

File No. 160058

Committee Item No. 4

Board Item No. 25

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date January 28, 2016

Board of Supervisors Meeting

Date February 9, 2016

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Legislative Analyst Report
- Youth Commission Report
- Introduction Form (for hearings)
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER

(Use back side if additional space is needed)

- Information Sheet _____
- Vacancy Notice _____
- Form 700 _____
- _____
- _____
- _____
- _____
- _____
- _____

Completed by: Derek Evans Date January 25, 2016

Completed by: Derek Evans Date February 5, 2016

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document can be found in the file.

FILE NO. 160058

MOTION NO.

1 [Appointment, Children and Families First Commission - Zea Malawa]

2

3 **Motion appointing Zea Malawa, term ending April 29, 2018, to the Children and Families**
4 **First Commission.**

5

6 MOVED, That the Board of Supervisors of the City and County of San Francisco does hereby
7 appoint the hereinafter designated person to serve as a member of the Children and Families
8 First Commission, pursuant to the provisions of Administrative Code, Section 86.1 et seq., for
9 the terms specified:

10 Zea Malawa, seat 8, succeeding Jamal Harris, resigned, shall represent one or more of
11 the following: children services, public health services; behavioral health services, social
12 services and tobacco and other substance abuse prevention and treatment services;
13 recipients of project services included in the county strategic plan; educators specializing in
14 early childhood development; representatives of a local child care resource or referral agency,
15 the Child Care Planning and Advisory Council or another local child care coordinating group;
16 representatives of a local organization for prevention or early intervention for families at risk;
17 representatives of community-based organizations that have the goal of promoting and
18 nurturing early childhood development; representatives of local school districts; and
19 representatives of local medical, pediatric, or obstetric associations or societies, for the
20 unexpired portion of a four-year term ending April 29, 2018.

21

22

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24

25



Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Children and Family Commission

Seat # or Category (If applicable): _____ District: _____

Name: Fea Malawa

Home Address: ██████████ Chenery St. Zip: 94102 94131

Home Phone: ██████████ Occupation: physician (pediatrician)

Work Phone: 415-552-2870 Employer: Mission Neighborhood Health Center

Business Address: 240 Shotwell, San Francisco, CA Zip: 94110

Business E-Mail: feamalawa@mnhc.org Home E-Mail: ██████████

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am a pediatrician who has worked in low-income communities of color since I completed my training in 2008. I identify as an African-American woman. I speak Spanish at a level of professional proficiency. I am the mother of a four year old and the child of gay parents. I am a Native of San Francisco.

Business and/or professional experience:

- Pediatrician at Mission Neighborhood Health Center (Current)
- Committee for Children as a consultant (March 2015 - August 2015)
- Bayview Child Health Center as a pediatrician (April 2012 - August 2015)
- Comprehensive Community Health Centers as a pediatrician (Sept 2008 - Jan 2012)

Civic Activities:

- Worked with UCSF students to develop a diversity curriculum
- Precepted Nurse Practitioner students and medical students interested in community health
- Gave trainings to local public school teachers (Kipp, GW Career) on working with children exposed to trauma
- Gave similar trainings to SF public health nurses, SFUSD Mission Zone and child welfare workers at Alternative Family Services

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. (Please submit your application 10 days before the scheduled hearing.)

Date: 10/22/15

Applicant's Signature: (required)



(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in Ink.

