F42C3084B5...</p> <p>Angela Calvillo</p>	12-19-2025 11:27:54 PST