

File No. 240618

Committee Item No. 10

Board Item No. 20

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Appropriations Committee Date June 13, 2024

Board of Supervisors Meeting Date July 16, 2024

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| | | • MYR Transmittal Letter and Trailing Legislation List 5/31/2024 |
| | | • MYR Memo 5/31/2024 |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Form 126 – Ethics Commission (65) |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

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| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>FY2024-2025 Recurring State Grants</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>FY24-25 State Recurring Grants Subcontractors</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
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Completed by: Brent Jalipa Date June 7, 2024

Completed by: Brent Jalipa Date June 17, 2024

1 [Accept and Expend Grants - Recurring State Grant Funds - Department of Public Health -
2 FY2024-2025]

3 **Resolution authorizing the acceptance and expenditure of Recurring State grant funds**
4 **by the San Francisco Department of Public Health for Fiscal Year (FY) 2024-2025.**

5
6 WHEREAS, The San Francisco Administrative Code requires City Departments to
7 obtain Board of Supervisor’s approval in order to accept or expend any grant funds (Section
8 10.170 et seq.); and

9 WHEREAS, The Board of Supervisors provided in Section 11.1 of the administrative
10 provisions of the Fiscal Year (FY) 2024-2025 Annual Appropriation Ordinance that approval of
11 recurring grant funds contained in departmental budget submissions and approved in the
12 FY2024-2025 budget are deemed to meet the requirements of the San Francisco
13 Administrative Code regarding grant approvals; and

14 WHEREAS, The agencies of the State of California that provide grant funds to
15 Department of Public Health (DPH) require documentation of the Board’s approval of their
16 specific grant funds (State Administrative Manual, Section 1208.2 (a)); and

17 WHEREAS, The City’s budget for FY2024-2025 does not list each State grant but
18 contains two aggregate items; one indicating all Federal, and one all State grant funds; and

19 WHEREAS, Department of Public Health has prepared a document entitled “Recurring
20 FY2024-2025 State Grants, Attachment A” that lists the estimated amount of each recurring
21 grant provided by the State of California for FY2024-2025, the State agency that provides the
22 grant, and the indirect costs of each grant, which is on file with Clerk of the Board of
23 Supervisors in File No. 240618; and

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1 WHEREAS, As a result of periodic redistribution of appropriations within the State
2 budget, Department of Public Health may, in fact, receive more money or less money from
3 some of the various grants itemized in the attached document that Department of Public
4 Health estimates at this time; and

5 WHEREAS, This Resolution requires expedited review by the Board of Supervisors to
6 ensure that documentation of specific grant funds can be provided to the State as early as
7 possible in the funding year; and

8 WHEREAS, Resolutions authorizing the acceptance and expenditure of grant funds
9 may be placed automatically on consent agendas in committee, as they are usually
10 considered to be routine items, and this resolution authorizes the acceptance and expenditure
11 of grant funding; now, therefore, be it

12 RESOLVED, That the Board of Supervisors hereby approves the acceptance and
13 expenditure of Department of Public Health of the State of California grants listed in the
14 “Recurring FY2024-2025 State Grants, Attachment A”; and, be it

15 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
16 Agreement, and any amendments, invoices, or any other documents related to or required for
17 the administration of said Agreement on behalf of the City and County; and, be it

18 FURTHER RESOLVED, That the Director of Health is authorized to certify that DPH
19 has and will comply with all applicable federal and state statutory and regulatory requirements
20 related to any grant funds received; and, be it

21 FURTHER RESOLVED, That should Department of Public Health receive more money
22 or less money on any of the grants than is estimated in the “Recurring FY2024-2025 State
23 Grants, Attachment A”, that the Board of Supervisors hereby approves the acceptance and
24 expenditure by Department of Public Health of the additional or reduced money.
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1 Recommended:

Approved: _____ /s/ _____

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Mayor

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_____ /s/ _____

4 Dr. Grant Colfax

Approved: _____ /s/ _____

5 Director of Health

Controller

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	Program/ Sub-Program	Agency	Grant Type	State Contract Number	FY 24-25 Grant Term	FY 24-25 Grant Amount	FY 24-25 Indirect Costs	Indirect Cost Information	Match	In-kind	Subcontract Amount	Title, Services, FY 2024-2025	Program Manager	Phone Number	Grant Code	Project code	Staff	Grant Status
1	Administration	CDPH	Federal Pass-through	22-10678	7/1/24 - 6/30/25	294,392	14,719	6.428442% of Personnel	-	-	5,014	Hospital Preparedness Program Grant funds the planning and coordination of hospital preparedness activities for health care facilities	Amanda Kwong	(628) 206-7618	HCAC11-25	10040758	Peter	Active
2	AIDS Office - Health Services	CA Dept. of Public Health (CDPH)	Federal Pass-through	23-10980	4/1/25 - 3/31/26	3,259,617	-	-	-	-	3,011,322	HIV Care Program - SAM HCP is a two-tiered approach to service prioritization & delivery based on service categories defined by HRSA. Tier 1 services are outpatient & ambulatory medical care. Tier 2 support access to tier 1.	Bill Blum / Sajid Shaikh	415-255-3512	HCAO16-25	10040658	Jeanette	Pending
3	Epidemiology & Disease Control	CDPH-Emergency Preparedness	State	22-10678	7/1/24-6/30/25	87,959	4,016	4.8% of total direct cost	-	-	-	CA Pandemic Influenza Preparedness Prepare for and respond to bioterrorism, infectious disease outbreaks, and other public health threats and emergencies.	Amanda Kwong	628-206-7618	HCD113-25	10040641	Sharon	Active
4	Center for Learning & Innovation	The Regents of the University of California	Federal Pass-through	13793sc	7/1/24 - 6/30/25	14,510	2,902	25% of tdc	-	-	-	UCSF-Bay Area Center for AIDS Research Provide assistance to UCSF's Mentoring Program.	J. Fuchs / Amanda Kwong	628-206-7618	HCD134-25	10040751	Kimberly	Active
5	HD STD	California Department of Public Health	State	19-10557	07/01/24 - 6/30/25	638,420	38,342	24.68% personnel	-	-	346,036	Local Assistance for Core STD Management Implement evidence-based public health activities to proactively address Sexually Transmitted Diseases (STD) with Local health jurisdiction (LHJ)	Maggie Han	628-206-7681	HCD142-25	10040630	Martin	Active
6	TB Control	California Department of Public Health	State	2290CTCA00	07/01/24 - 06/30/25	243,945	20,341	10% of total contract amount	-	-	223,760	Support Tuberculosis Prevention & Control Activities Local assistance funding to support tuberculosis (TB) prevention & control activities	Maggie Han	628-206-7681	HCD22-25	10040643	Martin	Active
7	Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	H76HA00163	1/1/24 - 12/31/24	66,530	-	-	-	-	-	HC LSYC Calendar Year 2024 Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS	Beth Neary	628-206-7679	HGCLSC-24	10039523	Sean	Active
8	Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	H76HA00163	1/1/25 - 12/31/25	66,530	-	-	-	-	-	HC LSYC Calendar Year 2025 Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS	Beth Neary	628-206-7679	HGCLSC-25	10040686	Sean	Active
9	Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	H80CS00049	1/1/24 - 12/31/24	1,094,763	-	-	-	-	-	HC McKinney Homeless Calendar 2024 Funding for the provision of health care services to the homeless	Beth Neary	628-206-7679	HCGMCK-24	10039524	Sean	Active
10	Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	H80CS00049	1/1/25 - 12/31/25	1,094,763	-	-	-	-	-	HC McKinney Homeless Calendar 2025 Funding for the provision of health care services to the homeless	Beth Neary	628-206-7679	HCGMCK-25	10040690	Sean	Active
11	Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	H76HA00163	1/1/24 - 12/31/24	81,250	-	-	-	-	-	RWPC Tom Waddell Clinic 2024 Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS	Beth Neary	628-206-7679	HCGTWC-24	10039526	Sean	Active
12	Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	H76HA00163	1/1/25 - 12/31/25	81,250	-	-	-	-	-	RWPC Tom Waddell Clinic 2025 Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS	Beth Neary	628-206-7679	HCGTWC-25	10040699	Sean	Active
13	MCH	CDPH-MCH Branch	Federal Pass-through	CHVP 23-38	7/1/24 - 6/30/25	1,410,536	262,212	25% personnel & benefits	-	-	-	Nurse Family Partnership Nurses providing home visits with priority given to women with high risk factors to help women break the cycle of poverty and abuse.	Maya Vasquez	415-575-5732	HCMC02-25	10040632	Angelina	Active
14	Environmental Health	CDPH-CLPPB	Multiple funding sources	23-10277	7/1/24 - 6/30/25	891,139	114,269	15% of personnel costs	-	-	-	Lead Case Management Contract Identify and manage cases of children with elevated lead levels in their blood.	Haroon Ahmad	415-252-3956	HCPB02-25	10040698	Jeanette	Active
15	AIDS Office - Health Services	CDPH-OA-ADAP	State	21-10962	7/1/24 - 6/30/25	-	-	-	-	-	-	State AIDS Drug Assistance Program Administration of the AIDS Drug Assistance Program enrollment process provided by SFDPH and/or its subcontractors.	Kevin Hutchcroft/ Sajid Shaikh	415-437-6244	HCPD10 ADAP grant	10026702 10001992 10001810 10001859	Sajid	Active
16	ARCHES	CDPH-Office of AIDS	State	19-10445	7/1/24 - 6/30/25	715,084	76,013	25% of personnel costs	-	-	187,876	State AIDS Surveillance Program HIV/AIDS Surveillance program provides precise & timely information necessary to identify ongoing patterns of infection & to measure the burden of the disease.	Sajid Shaikh	255-3512	HCPD14-25	10040627	Martin	Active
17	TB Control	CA Department of Public Health	State	2290BASE00 & 2290FSIE00	7/1/24 - 6/30/25	337,200	13,821	5.1% personnel	-	-	-	Tuberculosis Subvention To provide outreach and housing services for homeless tuberculosis patients and implement the "Directly Observed Therapy Program (DOT)" for tuberculosis cases.	Maggie Han	628-206-7681	HCPD21-25	10040663	Martin	Active
18	Epidemiology & Disease Control	CDPH - Immunization Branch	Federal Pass-through	22-11052	7/1/24-6/30/25	275,070	-	-	-	-	-	Immunization Services Grant Administers an immunization program against nine vaccine preventable diseases and prenatal Hepatitis B services.	Amanda Kwong	628-206-7618	HCPD29-25	10040700	Sean	Active
19	Epidemiology_PHEPR	CDPH Emergency Preparedness	Federal Pass-through	22-10678	7/1/24 - 6/30/25	518,654	25,932	5.520615% of total direct cost	-	-	-	Health Preparedness & Response Prepare for and respond to bioterrorism, infectious disease outbreaks and other public health threats and emergencies.	Eduardo/Amanda Kwong	628-206-7618	HCPD69-25	10040634	Angelina	Active
20	Epidemiology_PHEPR	CDPH-Emergency Preparedness	Federal Pass-through	22-10678	7/1/24-6/30/25	221,043	10,903	10.5% of total direct cost	-	-	80,639	Cities Readiness Initiative Increase & enhance readiness to make effective use of the Strategic National Stockpile (SNS) in the event of several possible types of catastrophic terrorist attacks.	Amanda Kwong	628-206-7618	HCPD95-25	10040648	Sharon	Active
21	Health Education-Health Promotion	CDPH-Tobacco Section	State	CTCP-21-38	7/1/24-6/30/25	812,017	83,899	10.33% of personnel cost	-	-	161,356	Tobacco Free Project Provide Tobacco education in accordance with the State Comprehensive Tobacco Control Plan Guidelines for local lead agencies	Maryna Spiegel	628-206-7640	HCPH01-25	10040704	Sharon	Active
22	MCH	CDPH - MCH Branch	Federal Pass-through	202338	7/1/24 - 6/30/25	2,396,121	219,184	based on time study, and 25% of salary & fringe	-	-	224,196	Black Infant Health Program Provide outreach and referral services, pediatric care, education and follow-up support to African American pregnant & postpartum women and their infants.	Aline Armstrong	415-420-0980	HCPM02-25	10039504	Sean	Active
23	MCH	CDPH - MCH Branch	Federal Pass-through	202338	7/1/24 - 6/30/25	8,365,300	1,231,158	25% personnel & benefits	10,578,556	-	639,000	Maternal and Child Health Coordination and advocacy for programs and services targeting women and children and review for fetal infant deaths.	Aline Armstrong	558-4037	HCPM03-25	10040633	Angelina	Active
24	MCH	CA Dept of Health Care Services	Federal Pass-through	23-01 & 23-02	7/1/24-6/30/25	1,884,410	239,833	25% of salary	678,250	-	-	CHDP/EPSTD Children's health and disability prevention services	Kimberlee Pitters	(628) 217-6713	HCPM05-25	10040760	Peter	Active
25	MCH	CDPH	Federal Pass-through	22-10282	10/1/24-9/30/25	3,025,397	-	-	-	-	-	WIC Program Nutrition, education, and supplemental foods to pregnant, lactating or post-partum women and to children under 5 years who are receiving on-going medical care	Priti Rane	(415) 575-5716	HCPM08-25	10040753	Peter	Active
26	MCAH	CDPH	Federal Pass-through	23-10341	10/1/24-9/30/25	836,772	96,066	13.5% of Personnel Costs	-	-	150,000	Nutrition Network Project Project to increase nutrition education and physical activity targeted to California's under-served populations.	Priti Rane	(415) 575-5716	HCPM13-25	10040755	Peter	Active
27	MCAH	CA Dept of Health Care Services	Federal Pass-through	23-01	7/1/24-6/30/25	723,698	-	-	-	-	-	Health Care Program Children in Foster Care To provide health care program for children in foster care	Kimberlee Pitters	(415) 575-5764	HCPM14-25	10040757	Peter	Active
28	CBHS - Mental Health	CA Department of Rehabilitation	Federal Pass-through	30952	7/1/24-6/30/25	263,811	14,444	5.79% of personnel cost	818,875	-	-	State Vocational Rehabilitation Services Provide vocational rehabilitation services.	Juan Ibarra	415-255-3496	HMA04-25	10040674	Sharon	Active

