



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:

File #: 230407

Bid/RFP #: 1050

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
Tim Vo	415-557-6337
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSA Human Services Agency	tim.vo@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Institute On Aging	TELEPHONE NUMBER 415-314-8425
STREET ADDRESS (including City, State and Zip Code) 3575 Geary Boulevard, San Francisco, CA 94118	EMAIL tbriody@ioaging.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER 1050	FILE NUMBER (If applicable) 230407
DESCRIPTION OF AMOUNT OF CONTRACT \$11,375,140		
NATURE OF THE CONTRACT (Please describe) A grant agreement between the City and County of San Francisco and the non-profit Institute On Aging, for the Community Living Fund program, for the period of July 1, 2023, through June 30, 2025, in the not to exceed amount of \$11,375,140.		

7. COMMENTS
Description of Amount and Nature of Contract edited to reflect amendments made in Committee on 5/24.

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	Martin	Jeanne Parker	Board of Directors
2	Browne, MD	Warren	Board of Directors
3	Fisher	H. Andrew	Board of Directors
4	Litvak	Marlene	Board of Directors
5	Matacia, CFA	Theresa A.	Board of Directors
6	Benton, PhD	Donna	Board of Directors
7	Brinton	Lynn	Board of Directors
8	Briody, MHSc	J. Thomas	Board of Directors
9	Hinton	E. Anne	Board of Directors
10	Shih	Elizabeth	Board of Directors
11	Walter, MD	Louise C.	Board of Directors
12	Whitehead	Cynthia Diana	Board of Directors
13	Briody, MHSc	J. Thomas	CEO
14	Blades	Roxana R.	CFO
15	Catholic Charities		Subcontractor
16	Self-Help for the Elderly		Subcontractor
17	Conrad House		Subcontractor
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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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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.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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