



San Francisco Ethics Commission

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ethics.commission@sfgov.org . www.sfethics.org

Received On: 08-02-2024 | 12:40:00 PDT

File #: 240671

Bid/RFP #: RFP 1108

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
Tahir Shaikh	415-557-6085
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSA Human Services Agency	tahir.shaikh@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Eviction Defense Collaborative Inc.	TELEPHONE NUMBER 415-435-2204
STREET ADDRESS (including City, State and Zip Code) 976 Mission Stgreet, SF CA 94103	EMAIL kristaa@evictiondefense.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/30/2024	ORIGINAL BID/RFP NUMBER RFP 1108	FILE NUMBER (If applicable) 240671
DESCRIPTION OF AMOUNT OF CONTRACT \$11,062,913		
NATURE OF THE CONTRACT (Please describe) The purpose of these grants is to provide housing subsidies to older adults and adults with disabilities in order to assist them in stabilizing their housing. Older adults and adults with disabilities face an ongoing struggle to maintain stable housing in San Francisco due to increasing rents and a limited supply of safe, affordable housing. This grant prevents homelessness and promotes housing stabilization by providing housing subsidies for older adults and adults with disabilities in unstable housing situations.		

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	Casanova	Daniel	CEO
2	Alioto	Jo	Board of Directors
3	Mendoza	Dina Polanco	Board of Directors
4	Lopez	Priscilla	Other Principal Officer
5	Rodriguez	Lila Carrillo	Board of Directors
6	wright	Greg	Board of Directors
7	weber	John	Board of Directors
8	Sigal	Dina	Board of Directors
9	Kohli	Peter	Board of Directors
10	Kapoor	TJ	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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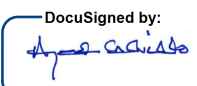
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

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>DocuSigned by:  988C8F42C3084B5 Angela Calvillo</p>	<p>DATE SIGNED</p> <p>08-02-2024 12:40:00 PDT</p>
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