29	CBHS-Mental Health	Mental Health Services Oversight & Accountability	State	21MHSOAC028	10/1/24 - 9/30/25	1,627,177	212,240	15% of total program cost	-	-	718,000	Mental Health Student Act of 2019 Improve Mental Health services in the schools Mental Health Service Oversight and Accountability Commission	Mimi Fung	415-255-3667	HM109-25	10040684	Kimberly	Active
30	CBHS-Mental Health	Regents of The University of California	Federal Pass-through	13788sc	8/01/24-7/31/25	93,393	-	-	-	-	-	Center for Special Problems provides professional outpatient mental health services to women who have HIV and their adult family members.	Sajid Shaikh	415-255-3512	HMM005-25	10040729	Miguel	Active
31	CBHS-Mental Health	Dept of Health Care Svcs. Mental Health	Federal Pass-through	Letter sent 8/29/2022	7/01/24-6/30/25	4,579,474	-	-	-	-	1,370,850	SAMSHA - MHBG, System of Care To provide timely access to appropriate care for severely mentally ill (SMI), dually diagnosed adults and seriously emotionally disturbed (SED) children and youth	Janis Omeara	415-581-3051	HMM007-25	10040731	Miguel	Active
32	Bridge HIV	The Regents of the University of California	Federal Pass-through	11324sc	4/1/24 - 3/31/25	57,828	11,446	24.7% of tdc	-	-	-	Evaluation of Doxycycline Post-Exposure Prophylaxis DPH will oversee planning and implementation of the DoxyPrep study at SF City Clinic and supervise recruitment and retention.	S. Buchbinder / Sajid Shaikh	415-255-3512	PD111-25	10040770	Kimberly	Active
33	Center for Research	The Regents of the University of California	Federal Pass-through	11644sc	9/30/24 - 9/29/25	36,030	7,132	24.678% of tdc	-	-	-	Targeted HIV/TB Strategic Information Technical Assistance for President's Emergency Plan for AIDS Relief (PEPFAR)	W. McFarland / Sajid shaikh	415-255-3512	PD121-25	10040747	Kimberly	Active
34	Center for Research	The Regents of the University of California	Federal Pass-through	11626sc	9/30/24 - 9/29/25	45,620	4,888	12% of total direct costs	-	-	-	Targeted HIV/TB Strategic Information Technical Assistance for President's Emergency Plan for AIDS Relief (PEPFAR) and Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Countries. Dr. McFarland will provide technical assistance on HIV Surveillance activities and facilitate in-country trainings and workshops.	W. McFarland / Sajid shaikh	415-255-3512	PD123-25	10040746	Kimberly	Active
35	HD STD	California Department of Public Health	State	19-10937	7/01/24 - 6/30/25	190,406	-	-	-	-	-	Hepatitis C Virus (HCV) Prevention and Control Activities Support Hepatitis C (HCV) elimination activities	Sajid Shaikh	255-3512	PD126-25	10040636	Martin	Active
36	Laboratory	California Department of Public Health	State	UFRA-177	7/1/23 - 6/30/25	112,050	-	-	-	-	-	ELC PHL Preparedness Supplement #1 Funds AB178/179 sustainability of PHLs by producing eligible PHLDs, recruitment and training of eligible candidates for future PHLDs etc.	Lina Casto / Amanda Kwong	628-206-7618	PD187-24	10039878	Sharon	Pending
37	Environmental Health	California Department of Food and Agriculture	State	23-0305-000-SA	7/1/23 - 6/30/25	42,421	-	-	-	-	-	Noxious Weed Program This project works to eradicate invasive sea lavender at all tidal marsh locations in the county.	Cree Morgan/Phil Calhoun	415-252-3950	PD136-24	10039491	Jeanette	Active
38	Environmental Health	California Department of Justice	State	DOJ-PROP56-2023-24-1-027	7/1/24 - 6/30/25	1,151,467	54,832	5% of total personnel services	-	-	-	DOJ Tobacco Grant Program This enforcement grant will allow SFDPH to increase the Department's capacity for outreach and education; expand police decoy operations; eliminate illegal sales of tobacco; develop a protocol to investigate consumption; and to share data and knowledge. Namibia Project for HIS Strengthening, Continuous Quality Improvement and Enhanced Surveillance	Jen Callewaert	415-252-3971	PD203-25	10040716	Sean	Active
39	Center for Research	The Regents of the University of California	Federal Pass-through	12518sc	9/30/24 - 9/29/25	18,779	2,012	12% of total direct costs	-	-	-	Willis, McFarland, MD, PhD, Director of Surveillance, has many years of experience working on surveillance in general and key populations, in both domestic and international settings. He will provide high-level technical assistance on surveillance strategy.	W. McFarland / Sajid shaikh	415-255-3512	PD154-25	10040754	Kimberly	Active
40	Center for Research	The Regents of the University of California	Federal Pass-through	12855sc	4/1/24 - 3/31/25	14,068	2,788	24.678% of total direct cost	-	-	-	International Traineeships in AIDS Prevention Studies (ITAPS). Dr. McFarland will support project needs and serve as technical lead on the Return to Care Campaign II.	W. McFarland / Sajid shaikh	415-255-3512	PD165-25	10040773	Kimberly	Active
41	MCH	CDPH - Office of Oral Health	State	22-10193	7/1/24 - 6/30/25	308,879	2,510	17.25% of total personnel costs	-	-	-	Oral Health Program Prop 56 Provide activities that support oral health plan and build capacity for the facilitation and implementation of education, prevention, linkage to treatment, surveillance, and case management services.	Aline Armstrong	415-420-0980	PM101-25	10040711	Sean	Active
42	MCH	CDPH	State	PEI 23-38	7/1/24 - 6/30/25	459,560	-	-	-	-	-	California Perinatal Equity Initiative Deepen understanding of the gaps in services within the Black community contributing to increased infant mortality rates and the promising interventions to reduce Black infant mortality.	Aline Armstrong	415-420-0980	PM102-25	10040713	Sean	Active
43	MCH	CDPH	State	CHVP SGF INV 23-38	7/1/24-6/30/25	1,000,000	77,900	25% of personnel	-	-	610,500	CHVP State General Fund Innovation Implementing home visits as a primary intervention strategy for families from pregnancy through kindergarten to promote positive outcomes and family success.	JJ Burch/Maya Vasquez	415-558-4037	PM103-25	10040717	Sharon	Active
44	MCH	CDPH	State	CHVP SGF EBHV 23-38	7/1/24-6/30/25	595,800	113,602	25% of personnel	-	-	22,350	CHVP SGF EBHV Grant expands Nurse Family Partnership (NFP) program.	JJ Burch/Maya Vasquez	415-558-4037	PM104-25	10040718	Sharon	Active
45	MCH	CDPH	Federal Pass-through	21-10791	7/1/24 - 6/30/25	395,500	-	-	-	-	-	Children & Youth with Special Health Care Needs - CYSHCN To support families of children with disabilities that will bring together the community agencies that serve children and youth with special health care needs in San Francisco independently of one another along with the families they are serving.	Ben Meisel / JJ Burch	628-217-6711	PM105-25	10040702	Jeanette	Active
46	CBHS-Mental Health	Department of Health Care Services (DHCS)	State	Letter dated 10/04/2021	7/1/24-6/30/25	410,295	-	-	-	-	42,000	Crisis Care Mobile Units (CCMU) Program Department of Health Care Services	Mimi Fung	415-255-3667	HM111-25	10040853	Sharon	Pending
47	CBHS-Mental Health	Department of Health Care Services (DHCS)	Federal Pass-through	Letter dated 12/06/2021	7/1/24-6/30/25	1,102,165	-	-	-	-	380,480	Behavioral Health Response and Rescue Project (BHRRP) for Community Mental Health Services Block Grant (MHBG)- American Rescue Plan Act (ARPA) Department of Health Care Services	Mimi Fung	415-255-3667	HM112-25	10040697	Sharon	Active
48	Substance Abuse	CA Dept of Health Care Services	Federal Pass-through	Letter dated 11/15/2021	7/1/24 - 6/30/25	1,574,980	-	-	-	-	1,244,865	Provides children Strengthening Families Services, Community Outreach and education, and Campaign & Website development. To support a SORT program to provide treatment services for SUD clients	Mimi Fung/Emily Raganoid	(415) 255-3667	SA102-25	10040761	Peter	Active
49	PHEP	CDPH	Federal Pass-through	WFD-038	7/1/24 - 6/30/25	1,012,732	253,183	25% personnel	-	-	62,700,000	Public Health Workforce Development To establish, expand, train, and sustain the STLT public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health centers.	Amanda Kwong / Andrea Tenner	(628) 206-7618	PD168-25	10040779	Peter	Active
50	Health Education-Health Promotion	CDPH	Federal Pass-through	22-38-90899-00	10/1/24 - 9/30/25	265,619	-	-	-	-	52,707,000	Refugee Health Assessment Program (RHAP), provide health assessment services to refugees, asylees, entrants from Haiti and Cuba, special visa immigrants, federally certified victims of human trafficking, eligible Afghan and Ukrainian parolees, and other eligible entrants, as required per the 2022-23 ORH Policy and Procedure Manual.	Patricia Erwin / Cristy Dieterich	(628) 206-7629	HCCH11-25	10040645	Martin	Active

51	Health Education-Health Promotion	CDPH	Federal Pass-through	22-38-90234-00	7/1/24 - 6/30/25	226,000				Asylum Seeker Health Surveillance and Linkage to Care, Provide case management services to a minimum of 150 asylum seekers annually to ensure patient enrollment in Medi-Cal or other health insurance when eligible, and conduct an initial health screener to assess for immediate healthcare needs.	Patricia Erwin / Cristy Dieterich	(628) 206-7629	HCCH12-25	10040647	Martin	Active
52	Health Education-Health Promotion	CDPH	Federal Pass-through	22-38-90893-00	10/1/24 - 9/30/25	49,990			32,491.00	REFUGEE HEALTH PROMOTION PROJECT (RHPP), UKRAINIAN REFUGEE HEALTH PROMOTION (URHP)	Patricia Erwin / Cristy Dieterich	(628) 206-7629	HCCH13-25	10040650	Martin	Active
53	Administration	CDPH	State	FoPH-041	7/1/24 - 6/30/25	3,639,888	114,650	3% personnel		Future of Public Health Spending (FoPH), to supplement local health jurisdictions for public health workforce and infrastructure	Alice Kumiadi / Maggie Han	628-206-7681	PD180-25	10040637	Martin	Active
54	HD STD	CDPH	State	22-10889	7/1/24 - 6/30/25	889,417	142,637	24.68% personnel	137,801.00	SYPHILIS OUTBREAK STRATEGY (SOS), to support innovative and impactful syphilis and CS prevention and control activities, with a focus on disproportionately impacted populations as determined by local or regional syphilis and CS epidemiology, which may include, but are not limited to, African American/Black people, Latinx people, American Indians/Alaska Native people, trans women, pregnant people experiencing homelessness or who use drugs, (e.g., people who exchange sex for money, drugs, or a place to stay), and gay, bisexual, and other men who have sex with men (MSM).	Maggie Han	628-206-7681	PD185-25	10040638	Martin	Active
55	Center for Research	The Regents of the University of California	Federal Pass-through	13250sc	9/1/24 - 8/31/25	5,875	534	10% of tdc		One Ballroom, Dr. McFarland will serve as Co-Investigator and will design and analyze the proposed project. He will also participate in dissemination activities, manuscript writing, and will be responsible for sampling and RDS methodology.	W. McFarland / Sajid Shaikh	415-255-3512	PD169-25	10040774	Kimberly	Active
56	Center for Research	The Regents of the University of California	Federal Pass-through	13215sc	9/30/24 - 9/29/25	22,810	2,444	10% of tdc		Prevention and Response for Outbreaks, Threats, and Emergencies through Capacitation and Training (PROTECT), Dr. McFarland will bring his world renowned surveillance expertise to engage with ministries of health and other regional stakeholders on the design of the surveillance systems.	W. McFarland / Sajid Shaikh	415-255-3512	PD174-25	10040783	Kimberly	Active
57	Center for Research	The Regents of the University of California	Federal Pass-through	13199sc	9/30/24 - 9/29/25	15,207	1,620	12% of tdc		Strategic Use of Surveillance and Epidemiology to Support HIV Epidemic Control in Kenya under the President's Emergency Plan for AIDS Relief (PEPFAR), in close collaboration with UCSF, SFDPH will provide technical assistance and capacity building across Kenya surveillance activities.	W. McFarland / Sajid Shaikh	415-255-3512	PD176-25	10040785	Kimberly	Active
58	Center for Research	The Regents of the University of California	Federal Pass-through	13184sc	9/30/24 - 9/29/25	14,193	1,521	12% of tdc		Tracking with Recency Assays to Control the Epidemic (TRACE). In close collaboration with UCSF, SFDPH will provide technical assistance and capacity building for rollout of HIV recency testing and case surveillance in Vietnam. Additionally, SFDPH will support in data analyses using HSS+ and CS data collected in Vietnam to better understand the epidemic in country and respond to nmerammatir needs.	W. McFarland / Sajid Shaikh	415-255-3512	PD179-25	10040788	Kimberly	Active
59	Center for Research	The Regents of the University of California	Federal Pass-through	13832sc	7/1/24 - 6/30/25	69,259	13,852	25% of tdc		UCSF Bay Area Center for AIDS Research, to support "Developing a Regional Approach to Equitable Implementation of Long-Acting PrEP" including providing overall leadership and scientific direction to the project, including project planning, formation of Stakeholder Advisory Board, implementation of stakeholder engagement interviews, development of Implementation Toolkit, and analysis and dissemination of findings.	A. Liu / Sajid Shaikh	415-255-3512	PD188-25	10040791	Kimberly	Active
60	Bridge HIV	The Regents of the University of California	Federal Pass-through	13800sc	7/1/24 - 6/30/25	15,115	3,023	25% of tdc		UCSF Bay Area Center for AIDS Research, to support the recruitment, enrollment, specimen collection, and processing for the CFAR PrEP Cohort based at Bridge HIV.	H. Scott / Sajid Shaikh	415-255-3512	PD189-25	10041199	Kimberly	Active
61	Substance Abuse	CA Dept of Health Care Services	Federal Pass-through	Letter dated 6/20/22	7/1/24 - 6/30/25	8,913,363	-	-	8,913,363	SABG Block Grant Alcohol and Other Drug Programs utilize SABG funding to provide a broad array of alcohol and other drug program treatment and prevention services within the system of care ISOCI programs.	Laurel Snead	(415) 255-3717	SA104-25	10040765	Peter	Active
62	Center for Research	The Regents of the University of California	Federal Pass-through	14171sc	6/1/24 - 5/31/25	27,352	2,931	12% of tdc		Short Trainings on Methods for Recruiting, Sampling, and Counting Hard to Reach Populations: The H2R Training Program. Dr. McFarland will lead the development of a course called "Sampling Methods and Statistical Data Analysis for Research on Hard-to-Reach Populations."	W. McFarland / Sajid Shaikh	415-255-3512	PD198-25	10041278	Kimberly	Active
63	Center for Research	The Regents of the University of California	State	UFRA-408	10/1/24 - 9/30/25	28,960	5,732	24.678% of tdc		Health Equity Science (HES) Scientific Manuscript Development Training. Dr. McFarland will provide technical assistance in mentoring and manuscript writing to give a lecture, support one mentee for six months, and co-lead a five-day writing workshop.	W. McFarland / Sajid Shaikh	415-255-3512	PD199-25	10041280	Kimberly	Active
64	Center for Research	The Regents of the University of California	Federal Pass-through	14429sc	7/1/24 - 6/30/25	7,087	1,417	25% of tdc		Staged Low-Barrier and Mobile Care to Improve Retention and Viral Suppression in Hard-To-Reach Vulnerable People Living With HIV. The City and County of San Francisco site will collaborate with Dr. Christopoulos and team to implement the proposed project.	P. Coffin / Sajid Shaikh	415-255-3512	PD201-25	10041202	Kimberly	Active
65	Bridge HIV	The Regents of the University of California	Federal Pass-through	14832sc	9/1/24 - 8/31/25	44,956	8,898	24.67% of personnel		Center for AIDS Prevention Studies (CAPS). The scope of work included in the participation of the City and County of San Francisco in the 2022 EHE ARC Supplement entitled "Mission Wellness: Developing and Piloting a Pharmacy-Delivered Long-Acting PrEP Program Tailored for the Latinx Community"	A. Liu / Sajid Shaikh	415-255-3512	PD204-25	10041281	Kimberly	Active
66	Substance Abuse	CDPH	Federal Pass-through	23-10573	3/1/25 - 2/28/26	427,000	-	-	250,000	Fentanyl Overdose Prevention Grant Implement an innovative program entitled Advancing Racial Equity and Data-Driven Responses (AREDDR). Through the AREDDR program, SFDPH will take a multi-pronged approach to addressing racial disparities in overdose-related fatalities.	Mimi Fung/Emily Raganold	(415) 255-3667	SA107-25	10041165	Peter	Pending
67	Pure Tone Audiometry	UCSF - PCORI (Patient-Centered Outcomes Research Institute)	State	CER-2022C2-27634	7/1/24 - 6/30/25	153,443	37,870	24.68% personnel & benefits		Pure-tone audiometry versus otoacoustic emissions for preschool hearing screening	Katie DellaMaria	(628)217-6730	PM107-25	10040844	Angelina	Active