NAME OF FILER (LAST) Malawa (FIRST) Fea (MIDDLE) Nachama

1. Office, Agency, or Court

Agency Name (Do not use acronyms) San Francisco Children and Families Commission
Division, Board, Department, District, if applicable Your Position

City and County of San Francisco

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- State
Multi-County
City of San Francisco
Judge or Court Commissioner (Statewide Jurisdiction)
County of San Francisco
Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2014, through December 31, 2014.
Assuming Office: Date assumed
Leaving Office: Date Left
The period covered is January 1, 2014, through the date of leaving office.
The period covered is through the date of leaving office.
Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

- Check applicable schedules or "None."
Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
240 Shotwell San Francisco CA 94110
DAYTIME TELEPHONE NUMBER (415) 552-
E-MAIL ADDRESS feamalawa@mnhc.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 11/14/15 Signature (File the originally signed statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Fza Mahawa

▶ NAME OF BUSINESS ENTITY
Sony Corporation

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 14 _____ / _____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 14 _____ / _____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 14 _____ / _____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 14 _____ / _____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 14 _____ / _____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 14 _____ / _____ / 14
 ACQUIRED DISPOSED

Comments:

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Tea Malcom</u>

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small>	<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small>
<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
<input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small>	<input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small>
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Loan repayment
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <small>(Describe)</small>	<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <small>(Describe)</small>
<input type="checkbox"/> Other _____ <small>(Describe)</small>	<input type="checkbox"/> Other _____ <small>(Describe)</small>

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
<u>Navient - US Dept of Education Loan Servicing</u>	<u>1.62</u> % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
<u>PO Box 740351 Atlanta, GA 30374</u>	<input checked="" type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____ <small>Street address</small>	
	_____ <small>City</small>	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____ <small>(Describe)</small>	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Zeal Malawa

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____



Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-7714

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Children and Families First Commissi

Seat # or Category (If applicable): 8 District:

Name: Zachary Townsend

Home Address: --- Dorland Street Zip: 94114

Home Phone: 908-309-6870 Occupation: Product Management

Work Phone: Employer: Silicon Valley Bank

Business Address: 555 Mission Street, Suite 900, San Francisco, CA Zip: 94105

Business E-Mail: ztownsend@svb.com Home E-Mail:

Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Registered voter in San Francisco: Yes [X] No [] If No, where registered:

Resident of San Francisco [X] Yes [] No If No, place of residence:

Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I have a life-long passion for supporting children in need based on my own personal history. I came in conduct with the child welfare system at a very early age, and it was the compassion and support of social workers that allowed me to go on to lead the life I have. In Rhode Island, I spent years working to address human trafficking of children, and then continued my interest in supporting children by providing management consulting services to the NYC Administration of Children's Services for over year years. I've continued that passion by joining the board of a Bay-area foster, adoption, and mental health agency that operates in San Francisco when I moved here three years ago.
I am a 29-year-old resident of the Castro community in San Francisco who is passionate about public service.

Business and/or professional experience:

- 1. Director, API Banking, Silicon Valley Bank
- 2. President, Standard Treasury
 - Founded a company trying to build a low-cost bank.
- 3. Senior Technology Policy Advisor, Officer of Newark, NJ Mayor Cory Booker
 - Worked to improve city government using technology
- 4. Senior Associate, Bennett Midland
 - Served as day-to-day project manager of project team on workload analysis for NYC Administration for Children& Services (ACS) largest division. Developed a new staffing and

Civic Activities:

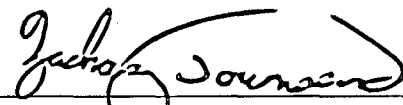
- I am a board member of Alternative Family Services, where I serve on the program and audit committees. The Mission of Alternative Family Services is to support vulnerable children and families in need of stability, safety, and wellbeing in communities. In San Francisco, our programs include Therapeutic Foster Care and Community Based Mental Health Services.
- I am a board member of Bayes Impact, a San Francisco based not-for-profit that deploys data science teams on solving big social impact challenges.
- I am on the housing policy committee at SPUR.

