



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 #: 260028

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
Henry Gong	415-554-7241
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
SHF San Francisco Sheriff's Office	henry.gong@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR ConnectionsCA, LLC	TELEPHONE NUMBER 505-449-8882
STREET ADDRESS (including City, State and Zip Code) 2390 E. Camelback Rd. Suite 400, Phoenix, AZ 85016	EMAIL sarah.lopez@connectionsks.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 260028
DESCRIPTION OF AMOUNT OF CONTRACT \$14,537,426		
NATURE OF THE CONTRACT (Please describe) The contract with ConnectionsCA, LLC. is necessary to meet the core initiatives of projects addressing drug overdoses and substance use disorders as part of the Sheriff's Office's overall overdose prevention and crime reduction strategies. The contract offers an alternative to jail and hospitalization by filling a gap in interventions for people who are arrested for intoxication or being under the influence of a controlled substance or drug and engaged in disordered behavior. The Sheriff's Office in partnership with the Department of Public Health, Police Department, District Attorney's Office, and Fire Department will support the operations of the RESET Center.		

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	LeClair	Colin	CEO
2	Carson	Chris	Other Principal Officer
3	Bland	Jesse	Board of Directors
4	Morphis	Rock	Board of Directors
5	Whelan	David	Board of Directors
6	Ostrovsky	Andrey	Board of Directors
7	Patel	Praksh	Board of Directors
8	Sheehy	Bob	Board of Directors
9	Miller	Kevin	CFO
10	Buckley	Laura	COO
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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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