68	Capacity and Infrastructure, Transition, Expansion and Development (CITED) Program	California Department of Health Care Services (DHCS) California Providing Access and Transforming Health ("PATH") Initiative	State	852219	7/1/24 - 6/30/25	3,862,929		Capacity and Infrastructure, Transition, Expansion and Development (CITED) Program, which is part of the California Providing Access and Transforming Health ("PATH") Initiative	Matthew Sur/ Kathleen Reed	(650)703-7810	WP101-25	10040838	Angelina	Pending
				63,207,268	3,547,711			19,999,391						

State Recurring Grants Subcontractors FY24-25

Item	Title, Services, FY 2024-25	Subcontract Amount	Contractor Name Nature of the Contract	Address	Executive Director	Board Member Name
1	Hospital Preparedness Program Grant funds the planning and coordination of hospital preparedness activities for health care facilities	5,014	San Francisco Public Health Foundation Fiscal Intermediary	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	Jennifer Harrington	PRESIDENT: Melissa Moore; VICE-PRESIDENT: Jess Thacher.; TREASURER: Adam Sharma; SECRETARY: Allison White; Courtney Lyles, Tracey Packer, Katie McCall
2	HIV Care Program - SAM HCP is a Two-tiered approach to service prioritization & delivery based on service categories defined by HRSA. Tier 1 services are outpatient & ambulatory medical care. Tier 2 support access to tier 1.	240,656	a) Dolores Street Community Services To improve and maintain the health of our residents through the provision of facility-based health care and other supportive services.	938 Valencia Street, San Francisco, CA 94110	Laura Valdez	PRESIDENT: Anjali Cameron; VICE-PRESIDENT: Pedro Hernandez, Jr.; TREASURER: Kani Lin; SECRETARY: Chelsey Tanaka; Michael Winn
		180,336	b) Catholic Charities - Peter Claver To provide attendant care services in compliance with the Standard of Care for Client Centered Services to multiply diagnosed individuals at Peter Claver Community an RCFCI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.	990 Eddy St San Francisco CA 94109	Ellen Hammerle, Ph.D. LMFT	Most Reverend Salvatore Cordileone, Chairman; Adriana Dahik; Barbara Smith; Christine Whelan; Dr. Diana I. Bojorquez; Dr. Ellen Hammerle, Ph.D., LMFT, Chief Executive Officer; Eleanor Gonzalez; Hugo Kostelni Jr.; Jack Pohman; Jay Paul Leupp; Jim Sangiacomo; Joe Boerio, President; John Saia; Theodore Borromeo; Secretary; Kathleen A. Grogan, CPA, Treasurer; Lisa Cullinan; Lisa Ikeda; Lori P. Mirek; Louis Reynolds; Marc Aquino; Michael M. Ghilotti; Nicole Cuadro; Patrick Woody; Philip Clark; Philip Kearney; Reverend Daniel Nascimento; Reverend Raymond Reyes; Scott Lantis; Sister Maureen McInerney, O.P.; Susie O'Brien Frimel;
		1,347,885	c) Project Open Hand To improve the nutritional health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments and other food and nutrition services.	730 Polk St, SF, CA 94109	Paul Hepfer	Karl Christiansen, Board Chair; Arielle Anderson, Vice Board Chair; Susanna Holt, Secretary; Andrew Chang, Finance Chair; Vishwa Chandra, Mike Henry; Adi Wakankar, Dr. Preston Maring, M.D., Andrea Wilkinson; Theresa Ng Chang; Richard Long; Jason Wei
		752,053	d) Maitri AIDS Hospice To provide safe housing, medical care and nutrition supports for those with HIV at end of life and those needing respite to return to independence as defined by the resident.	401 Duboce Ave, SF, CA 94117	Michael Armentrout	Ray Lapointe, President Emeritus; Jane Wong, President; Austin Miller, Vice President; Gregg Cummings, Treasurer; Jim King, President Emeritus; Gary Hilbert, Secretary; Johannes Casados; Donna Cummings; Namita Dilawri; Erika Fraas; Alvin Ling; David Ludlow; Amy Morgenstern, Esq.; Sameera Rana, MD; Ryan Schoenefeld;
		321,555	e) PRC Providing Equal Access to Health Care Program Services	170 9th St, San Francisco, CA 94103	Chuan Teng, Esq.	Brian Schneider, President; Tim Schroeder; Josh Frieman; Nelson Gonzalez; Ryo Ishida; Jacques Michaels; Michael Niczporuk; Zack Papillon; Darren Smith, Treasurer; Nichole Wiley, Vice President; Lukejohn Day; Josh Frieman; Colin Hartke; Michael Kyle; Tamarah Prevost
		168,837	f) UCSF Alliance Health Project The program goal is to provide outpatient mental health services to people living with HIV - including Long-Term Survivors - to reduce symptoms and functional impairments resulting from mental health and/or substance use disorders.	1855 Folsom St, San Francisco, CA 94103	William Hua, PhD	Susan M. Breall, Chair; Sophia Toh, Vice-Chair; Enchi Liu, PhD, Secretary; Vanni Carapetian, MPH; Juan Garcia; Brad Hare, MD; Reginald Hillmon; Kelly Lake; Ashley Munro; Michelle V. Porche, EdD; Kate Shumate; Runjhun Srivastava;
5	Local Assistance for Core STD Management To provide local assistance funding to local health jurisdictions to build local infrastructure and workforce capacity to conduct STD surveillance and implement evidence-based, effective interventions to reduce the transmission and negative health effects of sexually transmitted infections	43,243	Harm Reduction Therapy Center Provide Clinical Consultation Services to LINC frontline staff	21 Merlin St San Francisco CA 94107	Anna Berg, LCSW	Eileen Norman, President; Sam Dennison, Chair; Suki Jones, Secretary; Esker-D Ligon, Treasurer; Deborah Borne; Justin J. Castello, PhD; Ale Del Pinal; Anat Leonard-Wokey; Shantel Weingand
		118,818	3rd Street Youth Center and Clinic Providing STD Evaluation, Screening and Testing for Youth of Color	1728 Bancroft Avenue San Francisco, CA 94124	Joi Jackson-Morgan	Michelle Magee, Co-Chair; Susan Davenport, Co-Chair; Jackie Relyea, Treasurer; Laura Fallon, Director; Glen Kunene, Director; Vanessa Eng, Secretary; Sam Davidson, Director; Michael Savage, Director; Jose A Rodriguez, Director; Craig Rouskey, Director
		183,977	a) University of California, San Francisco Technical Assistance: HIV Global Health	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philip Hammarskjöld, Chair; Dana Emery, Vice Chair; Andrew Ballard; Allison Bhusri; Susan Bloch; Pete Briger; Todd Carter; Huifen Chan; Connie E. Chen; Fred Cohen; JP Conte; Phyllis Coutler; Dipanjan Deb; Stephanie DiMarco; Dana Emery; Kathryn Hall; Kenneth Haas; Andre Igudale; Richard Kimball; Nellie Levchin; Divesh Makan; Meyer Malka; Ian McKinnon; Diane Morris; Joyce Newst; Ruchi Sanghvi; Lydia Shorestein; Shahan Soghikian;
6	Support Tuberculosis Prevention & Control Activities Local assistance funding to support tuberculosis (TB) prevention & control activities	223,760	San Francisco Public Health Foundation Fiscal Intermediary Svc for California TB Controller's Association	1 Hallidie Plaza Suite 808 San Francisco, CA 94102	Jennifer Harrington	PRESIDENT: Melissa Moore; VICE-PRESIDENT: Jess Thacher.; TREASURER: Adam Sharma; SECRETARY: Allison White; Courtney Lyles, Tracey Packer, Katie McCall
16	State AIDS Surveillance Program HIV/AIDS surveillance program provides precise & timely information necessary to identify ongoing patterns of infection & to measure the burden of the disease	187,876	Heliana Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Santosh Vetticaden, MD, Chair; Carladenise Edwards, PhD, Vice Chair; Robert Jenks, MBA, Treasurer; Nicole J. Macarchuk, JD, Secretary; Nwando Anyaoku, MD; Alexander Baker; Jennifer Covich Bordenick; Terhilda Garrido; Calina Gorre; Tamara Joseph, JD; Alessandro Lazzarini; Hope Tarraf Mago; Bonnie Midura; Jean C. O'Connor; Virginia Pryor; Sarah Rich;
20	Cities Readiness Initiative Increase & enhance readiness to make effective use of the Strategic National Stockpile (SNS) in the event of several possible types of catastrophic terrorist attacks.	80,639	San Francisco Public Health Foundation Fiscal Intermediary	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	Jennifer Harrington	PRESIDENT: Melissa Moore; VICE-PRESIDENT: Jess Thacher.; TREASURER: Adam Sharma; SECRETARY: Allison White; Courtney Lyles, Tracey Packer, Katie McCall
21	Tobacco Free Project Provide tobacco education in accordance with the State Comprehensive Tobacco Control Plan Guidelines for local lead agencies.	161,350	San Francisco Public Health Foundation Providing program administration in support of SF Tobacco Free Project.	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Jennifer Harrington	PRESIDENT: Melissa Moore; VICE-PRESIDENT: Jess Thacher.; TREASURER: Adam Sharma; SECRETARY: Allison White; Courtney Lyles, Tracey Packer, Katie McCall
22	Black Infant Health Program Provide outreach and referral services, pediatric care, education and follow-up support to African American pregnant & postpartum women and their infants.	224,190	HealthRight 360 Fiscal Intermediary	1563 Mission St. SF, CA 94103	Dr. Vilka Eisen	Diane Ireland, Chair; Sankar Venkatraman, Vice-Chair; Daniel Binder, Treasurer; Yener Balan, MD, DFAPA; Natalie Beaulieu; Rodrigo Boulos; Bryan B.C.I. Graham; Kathryn Holmes; Talia Pierluissi; Karen E. Pointer; Alex Pugh, Ahmad Thomas; Timothy Torres.
23	Maternal and Child Health Coordination and advocacy for programs and services targeting women and children and review of fetal infant deaths.	639,000	Felton Institute Teen Pregnancy & Parenting Program	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Dr. George Wood, Chair; Tamara Steele, Vice-Chair; Kathy Neal, Secretary; Susan Bobutsky; Dr. Oliver Brooks; Daniel Costello; Clifford Nails; Peter Rojo; Dr. Sarah Vinson; Deborah Wafer
26	Nutrition Network Project Project to increase nutrition education and physical activity targeted to California's under-served populations.	150,000	Children's Council of San Francisco Provide outreach to targeted populations	445 Church Street, San Francisco, CA 94114	Eric Fischer	Rehana Abbas, Chair; Amanda Renschler, Secretary; Marga Dusedad, Treasurer; Dominique Benavidez; Omar Butler; Thandiwe Cato; Jessica Hilberman; Amanda Jacobson; Molly Lacob; Jake Levinson; Farris Page; Deborah Sims; Maegan Warehouse
29	Mental Health Student Act of 2019 Improve Mental Health services in the schools To improve mental health services for students and propose services include	270,500	a) Seneca Family of Agencies	8945 Golf Links Rd, Oakland, CA 94605	Leticia Galyeon	Amber Fretwell; Dawn Henson; Erica Kellenbach; Jessica Donohue; Kate Walker; Lily Ciancutti; Lauren Crutsinger; Matt Cammann; Melissa Padayachee; Shelby Howard; Sama Hromnik; Toshia Cooper