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (*Applications must be received 10 days before the scheduled hearing.*)

Date: 10/17/15

Applicant's Signature: (required)



(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once Completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

01/20/12

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing
 Received
 Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable: Children and Families First Commission
 Your Position: Applicant

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of San Francisco
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of San Francisco
- Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is ____/____/____, through December 31, 2014.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

- Check applicable schedules or "None." ► Total number of pages including this cover page: _____
- Schedule A-1 - Investments – schedule attached
 - Schedule A-2 - Investments – schedule attached
 - Schedule B - Real Property – schedule attached
 - Schedule C - Income, Loans, & Business Positions – schedule attached
 - Schedule D - Income – Gifts – schedule attached
 - Schedule E - Income – Gifts – Travel Payments – schedule attached
- or-
- None - No reportable interests on any schedule

5. Verification

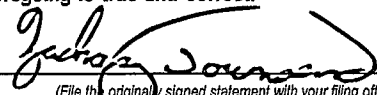
MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 267 Dorland Street San Francisco CA 94114

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (908) 3096870

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed November 17, 2015
 (month, day, year)

Signature 
 (File the original signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Zachary Townsend

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Zachary Townsend

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Silicon Valley Bank

ADDRESS (Business Address Acceptable)
 555 Mission Street, Suite 900, San Francisco, CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Bank

YOUR BUSINESS POSITION
 Director, API Banking

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

NAME OF SOURCE OF INCOME
 Financial Tech

ADDRESS (Business Address Acceptable)
 555 Mission Street, Suite 250, San Francisco, CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Financial technology software company

YOUR BUSINESS POSITION
 Director / President

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE D Income – Gifts

Name
Zachary Townsend

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Zachary Townsend

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

Save Form

Print Form



Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-7714

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Children and Families First Commission

Seat # or Category (If applicable): Seat # 8 District: 2

Name: Nawz Z. Talai

Home Address: Beach Street Zip: 94123

Home Phone: Occupation: Senior Administrative Analyst

Work Phone: 415-759-3579 Employer: Laguna Honda Hospital

Business Address: 375 Laguna Honda Blvd Zip: 94116

Business E-Mail: nawzaneen.talai@sfdph.org Home E-Mail:

Pursuant to Charter Section 4.101 (a)2, Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Registered voter in San Francisco: Yes [checked] No [] If No, where registered:

Resident of San Francisco [checked] Yes [] No [] If No, place of residence:

Pursuant to Charter section 4.101 (a)1, please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am an Iranian-American woman living in the Marina with my husband and 8-month old son. As a first-time mom I understand the desire and burden of ensuring optimal health and development for children. As a person having worked in the nonprofit sector with children and families for the past seven years, I understand the variance in resources available to families throughout San Francisco. It would be an honor to serve on the Children and Families First Commission to ensure that all children of San Francisco receive the same abundance of opportunities to be healthy, learn and grow regardless of what neighborhood they live in.

Business and/or professional experience:

See resume.

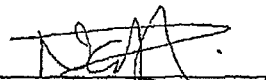
Civic Activities:

Member, Board of Directors, San Francisco Children's Art Center (2015-present)
 Member, California Partnership to End Domestic Violence (2015-present)
 YTH Live Panel Moderator, Youth. Tech. Health. (2014)
 YTH Live Program Committee, Youth. Teach. Health. (2013-2014)
 Fundraiser and Activist, The Vagina Monologues, V-Day (2010-2013)
 Community Organizer, KaBOOM!, Playground build (2010)
 Mentor, America On Track, Children of Prisoners (2008-2010)

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

Date: 11/24/2015 Applicant's Signature: (required)



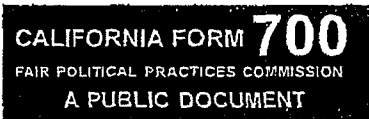
(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once Completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

01/20/12



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Talai Nawz Zahir

1. Office, Agency, or Court

Agency Name (Do not use acronyms) San Francisco Department of Public Health
Division, Board, Department, District, if applicable Laguna Honda Hospital
Your Position Senior Administrative Analyst

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- State, Multi-County, City of San Francisco, Judge or Court Commissioner, County of, Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2014, through December 31, 2014.
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2014, through the date of leaving office.

