

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: 04-21-2025 | 17:40:51 PDT

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File #: 250231

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/cityofficers/contract-approval-city-officers

| 1. FILING INFORMATION | | | |
|--|--|--|--|
| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) | | |
| | | | |
| Original | | | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | | | |
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| 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 |
| Dylan Schneider | | 628-652-7742 |
| FULL DEPARTMENT NAME | | DEPARTMENT CONTACT EMAIL |
| НОМ | Homelessness and Supportive Housing | dylan.schneider@sfgov.org |

| 5. CONTRACTOR | |
|---|------------------|
| NAME OF CONTRACTOR | TELEPHONE NUMBER |
| Episcopal Community Services | 415-487-3300 |
| STREET ADDRESS (including City, State and Zip Code) | EMAIL |
| 165 8th Street, San Francisco, CA 94103 | |

| 6. CONTRACT | | |
|---|---|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) |
| 4/45/2025 | | 250231 |
| 4/15/2025 | | |
| DESCRIPTION OF AMOUNT OF CONTRACT | | |
| DESCRIPTION OF AMOUNT OF CONTRACT | | |
| NTE \$20,400,596 | | |
| | | |
| NATURE OF THE CONTRACT (Please describe) | | |
| The fourth amendment to the grant agreement bet Department of Homelessness and Supportive House supportive services at the Henry Hotel, a permagrant term by 24 months from June, 30, 2025, for 30, 2027; increasing the agreement amount by \$5, \$20,400,596; and authorizing HSH to enter into amendment that do not materially increase the decrease the benefits to the City and are necessof the agreement. | ing ("HSH"), for prope ment supportive housi or a total term of Jul 5,808,651 for a total any amendments or oth obligations or liabili | rty management and ng site; extending the y 1, 2019, through June amount not to exceed er modifications to the ties, or materially |

7. COMMENTS Description and Nature of Contract reflect amendments made in Committee 4/9/2025.

| FORM SITS |
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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.

| cont | contract. | | | |
|------|--------------------------------|----------------|--------------------|--|
| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | ТҮРЕ | |
| 1 | Rios | Austin K. | Board of Directors | |
| 2 | Singer | Susanna | Board of Directors | |
| 3 | Ketcham | Susan | Board of Directors | |
| 4 | McTiernan | Megan | Board of Directors | |
| 5 | Bond | Doug | Board of Directors | |
| 6 | Christen | Sharon | Board of Directors | |
| 7 | Geeslin | Keith | Board of Directors | |
| 8 | Но | неidi | Board of Directors | |
| 9 | Martinez | Alejandro | Board of Directors | |
| 10 | Martin | Christian | Board of Directors | |
| 11 | Silveira | Dara | Board of Directors | |
| 12 | Solomon | Barbara | Board of Directors | |
| 13 | Springwater | Richard | Board of Directors | |
| 14 | Tennent | Meredith | Board of Directors | |
| 15 | Stokes | Mary Elizabeth | CEO | |
| 16 | Larra | Eric | CF0 | |
| 17 | Cordova | Mauricio | C00 | |
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| 19 | | | | |

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 | ТҮРЕ |
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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 39 40 41 42 43 44 45 46 47 48 49

| 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 | DATE SIGNED | |
| Docusigned by: 988C8F42C3084B5 Angela Calvillo | 04-21-2025 17:40:51 PDT | |

Check this box if you need to include additional names. Please submit a separate form with complete information.

Select "Supplemental" for filing type.