State Recurring Grants Subcontractors FY24-25

		407,502	b) 3rd Street Youth Center & Clinic	1728 Bancroft Ave, San Francisco, CA 94124	Joi Jackson-Morgan	Michelle Magee, Lyslynn Lacoste, Jackie Relyea, Laura Fallon, Savitha Moorthy, Herschel Lelaidd, Glen Kunene, Vanessa Eng, José A Rodríguez, Michael Savage
		40,000	c) TBD	TBD	TBD	
31	SAMSHA - MHBG, System of Care To provide timely access to appropriate care for severely mentally ill (SMI), dually diagnosed adults and seriously emotionally disturbed (SED) children and youth	65,080	a) Richmond Area Multi-Services Provide Peer Internship Program that prepares clients for employment in peer support and counseling positions	4355 Geary Blvd. San Francisco, CA 94118	Angela Tang	Tom Yeh, Chair; Anoshua Chaudhuri, Vice-Chair; Lee Hsu, Treasurer; Wade Chow, Secretary
		20,000	b) Felton Institute Provides mental health technical assistance to community based MH crisisresponse to trauma	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Dr. George Wood, Chair; Tamara Steele, Vice-Chair; Kathy Neal, Secretary; Susan Bobulsky; Dr. Oliver Brooks; Daniel Costello; Clifford Nalls; Peter Rojo; Dr. Sarah Vinson; Deborah Wafer
		13,732	c) San Francisco Study Center Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic	1663 Mission Street, Suite 310, San Francisco, CA 94103	Geoffrey Link	Richard Livingston, President; Reiko Homma True, Vice-President; Hazim Elbagl, Treasurer, Eric Eldon, Masami Kobayashi, Jeanne Kwong, Stas Margaronis, Jim McWilliams
		114,273	d) Curry Senior Center Provides support for older adults with mental health issues and are homeless or risk of losing their houses	333 Turk Street, San Francisco, CA 94102	David Knego	Shirley Quitugua, President; Jim Illig, Vice-President; Diane Sklar, Secretary; David Bickham, Treasurer; Alycia Norton; Brittany Kukendall; Diane Dwyer; Hannah Lincoecum; Isis Spinoia-Schwartz; Ja Eun Guerrero Huh; John McKinnon; Jonnie Davila; Richard Sullivan
		152,000	e) HealthRight 360 Provides Fisacl Intermediary services	1563 Mission St. SF, CA 94103	Dr. Vitka Eisen	Diane Ireland, Chair; Sankar Venkatraman, Vice-Chair; Daniel Binder, Treasurer; Yener Balan, MD, DFAPA; Natalia Beaulieu; Rodrigo Boulos; Bryan B.C.I. Graham; Kathryn Holmes; Tala Fierluissi; Karen E. Pointer; Alex Pugh; Ahmad Thomas; Timothy Torres
		150,266	f) RAMS Provides support of consumer-run centers serving manu dually-diagnosed individuals	4355 Geary Blvd. San Francisco, CA 94118	Angela Tang	Tom Yeh, Chair; Anoshua Chaudhuri, Vice-Chair; Lee Hsu, Treasurer; Wade Chow, Secretary
		330,014	g) Family Services Agency Provides services First Episode Psychosis, families suffering from signs & symptoms of schizophrenia	1500 Franklin Street, San Francisco, CA 94109	Lisa Brabo	Molly Carrillo-Walker, Co-President; Tricia Price, Co-President; Rod Durham, Co-VP; Edward Tran, Co-VP; Maria McCall, VP; Robert Janeway, Co-Treasurer; Linda Sessler, Co-Treasurer; Teressa Johns, Secretary; Mario Barfield, Psy.D.; Arianna Castellanos; Courtney Cazenave; Paul Cordeiro; Marni Cooney; Robin Doell Sawaske; Ed Galanski; Patty Herrera; Blanca Mejia, J.D.; Alexander Murkison; Paul Van Meel
		247,303	h) RAMS Provides Peer Internship Program that prepares clients for employment in peer support and counseling	4355 Geary Blvd. San Francisco, CA 94118	Angela Tang	Tom Yeh, Chair; Anoshua Chaudhuri, Vice-Chair; Lee Hsu, Treasurer; Wade Chow, Secretary
		273,182	i) RAMS Provides Bilingual-designated counselor positions	4355 Geary Blvd. San Francisco, CA 94118	Angela Tang	Tom Yeh, Chair; Anoshua Chaudhuri, Vice-Chair; Lee Hsu, Treasurer; Wade Chow, Secretary
		5,000	j) RAMS Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic - Job training wages	4355 Geary Blvd. San Francisco, CA 94118	Angela Tang	Tom Yeh, Chair; Anoshua Chaudhuri, Vice-Chair; Lee Hsu, Treasurer; Wade Chow, Secretary
35	Hepatitis C Virus (HCV) Prevention and Control Activities Support hepatitis C (HCV) elimination activities for populations at risk of forward transmission.	93,008	a) Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Santosh Veticcadan, MD, Chair; Carladenise Edwards, PhD, Vice Chair; Robert Jenks, MBA, Treasurer; Nicole J. Macarchuk, JD, Secretary; Nwando Anyaku, MD; Alexander Baker; Jennifer Covich Bordenick; Terhilda Garrido; Celina Gorre; Tamara Joseph, JD; Alessandro Lazzarini; Hope Tarifar Mago; Bonnie Midura; Jean C. O'Connor; Virginia Pryor; Sarah Rich;
		95,203	b) Shanti Provides Hepatitis C prevention services	730 Polk Street, 3rd Floor San Francisco, CA 94109	Kimberly Scrafano	Josh Weinstein, Chair; Jamie Ennis, Chair; Jerry Francone, Treasurer; Sheila Fischer Kieman; Micki Klearman; Ethan Sullivan; Chip Supanich, Secretary; Marc Vincent; Stanley Yee
37	Noxious Weed Program This project works to eradicate invasive sea lavender at all tidal marsh locations in the county.	42,420	California Invasive Plant Council To restore specified marshes by replanting native cordgrass and marsh gumpiant.	1442-A Walnut St. #462, Berkeley, CA 94709	Doug Johnson	Jason Giessow, President; Drew Kerr, Vice President; Matt Major, Treasurer; Stephanie Ponce, Secretary; Alys Arenas; Tanya Chapple; Doug Gibson; Sarah Godfrey; Metha Klock; Michael Kwong; Tanya Meyer; LeeAnne Mila; Scott Oneto; Laurie Quon; Tom Reyes; Marcos Trinidad; Justin Valliere;
		41	Oral Health Program Prop 56 Provide activities that support oral health plan and build capacity for the facilitation and implementation of education, prevention, linkage to treatment, surveillance, and case management services.	10 Nottingham Place, San Francisco, CA 94133	Fanny Lam	Rose Chung, Chair; Cary Chen, President; Jacqueline Hule, Vice-President; Julie Hoxie, Secretary; Joyce Tso, Treasurer; Kimberly Culp; Van Diep; Kory Lam; Jennifer Ng, M.D.; Susan Sung, Ph.D.; Dean Yao, Ph.D.; Sonya Trac, Shu White
41	Oral Health Program Prop 56 Provide activities that support oral health plan and build capacity for the facilitation and implementation of education, prevention, linkage to treatment, surveillance, and case management services.	5,000	a) APA Family Support Services Provide support for oral health program	10 Nottingham Place, San Francisco, CA 94133	Fanny Lam	Rose Chung, Chair; Cary Chen, President; Jacqueline Hule, Vice-President; Julie Hoxie, Secretary; Joyce Tso, Treasurer; Kimberly Culp; Van Diep; Kory Lam; Jennifer Ng, M.D.; Susan Sung, Ph.D.; Dean Yao, Ph.D.; Sonya Trac, Shu White
		5,000	b) CARECEN Provide support for oral health program	3101 Mission St Suite #101, San Francisco, CA 94110	Lariza Dugan-Cuadra	Jose Artiga, Executive Director; Elena Asturias, Finance Director; Kathleen Coli; Honorable Carmen Flores
		5,000	c) University of California, San Francisco Provide support for oral health program	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philip Hammarskjold, Chair; Dana Emery, Vice Chair; Andrew Ballard; Allison Bhusri; Susan Bloch; Pete Briger; Todd Carter; Huifen Chan; Connie E. Chen; Fred Cohen; JP Conte; Phyllis Coulter; Dipanjan Deb; Stephanie DiMarco; Dana Emery; Kathryn Hall; Kenneth Hao; Andre Igudala; Richard Kimball; Nellie Levchin; Divesh Makan; Meyer Malka; Ian McKinnon; Diane Morris; Joyce Newstap; Ruchi Sanghvi; Lydia Shorestein; Shahan Soghikian;
		5,000	d) NICOS Chinese Health Coalition Provide support for oral health program	1208 Mason St, San Francisco, CA 94108	Kent Woo	Michael Liao
42	California Perinatal Equity Initiative Deepen understanding of the gaps in services within the Black community contributing to increased infant mortality rates and the promising interventions to reduce Black infant mortality	86,954	a) San Francisco Study Center Develop a racial equity hospital quality improvement plan to improve health outcomes	1663 Mission Street, Suite 310, San Francisco, CA 94103	Geoffrey Link	Richard Livingston, President; Reiko Homma True, Vice-President; Hazim Elbagl, Treasurer, Eric Eldon, Masami Kobayashi, Jeanne Kwong, Stas Margaronis, Jim McWilliams
		175,000	b) Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Santosh Veticcadan, MD, Chair; Carladenise Edwards, PhD, Vice Chair; Robert Jenks, MBA, Treasurer; Nicole J. Macarchuk, JD, Secretary; Nwando Anyaku, MD; Alexander Baker; Jennifer Covich Bordenick; Terhilda Garrido; Celina Gorre; Tamara Joseph, JD; Alessandro Lazzarini; Hope Tarifar Mago; Bonnie Midura; Jean C. O'Connor; Virginia Pryor; Sarah Rich;
43	CHVP State General Fund Innovation Implementing home visits as a primary intervention strategy for families from pregnancy through kindergarten to promote positive outcomes and family success.	415,750	a) Sonoma County co-recipient of grant funds	625 5th Street Santa Rosa, CA 95404	Not applicable	Susan Gorin, David Rabbitt, Chris Coursey, James Gore, Lynda Hopkins
		194,750	b) Napa County co-recipient of grant funds	1195 Third St Napa CA 94559	Not applicable	Joelle Gallagher, Ryan Gregory, Anne Cottrell, Alfredo Padroza, Bella Ramos
44	CHVP SGF EBHV Grant expands Nurse Family Partnership (NFP) program.	22,350	Felton Institute Fiscal Intermediary	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Dr. George Wood, Chair; Tamara Steele, Vice-Chair; Kathy Neal, Secretary; Susan Bobulsky; Dr. Oliver Brooks; Daniel Costello; Clifford Nalls; Peter Rojo; Dr. Sarah Vinson; Deborah Wafer
45	Children & Youth with Special Health Care Needs - CYSHCN To support families of children with disabilities that will bring together the community agencies that serve children and youth with special health care needs in San Francisco independently of one another, along with the families they are serving.	395,500	Support for Families of Children with Disabilities (SFCW) provide services and support for children and youth with special health care needs.	832 Folsom St # 1001, San Francisco, CA 94107	Wendy Neikirk Rhodes	Amelia Eddleman, President; Dave Stringer Calvert, Treasurer; Amy Hollyfield, Secretary; Eileen Boussina; Tiffani Castillo-Lartigue; Sally Coghlan McDonald; Elizabeth (Betsy) de la Garza; Fatema Akhund; Lisa Lam; Jacqueline Tav; Tiffany Lin
		46	Crisis Care Mobile Units (CCMU) Program Department of Health Care Services	TBD	TBD	TBD
47	Behavioral Health Response and Rescue Project (BHRRP) for Community Mental Health Services Block Grant (MHBG)- American Rescue Plan Act (ARPA) Department of Health Care Services	225,129	a) University of California, San Francisco Fiscal Intermediary	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philip Hammarskjold, Chair; Dana Emery, Vice Chair; Andrew Ballard; Allison Bhusri; Susan Bloch; Pete Briger; Todd Carter; Huifen Chan; Connie E. Chen; Fred Cohen; JP Conte; Phyllis Coulter; Dipanjan Deb; Stephanie DiMarco; Dana Emery; Kathryn Hall; Kenneth Hao; Andre Igudala; Richard Kimball; Nellie Levchin; Divesh Makan; Meyer Malka; Ian McKinnon; Diane Morris; Joyce Newstap; Ruchi Sanghvi; Lydia Shorestein; Shahan Soghikian;
		155,359	b) Felton Institute Provides mental health technical assistance to community based MH crisisresponse to trauma	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Dr. George Wood, Chair; Tamara Steele, Vice-Chair; Kathy Neal, Secretary; Susan Bobulsky; Dr. Oliver Brooks; Daniel Costello; Clifford Nalls; Peter Rojo; Dr. Sarah Vinson; Deborah Wafer

State Recurring Grants Subcontractors FY24-25

48	<p>ARPA - SABG Provides children Strengthening Families Services, Community Outreach and education, and Campaign & Website development. To support a SORT program to provide treatment services for SUD clients</p>	72,209	a) Horizons Unlimited provide MH/SUD program services	440 Potrero Avenue, San Francisco 94110	Celina Lucero	Matthew Moretti, Chair; Virginia Tapia, Treasurer; Cristina Corona, Zachary Johnson, Jillian Williams
		60,049	b) Japanese Community Youth Council provide MH/SUD program services	211 Pine St San Francisco CA 94115	Jon Osaki	Angus MacDonald, Oliver Dunlap, Shah Nagree, Asia Harrigan, Darryl Abantao, Dinesh C. Evan Wayne, Heather Littleton, Jerome Anderson, Kitty Mah, Louise Carroll, Max Mah, Gitanjali Rawat, Gautam Shah
		60,049	c) Jamestown Community Center provide MH/SUD program services	2929 19th Street, San Francisco, CA 94110	Nelly Sapinski	Luis Barahona, President; Rich Gross, Treasurer; Efraim Barrera; Katie Brackenkridge; Lisa Bransten; Paul Vega; Gary Furney
		68,049	d) YMCA Urban Services provide MH/SUD program services	1426 Fillmore Street, Suite 204, San Francisco 94115	Jamie Bruning-Miles	Alicia Becerril, Amy Price, Annabel Chang, Caryl B. Welborn, Christopher A. Patz, David Kelly, Eric Prosnitz, Gary Teague, Gina Gregory-Burns, Glenn M. Farrell, Gregory Evans, Jennifer Gridley, Jeremy Welland, John Baker, John Willingham, Jon Eberly, Josué Estrada, Marianna Pisano, Mark Bley, Mike Robinson, Peter M. Susko, Richard Chisholm, Richard Robins, Samuel Li, Shelby Pasarelli Tsai, Stephen Hankins, Stephen Rogers, Thomas Kearney, Alexandre Coimbra, Brian Wheeler, Eric Chan, Janet Lee, Jeff Briz, Keith Shea, La Shon Walker, Margaret Murphy, Maria Aguilu, Michelle Fong, Randi Kernl Winnie Yam, Young Pham
		60,049	e) Youth Leadership Institute provide MH/SUD program services	198 Potrero Avenue San Francisco CA 94103	Patricia Barahona	Kristin Belden, Chair; Bailey Douglass, VP, Joshua Espulgar Rowe, John Gonzalez, Laura Harmon, Kaitlin Ketchum; Ashens Limon; Richard A. Perez, Elizabeth Romero, Luke Torres
		643,603	f) UCSF provide MH/SUD program services	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philip Hammarskjöld, Chair; Dana Emery, Vice Chair; Andrew Ballard; Allison Bhusri; Susan Bloch; Pete Briger; Todd Carter; Huifen Chan; Connie E. Chen; Fred Cohen; JP Conte; Phyllis Coulter; Dipanjan Deb; Stephanie DiMarco; Dana Emery; Kathryn Hall; Kenneth Hao; Andre Igudala; Richard Kimball; Nellie Levchin; Divesh Makan; Meyer Malka; Ian McKinnon; Diane Morris; Joyce Newst; Ruchi Sanghvi; Lydia Shorestein; Shahan Soghikian;
		280,859	g) TBD provide MH/SUD program services	TBD	TBD	TBD
49	<p>Public Health Workforce Development To establish, expand, train, and sustain the STLT public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs.</p>	62,700	San Francisco Public Health Foundation Fiscal Intermediary	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	Jennifer Harrington	PRESIDENT: Melissa Moore; VICE-PRESIDENT: Jess Thacher; .TREASURER: Adam Sharma; SECRETARY: Allison White; Courtney Lyles, Tracey Packer, Katie McCall
		52,707	Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Santosh Vetticaden, MD, Chair; Carladenise Edwards, PhD, Vice Chair; Robert Jenks, MBA, Treasurer; Nicole J. Macarchuk, JD, Secretary; Nwando Anyaoku, MD; Alexander Baker; Jennifer Covich Bordenick; Terhilda Garrido, Celina Gorre; Tamara Joseph, JD; Alessandro Lazzarini; Hope Tarifar Mago; Bonnie Midura; Jean C. O'Connor; Virginia Pryor; Sarah Rich;
50	<p>Refugee Health Assessment Program (RHAP), provide health assessment services to refugees, asylees, entrants from Haiti and Cuba, special visa immigrants, federally certified victims of human trafficking, eligible Afghan and Ukrainian parolees, and other eligible entrants, as required per the 2022-23 ORH Policy and Procedure Manual.</p>	32,491	Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Santosh Vetticaden, MD, Chair; Carladenise Edwards, PhD, Vice Chair; Robert Jenks, MBA, Treasurer; Nicole J. Macarchuk, JD, Secretary; Nwando Anyaoku, MD; Alexander Baker; Jennifer Covich Bordenick; Terhilda Garrido, Celina Gorre; Tamara Joseph, JD; Alessandro Lazzarini; Hope Tarifar Mago; Bonnie Midura; Jean C. O'Connor; Virginia Pryor; Sarah Rich;
52	<p>REFUGEE HEALTH PROMOTION PROJECT (RHPP), UKRAINIAN REFUGEE HEALTH PROMOTION (URHP) SUPPLEMENT, to improve the health of newly arrived Ukrainians and other non-Ukrainian individuals through outreach, education, and support services.</p>	77,801	a) University of California, San Francisco Team Lily, Fiscal Intermediary	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philip Hammarskjöld, Chair; Dana Emery, Vice Chair; Andrew Ballard; Allison Bhusri; Susan Bloch; Pete Briger; Todd Carter; Huifen Chan; Connie E. Chen; Fred Cohen; JP Conte; Phyllis Coulter; Dipanjan Deb; Stephanie DiMarco; Dana Emery; Kathryn Hall; Kenneth Hao; Andre Igudala; Richard Kimball; Nellie Levchin; Divesh Makan; Meyer Malka; Ian McKinnon; Diane Morris; Joyce Newst; Ruchi Sanghvi; Lydia Shorestein; Shahan Soghikian;
			b) University of California, San Francisco Clinical Champion, provide syphilis screening for ZSFGH patients	5601 Van Fleet Ave, Richmond CA, 94804	Shelley Facente, PhD	Shelley Facente, PhD
61	<p>SABG Block Grant Alcohol and Other Drug Programs utilize SABG funding to provide a broad array of alcohol and other drug program treatment and prevention services within the system of care (SOC) programs.</p>	500,000	a) Baker Place/PRC Providing MH/SUD program services	170 9th St, San Francisco, CA 94103	Chuan Teng, Esq.	Brian Schneider, President; Tim Schroeder; Josh Frieman; Nelson Gonzalez; Ryo Ishida; Jacques Michaels; Michael Niczyporuk; Zack Papillon; Darren Smith, Treasurer; Nichole Wiley, Vice President; Lukejohn Day, Josh Frieman; Colin Hartke; Michael Kyle; Tamarah Prevost
		593,926	b) Bayview Hunter Point Foundation Providing MH/SUD program services	150 Executive Park Blvd, Suite 2800, San Francisco, CA 94134	James Bouquin	Susan Watson, Wayzel Fuller, Claude Everlart, James Kendrick, Adam Cray, Chuck Colson
		4,328,200	c) Healthlight 360 Providing MH/SUD program services	1563 Mission St, SF, CA 94103	Dr. Vitka Eisen	Diane Ireland, Chair; Sankar Venkatraman, Vice-Chair; Daniel Binder, Treasurer; Yener Balan, MD,DFAPA; Natalie Beaulieu; Rodrigo Boulos; Bryan B.C.I. Graham; Kathryn Holmes; Talia Pierluissi; Karen E. Pointer; Alex Pugh, Ahmad Thomas, Timothy Torres.
		856,481	d) Mount Saint Joseph Saint Elizabeth's Providing MH/SUD program services	100 Masonic Avenue, San Francisco, CA 94118	Sister Betty Marie Dunkel	Sister Marjory Ann Baez, Chair; Brenda MacLean, Vice-Chair; Sister Frances Vista, Secretary/Treasurer; Tina Ahn; Deacon Larry Chatmon; Sister Trinitas Hernandez; Frank Lindh; Maria Lozano; Sister Estela Morales; Deacon Gene Smith; Sister Betty Marie Dunkel
		956,024	e) Horizons Unlimited provide MH/SUD program services	440 Potrero Avenue, San Francisco 94110	Celina Lucero	Matthew Moretti, Virginia Tapia, Cristina Corona, Zachary Johnson, Jillian Williams
		415,967	f) Jamestown Community Center provide MH/SUD program services	2929 19th St, San Francisco, CA 94110	Nelly Sapinski	Luis Barahona, President; Rich Gross, Treasurer; Efraim Barrera; Katie Brackenkridge; Lisa Bransten; Paul Vega; Gary Furney
		478,998	g) Japanese Community Youth Council provide MH/SUD program services	2012 Pine Street, San Francisco 94109	Jon Osaki	Angus MacDonald, Oliver Dunlap, Shah Nagree, Asia Harrigan, Darryl Abantao, Dinesh C. Evan Wayne, Heather Littleton, Jerome Anderson, Kitty Mah, Louise Carroll, Max Mah, Gitanjali Rawat, Gautam Shah
		411,921	h) Youth Leadership Institute provide MH/SUD program services	198 Potrero Avenue San Francisco CA 94103	Patricia Barahona	Kristin Belden, Chair; Bailey Douglass, VP, Joshua Espulgar Rowe, John Gonzalez, Laura Harmon, Kaitlin Ketchum; Ashens Limon; Richard A. Perez, Elizabeth Romero, Luke Torres
		371,846	i) YMCA Urban Services provide MH/SUD program services	1426 Fillmore Street, Suite 204, San Francisco 94115	Jamie Bruning-Miles	Alicia Becerril, Amy Price, Annabel Chang, Caryl B. Welborn, Christopher A. Patz, David Kelly, Eric Prosnitz, Gary Teague, Gina Gregory-Burns, Glenn M. Farrell, Gregory Evans, Jennifer Gridley, Jeremy Welland, John Baker, John Willingham, Jon Eberly, Josué Estrada, Marianna Pisano, Mark Bley, Mike Robinson, Mollie Richardson, Peter M. Susko, Richard Chisholm, Richard Robins, Samuel Li, Shelby Pasarelli Tsai, Stephen Hankins, Stephen Rogers, Theodora Lee, Thomas Kearney, André Srinivasan, Brian Wheeler, Dr. Jason Lau, Emma Shlaes, Janet Lee, Joseph Guevara, Keith Shea, La Shon Walker, Young Pham
		66	<p>Fentanyl Overdose Prevention Grant Implement an innovative program entitled Advancing Racial Equity and Data-Driven Responses (AREDDR). Through the AREDDR program, SFDPH will take a multi-pronged approach to addressing racial disparities in overdose-related fatalities.</p>	250,000	San Francisco African American Faith-Based Coalition	1595 Shafter Ave., San Francisco, CA 94124