4. Schedule Summary

- Check applicable schedules or "None." Total number of pages including this cover page: 2
Schedule A-1, A-2, B, C, D, E, None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
375 Laguna Honda Blvd San Francisco CA 94123
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(415) 759-3579 nawzaneen.talai@sfdph.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 11/24/2015 Signature (month, day, year) (File the originally signed statement with your filing official.)

FPPC Form 700 (2014/2015)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Nawzaneen Zahir Talai

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 The California Wellness Foundation

ADDRESS (Business Address Acceptable)
 575 Market Street, San Francisco CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
 Project Manager

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 San Francisco District Attorney

ADDRESS (Business Address Acceptable)
 850 Bryant Street, San Francisco CA 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
 Assistant District Attorney

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____

 Street address

 City

Guarantor _____

Other _____
 (Describe)

Comments: _____

FPPC Form 700 (2014/2015) Sch. C
 FPPC Advice Email: advice@fppc.ca.gov
 FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov



January 25, 2016

Rules Committee Supervisors
1 Dr. Carlton B. Goodlett Place, City Hall, Room 244
San Francisco, CA 94102

To Whom It May Concern:

I am writing in support of Nawz Talai and her candidacy for the Children and Families First Commission. Nawz has dedicated much of her professional career working to create supportive environments and safe communities where children and families can thrive. Her talents include program design and evaluation, strategic planning, grant-making, and engagement with diverse communities.

Nawz has extensive experience that includes key positions with small non-profits, city government agencies, and a private health foundation. She has led strategic planning efforts; conceptualizing and implementing community evaluation efforts; working with community-based organizations with a focus on children and families in Orange County, New York City, and San Francisco.

Nawz has also been an integral part of Laguna Honda Hospital and Rehabilitation Center (Laguna Honda). She has provided expertise in the use of quality improvement tools and performance excellence methodologies to facilitate projects that require collaboration between multiple hospital departments. Her work has produced changes that enhance the care experience as well quality of life for patients during their stay at Laguna Honda. She was recently asked to join our Post-Acute Innovation team, a group of select individuals who possess demonstrated leadership abilities, to carry out our new five-year strategic plan. Her wide-scope of skills ranging from full-cycle project management, supervising staff, conducting focus groups, and data analysis has been a tremendous asset for Laguna Honda.

I have had the pleasure of working closely with Nawz in my role as Assistant Hospital Administrator for Laguna Honda. Her ability to push through challenges is equally impressive as her focus on delivering results that align with our mission of promoting health and well-being. I believe those two qualities are necessary for a commission tasked with oversight of program funding for two of our most vital community groups; children and families.

For all the above reasons, I believe Nawz Talai is well-qualified to serve on the Children and Families First Commission. I recommend her without hesitation and hope you will give her nomination thorough review and consideration. If you have any questions, please feel free to contact me at 415-759-3576

Sincerely,

Quoc A. Nguyen
Assistant Hospital Administrator
Laguna Honda Hospital and Rehabilitation Center
375 Laguna Honda Blvd.
San Francisco, CA 94116

January 27, 2016

Rules Committee Supervisors
1 Dr. Carlton B. Goodlett Place, City Hall, Room 244
San Francisco, CA 94102

To Whom It May Concern:

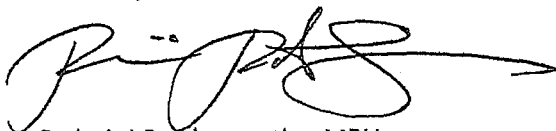
I am writing in support of Nawz Talai and her candidacy for the Children and Families First Commission. Nawz was Project Manager for Public Health Strategies at The California Wellness Foundation (Cal Wellness). I worked with Nawz for almost two years in my role as Program Director at Cal Wellness. I have an extensive public health background that was primarily focused on maternal and child health until recently.

During her time with the Cal Wellness, she managed research and analysis of best practices in public health; led partnerships and collaborative efforts with stakeholders and private foundations; and supported the Advancing Wellness grants program. More specifically, Nawz provided high-level data and policy research, including analysis of the Affordable Care Act (ACA) and related policy issues impacting the health of Californians. The information aided Cal Wellness's grantmaking efforts to ensure the effective and equitable implementation of the ACA.

Nawz was a key leader in Cal Wellness's strategic planning process, through the collection and analyses of state-level demographic and health data for the development of public health approaches to potential grantmaking strategies. Through these analyses, Cal Wellness was able to find areas of highest need in California and identify potential funding strategies to best address these needs. In addition, Nawz managed a project with a nonprofit organization to develop eight statewide health indices, which also helped with the development of Cal Wellness's grantmaking strategies.

For all the above reasons, I believe Nawz Talai is well-qualified for the Children and Families First Commission. I highly recommend her and hope you will give this review and her nomination serious consideration. If you have any questions, please feel free to contact me at 415-908-3013.

Sincerely,

A handwritten signature in black ink, appearing to read 'Padmini Parthasarathy', with a long horizontal flourish extending to the right.

Padmini Parthasarathy, MPH

January 27, 2016

Rules Committee Supervisors
1 Dr. Carlton B. Goodlett Place, City Hall, Room 244
San Francisco, CA 94102

To Whom It May Concern:

I am writing in support of Nawz Talai and her candidacy for the Children and Families First Commission. Nawz has spent much of her career working to create an environment for children and families to thrive in supportive and safe communities. Her work has been in the realm of program design and evaluation, strategic planning, grantmaking, and engagement with diverse communities.

Nawz has worked for small nonprofits, city government agencies, and for a private health foundation. She has been a key leader in strategic planning efforts; conceptualizing and implementing community evaluation efforts; working with community-based organizations; and children and families in Orange County, New York City, and San Francisco.

I have been able to work with Nawz as part of the San Francisco Children's Art Center (SFCAC) Board of Directors, a non-profit organization in Fort Mason. Nawz joined our board in October 2015 and has been a great asset to our development committee and partnership committee. She brings her years of philanthropic experience and nonprofit management skills to our robust team. Nawz has a true passion for ensuring that children and families of San Francisco live in a community where they are able to grow, play, and succeed. Her values are clear in the time she devotes to SFCAC as a board member and advocate for the arts.

I have been a Board member of the SFCAC since 2002 during which time my daughter was attending art classes. I have been President for the past 6 months and have guided us through some challenging financial times. We have tripled the number of Board members during this time and successfully increased our financial support. Nawz and I co-chair the Development committee. She not only brings a lot of experience, skills and passion for our work but is perceptive, thoughtful and an absolute delight to work with.

For all the above reasons, I believe Nawz Talai is well-qualified for the Children and Families First Commission. I highly recommend her and hope you will give this review and her nomination serious consideration. If you have any questions, please feel free to contact me at 415-824-1675.

Sincerely,



Carol Berghen
President of the Board
San Francisco Children's Art Center

November 24, 2015

Board of Supervisors Rules Committee
1 Dr. Carlton B. Goodlett Place, Rm 224
San Francisco, Ca 94102

To Whom It May Concern:

I am writing to express my interest in the Children and Families First Commission, seat 4 vacancy. I bring seven years of experience in program design and evaluation, strategic planning, grantmaking, and engagement with diverse communities. I have a substantial academic background in population and family health, public health practice and policy, as well as service-based research. With a Master of Public Health from the Mailman School of Public Health at Columbia University and multi-dimensional work experience, I believe I have the necessary tools to contribute meaningfully to the success of the Children and Families First Commission team.

