



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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Received On: 05-10-2024 | 10:19:11 PDT

File #: 240337

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

<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>
Dylan Schneider	415-961-8257
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Compass Family Services	<b>TELEPHONE NUMBER</b> 415-644-0504
<b>STREET ADDRESS (including City, State and Zip Code)</b> 37 Grove St. San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 5/7/2023	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 240337
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> NTE \$29,151,597		
<b>NATURE OF THE CONTRACT (Please describe)</b> To administer all services components of the FHSP to families are who formerly homeless. The grant amount is from October 1, 2022 - June 30, 2026. This is the 2nd amendment.		

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	Tait	Adam	Board of Directors
2	Kowal	Lauren	Board of Directors
3	Koski	Debbie	Board of Directors
4	Dinkelspiel	Steven	Board of Directors
5	Thornton	Linsey	Board of Directors
6	Goelz	Doug	Board of Directors
7	Corvin	Dana	Board of Directors
8	Daoro	Robert	Board of Directors
9	Garfinke1, MD, MPH	Kimberly	Board of Directors
10	Giometti	Katie	Board of Directors
11	Goldman	David	Board of Directors
12	Houts	Valerie Gouts	Board of Directors
13	Jackson	Christopher Fenton	Board of Directors
14	Jenkyn	Beth Roy	Board of Directors
15	Marangu	Kimathi	Board of Directors
16	McCarthy	Michael	Board of Directors
17	McCleskey	Donnie	Board of Directors
18	Moffet	Tim	Board of Directors
19	Perkins	Kowonda	Board of Directors

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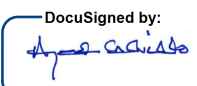
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**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>05-10-2024   10:19:11 PDT</p>
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