Total 19,999,391
Per State Recurring Grants List 19,999,391
Difference 0



San Francisco Ethics Commission

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

Received On:

File #: 240618

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

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR 3rd Street Youth Center and Clinic	TELEPHONE NUMBER (415) 822-1707
STREET ADDRESS (including City, State and Zip Code) 1728 Bancroft Avenue San Francisco, CA 94124	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$118,818		
NATURE OF THE CONTRACT (Please describe) Providing STD Evaluation, Screening and Testing for Youth of Color.		

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	Jackson-Morgan	Joi	Other Principal Officer
2	Magee	Michelle	Board of Directors
3	Davenport	Susan	Board of Directors
4	Relyea	Jackie	Board of Directors
5	Fallon	Laura	Board of Directors
6	Kunene	Glen	Board of Directors
7	Eng	Vanessa	Board of Directors
8	Davidson	Sam	Board of Directors
9	Savage	Michael	Board of Directors
10	Rodriguez	Jose	Board of Directors
11	Rouskey	Craig	Board of Directors
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<input type="checkbox"/>	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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San Francisco Ethics Commission

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File #: 240618

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Notification of Contract Approval

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NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
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NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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NAME OF CONTRACTOR 3rd Street Youth Center & Clinic	TELEPHONE NUMBER (415) 822-1707
STREET ADDRESS (including City, State and Zip Code) 1728 Bancroft Ave, San Francisco, CA 94124	EMAIL

6. CONTRACT		
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DESCRIPTION OF AMOUNT OF CONTRACT \$407,502		
NATURE OF THE CONTRACT (Please describe) Providing STD Evaluation, Screening and Testing for Youth of Color		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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6	Kunene	Glen	Board of Directors
7	Eng	Vanessa	Board of Directors
8	Davidson	Sam	Board of Directors
9	Savage	Michael	Board of Directors
10	Rodriguez	Jose	Board of Directors
11	Rouskey	Craig	Board of Directors
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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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NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR APA Family Support Services	TELEPHONE NUMBER (415) 617-0061
STREET ADDRESS (including City, State and Zip Code) 10 Nottingham Place, San Francisco, CA 94133	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$5,000		
NATURE OF THE CONTRACT (Please describe) Provide support for oral health program		

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
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1	Lam	Fanny	Other Principal Officer
2	Chung	Rose	Board of Directors
3	Chen	Cary	Board of Directors
4	Huie	Jacqueline	Board of Directors
5	Hoxie	Julie	Board of Directors
6	Tso	Joyce	Board of Directors
7	Culp	Kimberly	Board of Directors
8	Diep	Van	Board of Directors
9	Lam	Kory	Board of Directors
10	Ng	Jennifer	Board of Directors
11	Sung	Susan	Board of Directors
12	Yao	Dean	Board of Directors
13	Trac	Sonya	Board of Directors
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<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
---	---------------------------



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 #: 240618

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

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Baker Place/PRC	TELEPHONE NUMBER 415-777-0333
STREET ADDRESS (including City, State and Zip Code) 170 9th St, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$500,000		
NATURE OF THE CONTRACT (Please describe) Providing MH/SUD program services		

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	Teng	Chuan	Other Principal Officer
2	Schneider	Brian	Board of Directors
3	Schroeder	Tim	Board of Directors
4	Gonzalez	Nelson	Board of Directors
5	Ishida	Ryo	Board of Directors
6	Michaels	Jacques	Board of Directors
7	Niczyporuk	Michael	Board of Directors
8	Papilion	Zack	Board of Directors
9	Smith	Darren	Board of Directors
10	Wiley	Nichole	Board of Directors
11	Day	Lukejohn	Board of Directors
12	Frieman	Josh	Board of Directors
13	Hartke	Colin	Board of Directors
14	Kyle	Michael	Board of Directors
15	Prevost	Tamarah	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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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.

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Bayview Hunter Point Foundation	TELEPHONE NUMBER (415) 468-5100
STREET ADDRESS (including City, State and Zip Code) 150 Executive Park Blvd, Suite 2800, San Francisco, CA	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$593,926		
NATURE OF THE CONTRACT (Please describe) Providing MH/SUD program services		

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Bouquin	James	Other Principal Officer
2	watson	Susan	Board of Directors
3	Fuller	Wayzel	Board of Directors
4	Everlart	Claude	Board of Directors
5	Kendrix	James	Board of Directors
6	Cray	Adam	Board of Directors
7	colson	Chuck	Board of Directors
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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.

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR California Invasive Plant Council	TELEPHONE NUMBER (510) 843-3902
STREET ADDRESS (including City, State and Zip Code) 1442-A Walnut St. #462, Berkeley, CA 94709	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$42,420		
NATURE OF THE CONTRACT (Please describe) To restore specified marshes by replanting native cordgrass and marsh gumplant.		

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	Giessow	Jason	Board of Directors
2	Kerr	Drew	Board of Directors
3	Major	Matt	Board of Directors
4	Ponce	Stephanie	Board of Directors
5	Arenas	Alys	Board of Directors
6	Chapple	Tanya	Board of Directors
7	Gibson	Doug	Board of Directors
8	Godfrey	Sarah	Board of Directors
9	Klock	Metha	Board of Directors
10	Kwong	Michael	Board of Directors
11	Meyer	Tanya	Board of Directors
12	Mila	LeeAnne	Board of Directors
13	Oneto	Scott	Board of Directors
14	Quon	Laurie	Board of Directors
15	Reyes	Tom	Board of Directors
16	Trinidad	Marcos	Board of Directors
17	Valliere	Justin	Board of Directors
18	Johnson	Doug	Other Principal Officer
19			

9. AFFILIATES AND SUBCONTRACTORS

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR CARECEN	TELEPHONE NUMBER (415) 642-4400
STREET ADDRESS (including City, State and Zip Code) 3101 Mission St Suite #101, San Francisco, CA 94110	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$5,000		
NATURE OF THE CONTRACT (Please describe) Provide support for oral health program		

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	Dugan-Cuadra	Lariza	Other Principal Officer
2	Artiga	Jose	Board of Directors
3	Asturias	Elena	Board of Directors
4	Coll	Kathleen	Board of Directors
5	Flores	Carmen	Board of Directors
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<input type="checkbox"/>	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

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Catholic Charities - Peter Claver	TELEPHONE NUMBER (415) 749-3800
STREET ADDRESS (including City, State and Zip Code) 990 Eddy St San Francisco CA 94109	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$180,336		
NATURE OF THE CONTRACT (Please describe) To provide attendant care services in compliance with the Standard of Care for Client Centered Services to multiply diagnosed individuals at Peter Claver Community an RCFCI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Cordileone	Salvatore	Board of Directors
2	Dahik	Adriana	Board of Directors
3	Smith	Barbara	Board of Directors
4	Whelan	Christine	Board of Directors
5	Bojorquez	Diana	Board of Directors
6	Hammerle	Ellen	Board of Directors
7	Gonzalez	Eleanor	Board of Directors
8	Kostelni	Hugo	Board of Directors
9	Pohlman	Jack	Board of Directors
10	Leupp	Jay	Board of Directors
11	Sangiaco	Jim	Board of Directors
12	Boerio	Joe	Board of Directors
13	Sala	John	Board of Directors
14	Borromeo	Theodore	Board of Directors
15	Grogan	Kathleen	Board of Directors
16	Cullinane	Lisa	Board of Directors
17	Ikeda	Lisa	Board of Directors
18	Mirek	Lori	Board of Directors
19	Reynaud	Louis	Board of Directors

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
20	Aquino	Marc	Board of Directors
21	Ghilotti	Michael	Board of Directors
22	Cuadro	Nicole	Board of Directors
23	Woody	Patrick	Board of Directors
24	Clark	Philip	Board of Directors
25	Kearney	Philip	Board of Directors
26	Nascimento	Daniel	Board of Directors
27	Reyes	Raymund	Board of Directors
28	Landis	Scott	Board of Directors
29	MInerney	Maureen	Board of Directors
30	Firmel	Susie	Board of Directors
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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>
---	---------------------------



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 #: 240618

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

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Children's Council of San Francisco	TELEPHONE NUMBER (415) 276-2900
STREET ADDRESS (including City, State and Zip Code) \$150,000	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT 150,000		
NATURE OF THE CONTRACT (Please describe) Provide outreach to targeted populations		

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	Fischer	Eric	Other Principal Officer
2	Abbas	Rehana	Board of Directors
3	Renschler	Amanda	Board of Directors
4	Dusedau	Marga	Board of Directors
5	Benavidez	Dominique	Board of Directors
6	Butler	Omar	Board of Directors
7	Cato	Thandiwe	Board of Directors
8	Hilberman	Jessica	Board of Directors
9	Jacobson	Amanda	Board of Directors
10	Lacob	Molly	Board of Directors
11	Levinson	Jake	Board of Directors
12	Page	Farris	Board of Directors
13	Sims	Deborah	Board of Directors
14	Warehouse	Maegan	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	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.

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1. FILING INFORMATION

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Curry Senior Center	TELEPHONE NUMBER (415) 920-1351
STREET ADDRESS (including City, State and Zip Code) 333 Turk Street, San Francisco, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$114,273		
NATURE OF THE CONTRACT (Please describe) Provides support for older adults with mental health issues and are homeless or risk of losing their houses		

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Kengo	David	Other Principal Officer
2	Quitugua	Shirley	Board of Directors
3	Illig	Jim	Board of Directors
4	Sklar	Diane	Board of Directors
5	Bickham	David	Board of Directors
6	Norton	Alycia	Board of Directors
7	kukendall	Brittany	Board of Directors
8	Dwyer	Diane	Board of Directors
9	Lincecum	Hannah	Board of Directors
10	Spinoia-Schwartz	Isis	Board of Directors
11	Guerrero Huh	Ja Eun	Board of Directors
12	McKinnon	John	Board of Directors
13	Davila	Jonrie	Board of Directors
14	Sullivan	Richard	Board of Directors
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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.

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Dolores Street Community Services	TELEPHONE NUMBER (415) 282-6209
STREET ADDRESS (including City, State and Zip Code) 938 Valencia Street, San Francisco, CA94110	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$240,656		
NATURE OF THE CONTRACT (Please describe) To improve and maintain the health of our residents through the provision of facility-based health care and other supportive services.		

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	Valdez	Laura	Other Principal Officer
2	Cameron	Anjali	Board of Directors
3	Hernandez Jr	Pedro	Board of Directors
4	Lin	Kani	Board of Directors
5	Tanaka	Chelsey	Board of Directors
6	Winn	Michael	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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<input type="checkbox"/>	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

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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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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Facente Consulting	TELEPHONE NUMBER 415-999-1310
STREET ADDRESS (including City, State and Zip Code) 5601 Van Fleet Ave Richmond, CA 94804	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$60,000		
NATURE OF THE CONTRACT (Please describe) Provide a wide range of public health consulting services		

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	Facente	Shelly	Board of Directors
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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.