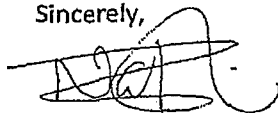
As a program evaluator for four years, I have designed and implemented various programs and evaluation projects which entailed conceptualizing and implementing evaluation plans, supervising staff, conducting focus groups and data analysis, and collaborating with various community-based organizations. For over two years, I served as the sole Program Coordinator for America On track utilizing a three-year, one million dollar grant. I developed and implemented a sustainable physical education program for over 600 first through fifth grade students at an elementary school located in a gang-infested and low-income area of Santa Ana, California. During my graduate career, I worked with the New York City Department of Health under the Office of School Health on a pilot program implemented at ten NYC high schools aiming to provide limited on-site reproductive health services to students. As the Evaluation Assistant, I conducted ongoing evaluation and monitoring of the program.

For three years, I worked with The California Wellness Foundation, as the Project Manager for the program department, working in strategic and creative partnership with the Foundation's program staff on managing the Foundation's strategic planning process. Through the collection and analysis of state demographic and programmatic health data for the development of potential grantmaking tactics, I spearheaded the development of strategies and projects that identified, developed innovative and proven approaches to improving access to care. Additionally in this capacity, I lead a set of projects that involved research and analysis of public health best practices in philanthropy and the nonprofit sector, and managed partnerships and collaborative efforts with stakeholders and private foundations.

In various capacities, I have developed and maintained strong rapport with internal staff and community-based organizations, valuing their experience and knowledge in program design, implementation and evaluation. Taking the time to build these relationships and listening to their stories were key in engaging them in strategic program design and organizational reflection.

I have enclosed my resume for your review, and if I can provide additional information, please contact me at the phone or e-mail addresses provided on my resume. I appreciate your consideration and look forward to the opportunity to meet you in person.

Sincerely,



Nawz Z. Talai

NAWZ Z. TALAI

1825 BEACH STREET, SAN FRANCISCO, CA 94123

PHONE: 415-706-1983 EMAIL: nawz.zahir@gmail.com

EDUCATION

Master of Public Health, Columbia University, Mailman School of Public Health, May 2012

- Emphasis: Population and Family Health, Reproductive and Family Health

Bachelor of Science, University of California, Irvine, December 2007

- Emphasis: Public Health Sciences

PUBLICATION

Zahir, N., Heyman, M. B., & Wojcicki, J. M. (2012, December 13). No association between childcare and obesity at age 4 in low-income Latino children. *Pediatric Obesity*.

EXPERIENCE

Senior Quality Management Analyst (2015-Present)

Laguna Honda Hospital, Department of Public Health, San Francisco, CA

- **Performance Improvement Analysis:** Responsible for aggregating, analyzing, and trending performance improvement data. Develop data reports to support the hospital's performance improvement, risk management and utilization management activities. Conduct detailed analysis, and translate complex data into understandable, reliable, financially useful and objective information.
- **Content Expertise:** Provide technical expertise related to Quality Improvement (QI) tools, performance improvement methods, and information systems. Consult with hospital departments and committees of the organized medical staff. Conduct presentations of prepared data reports, results of evaluation studies, and performance improvement methodology.
- **Quality Improvement:** Facilitate quality improvement projects. Maintain and develop quality management databases. Manage the development and implementation of systems and procedures to increase the efficiency and effectiveness of data collection and production of quality reports.
- **Internal Collaboration:** Collaborate with other departmental leaders to develop, review and revise hospital wide policies and procedures. Ensure departmental policies and procedures are consistent and compliant with local, State and Federal regulations.

Nawz Z. Talai Resume

Page | 2

Project Manager, Public Health Strategies (2012-2015)*The California Wellness Foundation, San Francisco, CA*

