

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: 06-10-2024 | 16:43:01 PDT

File #: 240201

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	
Bryn Miller		415-279-0662	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
НОМ	Homelessness and Supportive Housing	bryn.miller@sfgov.org	

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Urban Alchemy	(415) 757-0896		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
255 Golden Gate Ave, San Francisco, CA 94102			

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	1.2
06/04/2024		240201
DESCRIPTION OF AMOUNT OF CONTRACT		
\$22,246,326		
NATURE OF THE CONTRACT (Please describe)		
The first amendment to the grant agreement bet Homelessness and Supportive Housing ("HSH") for Street; extending the grant term by 12 months 21, 2022, through June 30, 2025; and increasing total amount not to exceed \$22,246,326.	or shelter services and from June 30, 2024, fo	d operations at 711 Post or a total term of March

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Description of amount and Nature of the Contract description reflects amendments made in 5/15 BFC.

8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
	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	ТҮРЕ
1	Whittle	Lola	Board of Directors
2	Davis	Darolyn	Board of Directors
3	Santacana	Eduardo	Board of Directors
4	Норе	Rob	Board of Directors
5	Tillard	Joss	Board of Directors
6	Lani	Shawn	Board of Directors
7	Sherrills	Aqeela	Board of Directors
8	Kornegay	Tim	Board of Directors
9	Miller	Lena	CEO
10	Wilson	Bayron	C00
11	Anderer	Michael	CF0
12	Purple Tie		Subcontractor
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9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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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	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	DATE SIGNED
DocuSigned by:	06-10-2024 16:43:01 PDT