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Felton Institute	TELEPHONE NUMBER (415) 474-7310
STREET ADDRESS (including City, State and Zip Code) 1500 Franklin Street, San Francisco, CA 94109	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$22,350		
NATURE OF THE CONTRACT (Please describe) Fiscal Intermediary		

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Gilbert	Al	Other Principal Officer
2	Wood	George	Board of Directors
3	Steele	Tamara	Board of Directors
4	Neal	Kathy	Board of Directors
5	Bobulsky	Susan	Board of Directors
6	Brooks	Oliver	Board of Directors
7	Costello	Daniel	Board of Directors
8	Nails	Clifford	Board of Directors
9	Rojo	Peter	Board of Directors
10	Vinson	Sarah	Board of Directors
11	Wafer	Deborah	Board of Directors
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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Felton Institute	TELEPHONE NUMBER (415) 474-7310
STREET ADDRESS (including City, State and Zip Code) 1500 Franklin Street, San Francisco, CA 94109	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$20,000		
NATURE OF THE CONTRACT (Please describe) Provides mental health technical assistance to community based MH crisis response to trauma		

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	Gilbert	Al	Other Principal Officer
2	Steele	Tamara	Board of Directors
3	wood	George	Board of Directors
4	Neal	Kathy	Board of Directors
5	Bobulsky	Susan	Board of Directors
6	Brooks	oliver	Board of Directors
7	Costello	Daniel	Board of Directors
8	Nails	Clifford	Board of Directors
9	Rojo	Peter	Board of Directors
10	Vinson	Sarah	Board of Directors
11	wafer	Deborah	Board of Directors
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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>
---	---------------------------



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 #: 240618

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

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Felton Institute	TELEPHONE NUMBER (415) 474-7310
STREET ADDRESS (including City, State and Zip Code) 1500 Franklin Street, San Francisco, CA 94109	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$639,000		
NATURE OF THE CONTRACT (Please describe) Teen Pregnancy & Parenting Program		

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

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2	Wood	George	Board of Directors
3	Steele	Tamara	Board of Directors
4	Neal	Kathy	Board of Directors
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6	Brooks	Oliver	Board of Directors
7	Costello	Daniel	Board of Directors
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9	Rojo	Peter	Board of Directors
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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Felton Institute	TELEPHONE NUMBER (415) 474-7310
STREET ADDRESS (including City, State and Zip Code) 1500 Franklin Street, San Francisco, CA 94109	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$155,359		
NATURE OF THE CONTRACT (Please describe) Provides mental health technical assistance to community based MH crisis response to trauma		

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
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1	Gilbert	Al	Other Principal Officer
2	Wood	George	Board of Directors
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6	Brooks	Oliver	Board of Directors
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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Harm Reduction Therapy Center	TELEPHONE NUMBER (415) 863-4282
STREET ADDRESS (including City, State and Zip Code) 21 Merlin St San Francisco CA 94107	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$43,243		
NATURE OF THE CONTRACT (Please describe) Provide Clinical Consultation Services to LINC frontline staff		

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Berg	Anna	Other Principal Officer
2	Norman	Eileen	Board of Directors
3	Dennison	Sam	Board of Directors
4	Jones	Suki	Board of Directors
5	Ligon	Esker-D	Board of Directors
6	Borne	Deborah	Board of Directors
7	Castello	Justin	Board of Directors
8	Pinal	Ale	Board of Directors
9	Leonard-wookey	Anat	Board of Directors
10	weingand	Shantel	Board of Directors
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10. VERIFICATION

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR HealthRight 360	TELEPHONE NUMBER 800-200-7181
STREET ADDRESS (including City, State and Zip Code) 1563 Mission St, SF, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$152,000		
NATURE OF THE CONTRACT (Please describe) Provides Fiscal Intermediary services		

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
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Eisen	Vitka	Other Principal Officer
2	Ireland	Diane	Board of Directors
3	Venkatraman	Sankar	Board of Directors
4	Binder	Daniel	Board of Directors
5	Balan	Yener	Board of Directors
6	Beaulieu	Natalie	Board of Directors
7	Boulos	Rodrigo	Board of Directors
8	Graham	Bryan	Board of Directors
9	Holmes	Kathryn	Board of Directors
10	Pierluissi	Talia	Board of Directors
11	Pointer	Karen	Board of Directors
12	Pugh	Alex	Board of Directors
13	Thomas	Ahmad	Board of Directors
14	Torres	Timothy	Board of Directors
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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR HealthRight 360	TELEPHONE NUMBER 800-200-7181
STREET ADDRESS (including City, State and Zip Code) 1563 Mission St, SF, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$224,190		
NATURE OF THE CONTRACT (Please describe) Fiscal Intermediary		

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	Eisen	Vitka	Other Principal Officer
2	Ireland	Diane	Board of Directors
3	Venkatraman	Sankar	Board of Directors
4	Binder	Daniel	Board of Directors
5	Balan	Yelen	Board of Directors
6	Beaulieu	Natalie	Board of Directors
7	Boulos	Rodrigo	Board of Directors
8	Graham	Bryan	Board of Directors
9	Holmes	Kathryn	Board of Directors
10	Pierluissi	Talia	Board of Directors
11	Pointer	Karen	Board of Directors
12	Pugh	Alex	Board of Directors
13	Thomas	Ahmad	Board of Directors
14	Torres	Timothy	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	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>
---	---------------------------



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 #: 240618

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

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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

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NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Healthright 360	TELEPHONE NUMBER 800-200-7181
STREET ADDRESS (including City, State and Zip Code) 1563 Mission St, SF, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$4,328,200		
NATURE OF THE CONTRACT (Please describe) Providing MH/SUD program services		

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

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8	Graham	Bryan	Board of Directors
9	Holmes	Kathryn	Board of Directors
10	Pierluissi	Talia	Board of Directors
11	Pointer	Karen	Board of Directors
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13	Thomas	Ahmad	Board of Directors
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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.

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<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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TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Heluna Health	TELEPHONE NUMBER (800) 201-7320
STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Pkwy North Suite 450 CID CA 91746	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$52,707		
NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary		

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Vetticaden	Santosh	Board of Directors
2	Edwards	Carladenise	Board of Directors
3	Jenks	Robert	Board of Directors
4	Macarchuk	Nicole	Board of Directors
5	Anyaoku	Nwando	Board of Directors
6	Baker	Alexander	Board of Directors
7	Bordenick	Jennifer	Board of Directors
8	Garrido	Terhilda	Board of Directors
9	Gorre	Celina	Board of Directors
10	Joseph	Tamara	Board of Directors
11	Lazzarini	Alessandro	Board of Directors
12	Mago	Hope	Board of Directors
13	Midura	Bonnie	Board of Directors
14	O'Connor	Jean	Board of Directors
15	Pryor	Virginia	Board of Directors
16	Rich	Sarah	Board of Directors
17	Cutler	Blayne	Other Principal Officer
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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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File #: 240618

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Heluna Health	TELEPHONE NUMBER (800) 201-7320
STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Pkwy North Suite 450 CID CA 91746	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$175,000		
NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary		

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
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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.

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1	Vetticaden	Santosh	Board of Directors
2	Edwards	Carladenise	Board of Directors
3	Jenks	Robert	Board of Directors
4	Macarchuk	Nicole	Board of Directors
5	Anyaoku	Nwando	Board of Directors
6	Baker	Alexander	Board of Directors
7	Bordenick	Jennifer	Board of Directors
8	Garrido	Terhilda	Board of Directors
9	Gorre	Celina	Board of Directors
10	Joseph	Tamara	Board of Directors
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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.

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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

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Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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NAME OF CONTRACTOR Heluna Health	TELEPHONE NUMBER (800) 201-7320
STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Pkwy North Suite 450 CID CA 91746	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$93,008		
NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Heluna Health	TELEPHONE NUMBER (800) 201-7320
STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Pkwy North Suite 450 CID CA 91746	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$187,876		
NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary		

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	Vetticaden	Santosh	Board of Directors
2	Edwards	Carladenise	Board of Directors
3	Jenks	Robert	Board of Directors
4	Macarchuk	Nicole	Board of Directors
5	Anyaoku	Nwando	Board of Directors
6	Baker	Alexander	Board of Directors
7	Bordenick	Jennifer	Board of Directors
8	Garrido	Terhilda	Board of Directors
9	Gorre	Celina	Board of Directors
10	Joseph	Tamara	Board of Directors
11	Lazzarini	Alessandro	Board of Directors
12	Mago	Hope	Board of Directors
13	Midura	Bonnie	Board of Directors
14	O'Connor	Jean	Board of Directors
15	Pryor	Virginia	Board of Directors
16	Rich	Sarah	Board of Directors
17	Cutler	Blayne	Other Principal Officer
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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
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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>
---	---------------------------



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 #: 240618

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

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Heluna Health	TELEPHONE NUMBER (800) 201-7320
STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Pkwy North Suite 450 CID CA 91746	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$32,491		
NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary		

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

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5	Anyaoku	Nwando	Board of Directors
6	Baker	Alexander	Board of Directors
7	Bordenick	Jennifer	Board of Directors
8	Garrido	Terhilda	Board of Directors
9	Gorre	Celina	Board of Directors
10	Joseph	Tamara	Board of Directors
11	Lazzarini	Alessandro	Board of Directors
12	Mago	Hope	Board of Directors
13	Midura	Bonnie	Board of Directors
14	O'Connor	Jean	Board of Directors
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16	Rich	Sarah	Board of Directors
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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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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
Gregory Wong	greg.wong@sfdph.org
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Horizons Unlimited	TELEPHONE NUMBER (415) 487-6700
STREET ADDRESS (including City, State and Zip Code) 440 Potrero Avenue, San Francisco 94110	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$72,209		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services		

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Lucero	Celina	Other Principal Officer
2	Moretti	Matthew	Board of Directors
3	Tapia	Virginia	Board of Directors
4	Corona	Cristina	Board of Directors
5	Johnson	Zachary	Board of Directors
6	Williams	Jillian	Board of Directors
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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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San Francisco Ethics Commission

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Received On:

File #: 240618

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

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Horizons Unlimited	TELEPHONE NUMBER (415) 487-6700
STREET ADDRESS (including City, State and Zip Code) 440 Potrero Avenue, San Francisco 94110	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$956,024		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services		

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Lucero	Celina	Other Principal Officer
2	Moretti	Matthew	Board of Directors
3	Tapia	Virginia	Board of Directors
4	Corona	Cristina	Board of Directors
5	Johnson	Zachary	Board of Directors
6	Williams	Jillian	Board of Directors
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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

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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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File #: 240618

Bid/RFP #:

Notification of Contract Approval

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1. FILING INFORMATION

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Jamestown Community Center	TELEPHONE NUMBER (415) 647-4709
STREET ADDRESS (including City, State and Zip Code) 2929 19th Street, San Francisco, CA, 94110	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$60,049		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services		

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Sapinski	Nelly	Other Principal Officer
2	Barahona	Luis	Board of Directors
3	Gross	Rich	Board of Directors
4	Barrera	Efrain	Board of Directors
5	Brackenridge	Katie	Board of Directors
6	Bransten	Lisa	Board of Directors
7	Vega	Paul	Board of Directors
8	Furney	Gary	Board of Directors
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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Jamestown Community Center	TELEPHONE NUMBER (415) 647-4709
STREET ADDRESS (including City, State and Zip Code) 2929 19th St, San Francisco, CA 94110	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$415,967		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services		

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	Sapinski	Nelly	Other Principal Officer
2	Barahona	Luis	Board of Directors
3	Gross	Rich	Board of Directors
4	Barrera	Efrain	Board of Directors
5	Brackenridge	Katie	Board of Directors
6	Bransten	Lisa	Board of Directors
7	Vega	Paul	Board of Directors
8	Furney	Gary	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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
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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>
---	---------------------------



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 #: 240618

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

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Japanese Community Youth Council	TELEPHONE NUMBER (415) 202-7900
STREET ADDRESS (including City, State and Zip Code) 211 Pine St San Francisco CA 94115	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$60,049		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services		

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Osaki	Jon	Other Principal Officer
2	MacDonald	Angus	Board of Directors
3	Dunlap	Oliver	Board of Directors
4	Nagree	Shah	Board of Directors
5	Harrigan	Asia	Board of Directors
6	Abantao	Darryl	Board of Directors
7	C	Dinesh	Board of Directors
8	Wayne	Evan	Board of Directors
9	Littleton	Heather	Board of Directors
10	Anderson	Jerome	Board of Directors
11	Mah	Kitty	Board of Directors
12	Carroll	Louise	Board of Directors
13	Mah	Max	Board of Directors
14	Rawat	Gitanjali	Board of Directors
15	Shah	Gautam	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	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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File #: 240618

Bid/RFP #:

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Japanese Community Youth Council	TELEPHONE NUMBER (415) 202-7900
STREET ADDRESS (including City, State and Zip Code) 2012 Pine Street, San Francisco 94109	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$478,998		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services		

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Osaki	Jon	Other Principal Officer
2	MacDonald	Angus	Board of Directors
3	Dunlap	Oliver	Board of Directors
4	Nagree	Shah	Board of Directors
5	Harrigan	Asia	Board of Directors
6	Abantao	Darryl	Board of Directors
7	C	Dinesh	Board of Directors
8	Wayne	Evan	Board of Directors
9	Littleton	Heather	Board of Directors
10	Anderson	Jerome	Board of Directors
11	Mah	Kitty	Board of Directors
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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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Notification of Contract Approval

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Maitri AIDS Hospice	TELEPHONE NUMBER (415) 558-3000
STREET ADDRESS (including City, State and Zip Code) 401 Duboce Ave, SF, CA 94117	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$752,053		
NATURE OF THE CONTRACT (Please describe) To provide safe housing, medical care and nutrition supports for those with HIV at end of life and those needing respite to return to independence as defined by the resident.		

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	Armentrout	Michael	Other Principal Officer
2	Lapointe	Ray	Board of Directors
3	wong	Jane	Board of Directors
4	Miller	Austin	Board of Directors
5	Cummings	Gregg	Board of Directors
6	King	Jim	Board of Directors
7	Hilbert	Gary	Board of Directors
8	Casados	Johannes	Board of Directors
9	Cummings	Donna	Board of Directors
10	Dilawri	Namita	Board of Directors
11	Fraas	Erika	Board of Directors
12	Ling	Alvin	Board of Directors
13	Ludlow	David	Board of Directors
14	Morgenstern	Amy	Board of Directors
15	Rana	Sameera	Board of Directors
16	Schoenefeld	Ryan	Board of Directors
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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.

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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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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Mount Saint Joseph Saint Elizabeth's	TELEPHONE NUMBER (415) 567-0081
STREET ADDRESS (including City, State and Zip Code) 100 Masonic Avenue, San Francisco, CA 94118	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$856,481		
NATURE OF THE CONTRACT (Please describe) Providing MH/SUD program services		

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
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Dunkel	Marie	Other Principal Officer
2	Baez	Marjory	Board of Directors
3	Maclean	Brenda	Board of Directors
4	Vista	Frances	Board of Directors
5	Ahn	Tina	Board of Directors
6	Chatmon	Larry	Board of Directors
7	Hernandez	Trinitas	Board of Directors
8	Lindh	Frank	Board of Directors
9	Lozano	Maria	Board of Directors
10	Morales	Estela	Board of Directors
11	Smith	Gene	Board of Directors
12	Dunkel	Marie	Board of Directors
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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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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Napa County	TELEPHONE NUMBER 707-253-4540
STREET ADDRESS (including City, State and Zip Code) 1195 Third St Napa CA 94559	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$194,750		
NATURE OF THE CONTRACT (Please describe) co-recipient of grant funds.		

