

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Mayor Edwin M. Lee; Members, SF Board of Supervisors	City elective office(s) held: Mayor, City and County of San Francisco; Members, SF Board of Supervisors
Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Community Initiatives	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
(1) See attached BOD Affiliation List	
(2) M.Melanie Beene, Chief Executive Officer; Ken Jones, Chief Financial Officer	
(3) n/a	
(4) n/a	
(5) n/a	
Contractor address: 354 Pine Street, Suite 700, San Francisco, CA 94104	
Date that contract was approved:	Amount of contract: \$35,420.00
Describe the nature of the contract that was approved: Community Initiatives has been the official fiscal sponsor of the SF Hep B Free Campaign (SFHBF) since March 2008. In that regard, Community Initiatives employs the Executive Director of the SFHBF Campaign who will be coordinating testing activities and collection of data from all testing sites under the SFHBF umbrella.	
Comments:	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)

a board on which the City elective officer(s) serves San Francisco Board of Supervisors

Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer:	Contact telephone number: ()
Address:	E-mail:

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed