



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

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Received On: 03-21-2024 | 15:07:51 PDT

File #: 240156

Bid/RFP #: 920

### 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

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Tahir Shaikh	4155576085
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HSA Human Services Agency	tahir.shaikh@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Self-Help for the Elderly	<b>TELEPHONE NUMBER</b> 415-677-7600
<b>STREET ADDRESS (including City, State and Zip Code)</b> 731 Sansome Street, Suite 100, San Francisco, CA 94111	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 03/19/2024	<b>ORIGINAL BID/RFP NUMBER</b> 920	<b>FILE NUMBER (If applicable)</b> 240156
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$11,515,405		
<b>NATURE OF THE CONTRACT (Please describe)</b> Third amendment between the City and County of San Francisco and Self-Help for the Elderly to provide a Home-Delivered Meal (HDM) Nutrition Services and for the FY 23-24 Cost of Doing Business (CODB) for older adults, and to increase the contract amount by \$1,980,663 for a total not to exceed amount of \$11,515,405 to the grant period of July 1, 2021 through June 30, 2025		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
<input checked="" type="checkbox"/>	<b>A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES</b> Board of Supervisors
<input type="checkbox"/>	<b>THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS</b>

**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	Chung	Anni	CEO
2	Nair	Leny	CFO
3	Au	Yat-Pat	Other Principal Officer
4	Lau	Joseph	Other Principal Officer
5	Mui	Magdalen	Other Principal Officer
6	Wong	Vicky	Other Principal Officer
7	Chang	Mary	Other Principal Officer
8	Lee	Jerry	Other Principal Officer
9	Schulte	William	Other Principal Officer
10	Zen	Paul	Other Principal Officer
11	Chen	Angel	Other Principal Officer
12	Jay	Nicholas	Other Principal Officer
13	Li	Dominic	Other Principal Officer
14	Sum	Dickson	Other Principal Officer
15	Chang	Tilly	Other Principal Officer
16	Low	Dr. Randal	Other Principal Officer
17	Wong	Sebastian	Other Principal Officer
18	Kaung	Janie	Other Principal Officer
19			

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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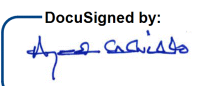
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>03-21-2024   15:07:51 PDT</p>
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