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	Gallagher	Joelle	Board of Directors
2	Gregory	Ryan	Board of Directors
3	Cottrell	Anne	Board of Directors
4	Pedroza	Alfredo	Board of Directors
5	Ramos	Belia	Board of Directors
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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.

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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>
---	---------------------------



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 #: 240618

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

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR NICOS Chinese Health Coalition	TELEPHONE NUMBER (415) 788-6426
STREET ADDRESS (including City, State and Zip Code) 1208 Mason St, San Francisco, CA 94108	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$5,000		
NATURE OF THE CONTRACT (Please describe) Provide support for oral health program		

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Woo	Kent	Other Principal Officer
2	Liao	Michael	Board of Directors
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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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ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 240618

Bid/RFP #:

Notification of Contract Approval

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(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR PRC	TELEPHONE NUMBER 415-777-0333
STREET ADDRESS (including City, State and Zip Code) 170 9th St, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$321,555		
NATURE OF THE CONTRACT (Please describe) Providing Equal Access to Health Care Program Services		

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	Teng	Chuan	Other Principal Officer
2	Schneider	Brian	Board of Directors
3	Schroeder	Tim	Board of Directors
4	Frieman	Josh	Board of Directors
5	Gonzalez	Nelson	Board of Directors
6	Ishida	Ryo	Board of Directors
7	Michaels	Jacques	Board of Directors
8	Niczyporuk	Michael	Board of Directors
9	Papilon	Zack	Board of Directors
10	Smith	Darren	Board of Directors
11	wiley	Nichole	Board of Directors
12	Day	Lukejohn	Board of Directors
13	Hartke	Colin	Board of Directors
14	Kyle	Michael	Board of Directors
15	Prevost	Tamarah	Board of Directors
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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.

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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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Bid/RFP #:

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Project Open Hand	TELEPHONE NUMBER (415) 447-2300
STREET ADDRESS (including City, State and Zip Code) 730 Polk St, SF, CA 94109	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$1,347,885		
NATURE OF THE CONTRACT (Please describe) To improve the nutritional health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments and other food and nutrition services.		

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	Hepfer	Paul	Other Principal Officer
2	Christiansen	Karl	Board of Directors
3	Anderson	Arielle	Board of Directors
4	Holt	Susanna	Board of Directors
5	Chang	Andrew	Board of Directors
6	Chandra	Vishwa	Board of Directors
7	Henry	Mike	Board of Directors
8	wakankar	Adi	Board of Directors
9	Maring	Preston	Board of Directors
10	wilkinson	Andrea	Board of Directors
11	Chang	Theresa	Board of Directors
12	Long	Richard	Board of Directors
13	wei	Jason	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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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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File #: 240618

Bid/RFP #:

Notification of Contract Approval

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1. FILING INFORMATION

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR RAMS	TELEPHONE NUMBER (415) 800-0699
STREET ADDRESS (including City, State and Zip Code) 4355 Geary Blvd. San Francisco, CA 94118	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$247,303		
NATURE OF THE CONTRACT (Please describe) Provides Peer Internship Program that prepares clients for employment in peer support and counseling		

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Tang	Angela	Other Principal Officer
2	Yeh	Tom	Board of Directors
3	Chaudhuri	Anoshua	Board of Directors
4	Hsu	Lee	Board of Directors
5	Chow	wade	Board of Directors
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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR RAMS	TELEPHONE NUMBER (415) 800-0699
STREET ADDRESS (including City, State and Zip Code) 4355 Geary Blvd. San Francisco, CA 94118	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$273,182		
NATURE OF THE CONTRACT (Please describe) Provides Bilingual-designated counselor positions		

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
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1	Tang	Angela	Other Principal Officer
2	Yeh	Tom	Board of Directors
3	Chaudhuri	Anoshua	Board of Directors
4	Hsu	Lee	Board of Directors
5	Chow	wade	Board of Directors
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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.

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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>
---	---------------------------



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 #: 240618

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

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR RAMS	TELEPHONE NUMBER (415) 800-0699
STREET ADDRESS (including City, State and Zip Code) 4355 Geary Blvd. San Francisco, CA 94118	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$5,000		
NATURE OF THE CONTRACT (Please describe) Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic - Job training wages		

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.

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1	Tang	Angela	Other Principal Officer
2	Yeh	Tom	Board of Directors
3	Chaudhuri	Anoshua	Board of Directors
4	Hsu	Lee	Board of Directors
5	Chow	wade	Board of Directors
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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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Notification of Contract Approval

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1. FILING INFORMATION

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR RAMS	TELEPHONE NUMBER (415) 800-0699
STREET ADDRESS (including City, State and Zip Code) 4355 Geary Blvd. San Francisco, CA 94118	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$150,266		
NATURE OF THE CONTRACT (Please describe) Provides support of consumer-run centers serving manu dually-diagnosed individuals		

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Tang	Angela	Other Principal Officer
2	Yeh	Tom	Board of Directors
3	Chaudhuri	Anoshua	Board of Directors
4	Hsu	Lee	Board of Directors
5	Chow	Wade	Board of Directors
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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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Notification of Contract Approval

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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
Gregory Wong	greg.wong@sfdph.org
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Richmond Area Multi-Services	TELEPHONE NUMBER (415) 800-0699
STREET ADDRESS (including City, State and Zip Code) 4355 Geary Blvd. San Francisco, CA 94118	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$65,080		
NATURE OF THE CONTRACT (Please describe) Provide Peer Internship Program that prepares clients for employment in peer support and counseling positions		

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

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1	Tang	Angela	Other Principal Officer
2	Yeh	Tom	Board of Directors
3	Chaudhuri	Anoshua	Board of Directors
4	Hsu	Lee	Board of Directors
5	Chow	wade	Board of Directors
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1. FILING INFORMATION

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco African American Faith-Based Coalition	TELEPHONE NUMBER (415) 822-4566
STREET ADDRESS (including City, State and Zip Code) 1595 Shafter Ave., San Francisco, CA 94124	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$250,000		
NATURE OF THE CONTRACT (Please describe) Services.		

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	Butler	Jonathan	Other Principal Officer
2	Jackson	Ernest	Board of Directors
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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Public Health Foundation	TELEPHONE NUMBER (415) 504-6738
STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$224,000		
NATURE OF THE CONTRACT (Please describe) Fiscal Intermediary		

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Harrington	Jennifer	Other Principal Officer
2	Moore	Melissa	Board of Directors
3	Thacher	Jess	Board of Directors
4	Sharma	Adam	Board of Directors
5	white	Allison	Board of Directors
6	Lyles	Courtney	Board of Directors
7	Packer	Tracey	Board of Directors
8	McCall	Katie	Board of Directors
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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.

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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>
---	---------------------------



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 #: 240618

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

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1. FILING INFORMATION

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Public Health Foundation	TELEPHONE NUMBER (415) 504-6738
STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$161,350		
NATURE OF THE CONTRACT (Please describe) Providing program administration in support of SF Tobacco Free Project.		

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

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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

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NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Public Health Foundation	TELEPHONE NUMBER (415) 504-6738
STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$80,639		
NATURE OF THE CONTRACT (Please describe) Fiscal intermediary		

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
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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Public Health Foundation	TELEPHONE NUMBER (415) 504-6738
STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$223,760		
NATURE OF THE CONTRACT (Please describe) Fiscal Intermediary svc for California TB Controller's Association		

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
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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Public Health Foundation	TELEPHONE NUMBER (415) 504-6738
STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$5,014		
NATURE OF THE CONTRACT (Please describe) Fiscal intermediary		

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
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DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Public Health Foundation	TELEPHONE NUMBER (415) 504-6738
STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$62,700		
NATURE OF THE CONTRACT (Please describe) Fiscal intermediary		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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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 #: 240618

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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Study Center	TELEPHONE NUMBER (415) 626-1650
STREET ADDRESS (including City, State and Zip Code) 1663 Mission St, Suite 310, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$13,732		
NATURE OF THE CONTRACT (Please describe) Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic		

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	Link	Geoffrey	Other Principal Officer
2	Livingston	Richard	Board of Directors
3	Homma	Reiko	Board of Directors
4	Elbga1	Hazim	Board of Directors
5	Eldon	Eric	Board of Directors
6	Kobayashi	Masami	Board of Directors
7	Kwong	Jeanne	Board of Directors
8	Margaronis	Stas	Board of Directors
9	McWilliams	Jim	Board of Directors
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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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FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Study Center	TELEPHONE NUMBER (415) 626-1650
STREET ADDRESS (including City, State and Zip Code) 1663 Mission St, Suite 310, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$86,954		
NATURE OF THE CONTRACT (Please describe) Develop a racial equity hospital quality improvement plan to improve health outcomes		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Seneca Family of Agencies	TELEPHONE NUMBER (415) 632-5490
STREET ADDRESS (including City, State and Zip Code) 8945 Golf Links Rd, Oakland, CA 94605	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$270,500		
NATURE OF THE CONTRACT (Please describe) Mental health services.		

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
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Galyean	Leticia	Other Principal Officer
2	Fretwell	Amber	Board of Directors
3	Henson	Dawn	Board of Directors
4	Kellenbach	Erica	Board of Directors
5	Donohue	Jessica	Board of Directors
6	walker	Kate	Board of Directors
7	Ciancutti	Lily	Board of Directors
8	Crutsinger	Lauren	Board of Directors
9	Cammann	Matt	Board of Directors
10	Padaychee	Melissa	Board of Directors
11	Howard	Shelby	Board of Directors
12	Hromnik	Sama	Board of Directors
13	Cooper	Toshia	Board of Directors
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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Shanti	TELEPHONE NUMBER 415-674-4700
STREET ADDRESS (including City, State and Zip Code) 730 Polk St, 3rd Floor, San Francisco CA 94109	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$95,203		
NATURE OF THE CONTRACT (Please describe) Provides Hepatitis C prevention services.		

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

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1	Scrafano	Kimberly	Other Principal Officer
2	Weinstein	Josh	Board of Directors
3	Ennis	Jamie	Board of Directors
4	Francone	Jerry	Board of Directors
5	Kiernan	Sheila	Board of Directors
6	Klearman	Micki	Board of Directors
7	Sullivan	Ethan	Board of Directors
8	Supanich	Chip	Board of Directors
9	Vincent	Marc	Board of Directors
10	Yee	Stanley	Board of Directors
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Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Sonoma County	TELEPHONE NUMBER (707) 565-2241
STREET ADDRESS (including City, State and Zip Code) 625 5th Street Santa Rosa, CA 95404	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$415,750		
NATURE OF THE CONTRACT (Please describe) co-recipient of grant funds		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
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1	Gorin	Susan	Board of Directors
2	Rabbitt	David	Board of Directors
3	Coursey	Chris	Board of Directors
4	Gore	James	Board of Directors
5	Hopkins	Lynda	Board of Directors
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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Support for Families of Children with Disabilities (SF)	TELEPHONE NUMBER (415) 282-7494
STREET ADDRESS (including City, State and Zip Code) 832 Folsom St # 1001, San Francisco, CA 94107	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$395,500		
NATURE OF THE CONTRACT (Please describe) provide services and support for children and youth with special health care needs.		

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	Eddleman	Amelia	Board of Directors
2	Rhodes	Wendy	Other Principal Officer
3	Calvert	Dave	Board of Directors
4	Hollyfield	Amy	Board of Directors
5	Boussina	Eileen	Board of Directors
6	Castillo-Lartigue	Tiffani	Board of Directors
7	McDonald	Sally	Board of Directors
8	de la Garza	Elizabeth	Board of Directors
9	Akhund	Fatema	Board of Directors
10	Lam	Lisa	Board of Directors
11	Tavs	Jacqueline	Board of Directors
12	Lin	Tiffany	Board of Directors
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<input type="checkbox"/>	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.

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



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 #: 240618

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

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR UCSF Alliance Health Project	TELEPHONE NUMBER (415) 476-3902
STREET ADDRESS (including City, State and Zip Code) 1855 Folsom St, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$168,837		
NATURE OF THE CONTRACT (Please describe) The program goal is to provide outpatient mental health services to people living with HIV - including Long-Term Survivors - to reduce symptoms and functional impairments resulting from mental health and/or substance use disorders.		

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Breall	Susan	Board of Directors
2	Toh	Sophia	Board of Directors
3	Liu	Enchi	Board of Directors
4	Carapetian	Vanni	Board of Directors
5	Garcia	Juan	Board of Directors
6	Hare	Brad	Board of Directors
7	Hillmon	Reginald	Board of Directors
8	Lake	kelly	Board of Directors
9	Munro	Ashley	Board of Directors
10	Porche	Michelle	Board of Directors
11	Shumate	Kate	Board of Directors
12	Srivastava	Runjhun	Board of Directors
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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

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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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File #: 240618

Bid/RFP #:

Notification of Contract Approval

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A Public Document

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1. FILING INFORMATION

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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
Gregory Wong	(415) 476-1000
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR University of California, San Francisco	TELEPHONE NUMBER (415) 476-1000
STREET ADDRESS (including City, State and Zip Code) 550 16th Street, 7th Floor, San Francisco, CA 94143	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$77,801		
NATURE OF THE CONTRACT (Please describe) Team Lily, Fiscal Intermediary Clinical Champion, provide syphilis screening for ZSEGH patients		

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Hammarskjold	Philip	Board of Directors
2	Emery	Dana	Board of Directors
3	Ballard	Andrew	Board of Directors
4	Bhusri	Allison	Board of Directors
5	Bloch	Susan	Board of Directors
6	Briger	Pete	Board of Directors
7	Carter	Todd	Board of Directors
8	Chan	Huifen	Board of Directors
9	Chen	Connie	Board of Directors
10	Cohen	Fred	Board of Directors
11	Conte	JP	Board of Directors
12	Coulter	Phyllis	Board of Directors
13	Deb	Dipanjan	Board of Directors
14	DiMarco	Stephanie	Board of Directors
15	Emery	Dana	Board of Directors
16	Hall	Kathryn	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Levchin	Nellie	Board of Directors
21	Makan	Divesh	Board of Directors
22	Malika	Meyer	Board of Directors
23	McKinnon	Ian	Board of Directors
24	Morris	Diane	Board of Directors
25	Newstat	Joyce	Board of Directors
26	Sanghvi	Ruchi	Board of Directors
27	Shorenstein	Lydia	Board of Directors
28	Soghikian	Shahan	Board of Directors
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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.

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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.

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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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San Francisco Ethics Commission

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1. FILING INFORMATION

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR University of California, San Francisco	TELEPHONE NUMBER (415) 476-1000
STREET ADDRESS (including City, State and Zip Code) 550 16th Street, 7th Floor, San Francisco, CA 94143	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$225,129		
NATURE OF THE CONTRACT (Please describe) Fiscal Intermediary		

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
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9. AFFILIATES AND SUBCONTRACTORS

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2	Emery	Dana	Board of Directors
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5	Bloch	Susan	Board of Directors
6	Briger	Pete	Board of Directors
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14	DiMarco	Stephanie	Board of Directors
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Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
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Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR University of California, San Francisco	TELEPHONE NUMBER (415) 476-1000
STREET ADDRESS (including City, State and Zip Code) 550 16th Street, 7th Floor, San Francisco, CA 94143	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$5,000		
NATURE OF THE CONTRACT (Please describe) Provide support for oral health program		

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
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9	Cohen	Fred	Board of Directors
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11	Coulter	Phyllis	Board of Directors
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13	DiMarco	Stephanie	Board of Directors
14	Emery	Dana	Board of Directors
15	Hall	Kathryn	Board of Directors
16	Emery	Dana	Board of Directors
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24	Morris	Diane	Board of Directors
25	Newstat	Joyce	Board of Directors
26	Sanghvi	Ruchi	Board of Directors
27	Shorenstein	Lydia	Board of Directors
28	Soghikian	Shahan	Board of Directors
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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>
---	---------------------------



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 #: 240618

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

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR University of California, San Francisco	TELEPHONE NUMBER (415) 476-1000
STREET ADDRESS (including City, State and Zip Code) 550 16th Street, 7th Floor, San Francisco, CA 94143	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$183,977		
NATURE OF THE CONTRACT (Please describe) Technical Assistance: HIV Global Health		

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	Hammarskjold	Philip	Board of Directors
2	Emery	Dana	Board of Directors
3	Ballard	Andrew	Board of Directors
4	Bhusri	Allison	Board of Directors
5	Bloch	Susan	Board of Directors
6	Briger	Pete	Board of Directors
7	Carter	Todd	Board of Directors
8	Chan	Huifen	Board of Directors
9	Chen	Connie	Board of Directors
10	Cohen	Fred	Board of Directors
11	Conte	JP	Board of Directors
12	Coulter	Phyllis	Board of Directors
13	Deb	Dipanjan	Board of Directors
14	DiMarco	Stephanie	Board of Directors
15	Emery	Dana	Board of Directors
16	Hall	Kathryn	Board of Directors
17	Hao	Kenneth	Board of Directors
18	Iguodala	Andre	Board of Directors
19	Kimball	Richard	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Levhcin	Nellie	Board of Directors
21	Makan	Divesh	Board of Directors
22	Malika	Meyer	Board of Directors
23	McKinnon	Ian	Board of Directors
24	Morris	Diane	Board of Directors
25	Newstat	Joyce	Board of Directors
26	Sanghvi	Ruchi	Board of Directors
27	Shorenstein	Lydia	Board of Directors
28	Soghikian	Shahan	Board of Directors
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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR UCSF	TELEPHONE NUMBER (415) 476-1000
STREET ADDRESS (including City, State and Zip Code) 550 16th Street, 7th Floor, San Francisco, CA 94143	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$643,603		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services		

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

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4	Bhusri	Allison	Board of Directors
5	Bloch	Susan	Board of Directors
6	Briger	Peter	Board of Directors
7	Carter	Todd	Board of Directors
8	Chan	Huifen	Board of Directors
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11	Conte	JP	Board of Directors
12	Coulter	Phyllis	Board of Directors
13	Deb	Dipanjan	Board of Directors
14	DiMarco	Stephanie	Board of Directors
15	Emery	Dana	Board of Directors
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18	Iguodala	Andre	Board of Directors
19	Kimball	Richard	Board of Directors

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22	Malika	Meyer	Board of Directors
23	McKinnon	Ian	Board of Directors
24	Morris	Diane	Board of Directors
25	Newstat	Joyce	Board of Directors
26	Sanghvi	Ruchi	Board of Directors
27	Shorenstein	Lydia	Board of Directors
28	Soghikian	Shahan	Board of Directors
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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR YMCA Urban Services	TELEPHONE NUMBER (415) 561-0631
STREET ADDRESS (including City, State and Zip Code) 1426 Fillmore Street, Suite 204, San Francisco 94115	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$68,049		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services		

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

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2	Price	Amy	Board of Directors
3	Chang	Annabel	Board of Directors
4	welborn	Caryl	Board of Directors
5	Patz	Christopher	Board of Directors
6	kelly	David	Board of Directors
7	Prosnitz	Eric	Board of Directors
8	Teague	Gary	Board of Directors
9	Gregory-Burns	Gina	Board of Directors
10	Farrell	Glenn	Board of Directors
11	Evans	Gregory	Board of Directors
12	Gridley	Jennifer	Board of Directors
13	welland	Jeremy	Board of Directors
14	Baker	John	Board of Directors
15	willingham	John	Board of Directors
16	Eberly	Jon	Board of Directors
17	Estrada	Josue	Board of Directors
18	Pisano	Marianna	Board of Directors
19	Bley	Mark	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Robinson	Mike	Board of Directors
21	Susko	Peter	Board of Directors
22	Chisholm	Richard	Board of Directors
23	Robins	Richard	Board of Directors
24	Li	Samuel	Board of Directors
25	Tsai	Shelby	Board of Directors
26	Hankins	Stephen	Board of Directors
27	Rogers	Stephen	Board of Directors
28	Kearney	Thomas	Board of Directors
29	Coimbra	Alexandre	Board of Directors
30	wheeler	Brian	Board of Directors
31	Chan	Eric	Board of Directors
32	Lee	Janet	Board of Directors
33	Briz	Jeff	Board of Directors
34	Shea	Keith	Board of Directors
35	walker	La Shon	Board of Directors
36	Murphy	Margaret	Board of Directors
37	Aguila	Maria	Board of Directors
38	Fong	Michelle	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Kern	Randi	Board of Directors
40	Yam	Winnie	Board of Directors
41	Pham	Young	Board of Directors
42			
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<input type="checkbox"/>	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

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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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR YMCA Urban Services	TELEPHONE NUMBER (415) 561-0631
STREET ADDRESS (including City, State and Zip Code) 1426 Fillmore Street, Suite 204, San Francisco 94115	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$371,846		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services		

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
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4	welborn	Caryl	Board of Directors
5	Patz	Christopher	Board of Directors
6	kelly	David	Board of Directors
7	Prosnitz	Eric	Board of Directors
8	Teague	Gary	Board of Directors
9	Gregory-Burns	Gina	Board of Directors
10	Farrell	Glenn	Board of Directors
11	Evans	Gregory	Board of Directors
12	Gridley	Jennifer	Board of Directors
13	welland	Jeremy	Board of Directors
14	Baker	John	Board of Directors
15	willingham	John	Board of Directors
16	Eberly	Jon	Board of Directors
17	Estrada	Josue	Board of Directors
18	Pisano	Marianna	Board of Directors
19	Bley	Mark	Board of Directors

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26	Hankins	Stephen	Board of Directors
27	Rogers	Stephen	Board of Directors
28	Kearney	Thomas	Board of Directors
29	Coimbra	Alexandre	Board of Directors
30	wheeler	Brian	Board of Directors
31	Chan	Eric	Board of Directors
32	Lee	Janet	Board of Directors
33	Briz	Jeff	Board of Directors
34	Shea	Keith	Board of Directors
35	walker	La Shon	Board of Directors
36	Murphy	Margaret	Board of Directors
37	Aguila	Maria	Board of Directors
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4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Youth Leadership Institute	TELEPHONE NUMBER (628) 400-9252
STREET ADDRESS (including City, State and Zip Code) 198 Potrero Avenue San Francisco CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$60,049		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services		

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.

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1	Barahona	Patricia	Other Principal Officer
2	Belden	Kristin	Board of Directors
3	Douglass	Bailey	Board of Directors
4	Rowe	Joshua	Board of Directors
5	Gonzalez	John	Board of Directors
6	Harmon	Laura	Board of Directors
7	Ketchum	Kaitlin	Board of Directors
8	Limon	Ashens	Board of Directors
9	Perez	Richard	Board of Directors
10	Romero	Elizabeth	Board of Directors
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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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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 #: 240618

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
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Youth Leadership Institute	TELEPHONE NUMBER (628) 400-9252
STREET ADDRESS (including City, State and Zip Code) 198 Potrero Avenue San Francisco CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT \$411,921		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services		

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

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Handwritten signature and date stamp: "2024 MAY 31 PM 3:32" and "MAYOR".

To: Angela Calvillo, Clerk of the Board of Supervisors
From: Anna Duning, Mayor's Budget Director
Date: May 31, 2024
Re: Mayor's June 1 FY 2024-25 and FY 2025-26 Budget Submission

Madam Clerk,

In accordance with City and County of San Francisco Administrative Code, Section 3.3, the Mayor's Office hereby submits the Mayor's proposed June 1 budget, corresponding legislation, and related materials for Fiscal Year (FY) 2024-25 and FY 2025-26.

In addition to the Mayor's Proposed FY 2024-25 and FY 2025-26 June 1 Budget Book, the following items are included in the Mayor's submission:

- The June 1 Proposed Interim Annual Appropriation Ordinance (AAO) and Proposed Interim Annual Salary Ordinance (ASO)
- The June 1 Proposed Annual Appropriation Ordinance (AAO) and Proposed Annual Salary Ordinance (ASO), along with Administrative Provisions
- The Proposed Interim Budget and the Proposed Budget for the Office of Community Investment and Infrastructure (OCII)
- 30 separate pieces of trailing legislation (see list attached)
- A Transfer of Function letter detailing the transfer of positions from one City department to another
- An Interim Exception letter to the ASO
- A letter addressing funding levels for nonprofit corporations or public entities for the coming two fiscal years
- A letter and supporting documentation detailing technical adjustments to the Mayor's Proposed May 1 Budget for FY 2024-25 and FY 2025-26, per Charter Section 9.101
- Memo to the Board President requesting for 30-day rule waivers on ordinances

Please note the following:

- Technical adjustments to the June 1 budget are being prepared, but are not submitted with this set of materials.

Sincerely,

A handwritten signature in blue ink, appearing to read "Anna Duning".

Anna Duning
Mayor's Budget Director

cc: Members of the Board of Supervisors
Budget & Legislative Analyst's Office
Controller

DEPT	Item	Description	Type of Legislation	File #
ADM	New Prop J	Office of the Medical Examiner security services	Resolution	240613
ADM	Continuing Prop J	City Administrator's Office fleet security services, Real Estate Division custodial services and security services, and convention facilities management for FY 2024-25	Resolution	240612
BOS	Continuing Prop J	Board of Supervisors Budget and Legislative Analyst Services for FY 2024-25	Resolution	240612
DPH	Continuing Prop J	Department of Public Health security services for FY 2024-25	Resolution	240612
DPW	Continuing Prop J	Department of Public Works security services for FY 2024-25	Resolution	240612
HOM	Continuing Prop J	Homelessness and Supportive Housing security services for FY 2024-25	Resolution	240612
HSA	Continuing Prop J	Human Services Agency Security Services for FY 2024-25	Resolution	240612
MOHCD	Continuing Prop J	Mayor's Office of Housing and Community Development security services for FY 2024-25	Resolution	240612
REG	Continuing Prop J	Department of Elections Assembly of Vote by Mail Services for FY 2024-25	Resolution	240612
SHF	Continuing Prop J	Sheriff's Department County Jails Food Services for FY 2024-25	Resolution	240612
ADM	Code Amendment	Amending the Police Code to adjust to current amounts the license fees for Billiard Parlor, Dance Hall Keeper, Extended Hours Premises, Fixed Place Outdoor Amplified Sound, Limited Live Performance, Mechanical Amusement Device, and Place of Entertainment permits	Ordinance	240598
ADM	Code Amendment	Amending the Administrative Code to adjust the fees imposed by the County Clerk, and authorizing the Controller to make future adjustments to the fees	Ordinance	240597
DPH	Patient Rates	Amending the Health Code to set patient rates and rates for other healthcare services provided by the Department of Public Health, for Fiscal Years 2024-2025 and 2025-2026	Ordinance	240600
DPW	Code Amendment	Amending the Public Works Code to modify certain permit fees and other charges and affirming the Planning	Ordinance	240601

		Department's determination under the California Environmental Quality Act		
REC	Code Amendment	Amending the Park Code to authorize the Recreation and Park Department to charge a fee for reserving tennis and pickleball courts at locations other than the Golden Gate Park Tennis Center	Ordinance	240603
REC	Code Amendment	Amending the Park Code to impose an additional \$5 charge for recreation programs	Ordinance	240602
DAT	Joint Powers Grant	Authorizing the Office of the District Attorney to accept and expend a grant in the amount of \$2,530,992 from the California Victim Compensation Board	Resolution	240617
REC	Habitat Conservation Fund Grants	Retroactively authorizing the Recreation and Park Department to accept and expend grant funding in the amount of \$400,000 from the Habitat Conservation Fund	Resolution	240615
REC	BAAQMD Grant	Authorizing the Recreation and Park Department to accept and expend a grant in the amount of \$619,085 from the Bay Area Air Quality Management District to install level-2 electric vehicle chargers at six park sites	Resolution	240614
REC	USDA Urban Forest Grant	Authorizing the Recreation and Park Department to accept and expend a grant in the amount of \$2,000,000 from the USDA Forest Service to develop a Workforce Development Program and implement Reforestation Projects	Resolution	240616
DPH	Recurring State Grants	Authorizing the acceptance and expenditure of Recurring State grant funds by the San Francisco Department of Public Health for Fiscal Year (FY) 2024-2025	Resolution	240618
HOM/HSB	CAAP Client Housing Legislation	Approving the FYs 2024-2025 and 2025-2026 Expenditure Plan for the Department of Homelessness and Supportive Housing Fund	Resolution	240620
HSB/DPH	Funding Reallocation – Our City, Our Home Homelessness Gross Receipts Tax	Reallocating approximately \$13,676,000 in unappropriated earned interest revenues from the Our City, Our Home Fund to allow the City to use such revenues from the	Ordinance	240607

		Homelessness Gross Receipts Tax for certain types of services to address homelessness		
DEC	Early Care and Education Commercial Rents Tax Baseline	Amending the baseline funding requirements for early care and education programs in Fiscal Years 2024-2025 through 2027-2028, to enable the City to use the interest earned from the Early Care and Education Commercial Rents Tax for those baseline programs	Ordinance	240604
OCII	OCII Interim Budget Resolution	Approving the Fiscal Year 2024-25 Interim Budget of the Office of Community Investment and Infrastructure	Resolution	240610
OCII	OCII Budget Resolution	Approving the Fiscal Year 2024-25 Budget of the Office of Community Investment and Infrastructure	Resolution	240611
CON	Access Line Tax (ALT) Tax Rates	Concurring with the Controller's establishment of the Consumer Price Index for 2024, and adjusting the Access Line Tax by the same rate	Resolution	240619
CON	Neighborhood Beautification Fund	Adopting the Neighborhood Beautification and Graffiti Clean-up Fund Tax designation ceiling for tax year 2024	Ordinance	240608
DPH	Code Amendment	Amending the Administrative Code to repeal the Maddy Emergency Services Fund	Ordinance	240606
DPH	Code Amendment	Authorizing the Department of Public Health to award a one-time grant to Planned Parenthood Northern California by waiving the competitive solicitation requirements of the Administrative Code	Ordinance	240605
POL/SHF	Overtime Supplemental	De-appropriating surplus amounts from and re-appropriating amounts to overtime at the Police Department and Sheriff Department to support projected increases in spending as required per Administrative Code Section 3.17	Ordinance	240609
ADM/DPH	Cannabis Inspection Fees	Amending the Business and Tax Regulations Code to eliminate fees charged to permitted cannabis businesses to cover the cost of inspections of those businesses by the Department of Public Health	Ordinance	240599

OFFICE OF THE MAYOR
SAN FRANCISCO



LONDON N. BREED
MAYOR

A handwritten signature in blue ink, appearing to be "JA", written over a horizontal line.

To: Angela Calvillo, Clerk of the Board of Supervisors
From: Anna Duning, Mayor's Budget Director
Date: May 31, 2024
Re: Accept and Expend Grants - Recurring State Grant Funds - Department of Public Health - FY2024-2025

Resolution authorizing the acceptance and expenditure of State grant funds by the San Francisco Department of Public Health for Fiscal Year (FY) 2024-2025.

Should you have any questions, please contact Tom Paulino at 415-554-6153.