- **Strategic Planning Management:** Managed program design for strategic planning process and implementation of Advancing Wellness across California. Aligned public health strategies with grantmaking tactics and strategic plan development. Synthesized the results of data analysis into clear, relevant, and visually appealing materials that can easily be grasped by internal and external stakeholders and used to make strategic decisions.
- **External Engagement:** Managed partnerships and collaborative efforts with stakeholders and private foundations; conducted due diligence and recommended grantee partners.
- **Internal Collaboration:** Worked with other project managers and staff to evaluate and implement goals, objectives, policies and procedures of new grantmaking program.
- **Knowledge, Learning and Evaluation:** Researched, analyzed and reported on the Affordable Care Act and related policy issues impacting the health of Californians. Collected and analyzed local demographic, programmatic and health status data and compared data to national and state trends and benchmarks.
- **Grantmaking:** Assisted with Special Projects grant portfolio – reviewed grant requests, conducted site visits and drafted grant proposals.
- **Project Management:** Managed and coordinated team to conceptualize, draft and finalize annual program department report.

Research Assistant (2011-2012)*University of California, San Francisco, San Francisco, CA*

- **Data Analysis and Reporting:** Conducted statistical analysis with STATA on potential correlation between childcare and child obesity among zero to five year olds. Researched, developed and submitted study findings for peer reviewed journal publication as first author.

Evaluation Assistant (2011-2012)*New York City Department of Health, New York, NY*

- **Data Analysis and Reporting:** Created IT code through SAS software to track utilization of on-site reproductive health services to students at ten high schools. Analyzed and developed comprehensive reports of utilization of reproductive health services by at risk adolescents. Developed, edited and finalized structured intake forms for clinicians.

Health Specialist (2010-2011)*Head Start, Columbia University, New York, NY*

- **Program Management:** Managed, maintained and developed reports from electronic health records. Developed and implemented electronic health records review process. Coordinated with health coordinator and teaching staff to ensure that all children are up to date with vaccinations, well-baby visits, and hearing and vision exams.

Nawz Z. Talal Resume

Page | 3

Physical Education Program Coordinator (2008-2010)*America On Track, Orange County, CA*

- **Program Design and Implementation:** Created and implemented a sustainable Physical Education Program for 635 first through fifth grade students. Designed and delivered Health & Nutrition Parent Seminars for local families to improve health and wellness, reduce childhood obesity and diabetes among community. Constructed and implemented nutrition lessons for 3rd through 5th grade students to encourage eating right and staying fit in efforts to reduce childhood obesity and diabetes.
- **Strategic Partnerships:** Developed and strengthened relationships and collaboration with community organizations and the Santa Ana Unified School District.
- **Program Management:** Managed the Kids On Track...through Mentoring & Fitness for 25 third through fifth grade students and supervised 20 high school mentors.
- **Administrative:** Provided oversight over the program services and administrative operations of the Physical Education Program, nutrition lessons, and Kids On Track...through Mentoring & Fitness program.

LEADERSHIP AND PROFESSIONAL ASSOCIATIONS

Member, Board of Directors (2015-present)

San Francisco Children's Art Center

Member (2015-present)

California Partnership to End Domestic Violence

YTH Live Panel Moderator (2014)

Youth. Tech. Health.

YTH Live Program Committee (2013-2014)

Youth. Teach. Health.

Fundraiser and Activist (2010-2013)

The Vagina Monologues, V-Day

Community Organizer (2010)

KaBOOM!, Playground build

Mentor (2008-2010)

America On Track, Children of Prisoners

Nawz Z. Talai Resume

Page | 4

AWARDS AND RECOGNITION

Certificate of Recognition (2010)

Received recognition from Senator Lou Correa of the 34th District for Bishop Manor KaBOOM! Playground build.

Front Runners Award (2010, 2009)

Governor's Challenge recognition for student involvement and achieving the most fitness days in the Orange County region.

Certificate of Recognition (2009)

Received recognition from Mayor Pullido for work being done at Kennedy Elementary in Orange County.

SKILLS

Advanced knowledge in Microsoft Office Suite, Adobe Suite, MAC OS

Advanced knowledge in evaluation and research methods

Advanced Knowledge in program design and implementation

Proficient in quantitative and qualitative data analysis

Proficient in budget management and analysis

Proficient in GIFTS, SAS, STATA

Conversational in Farsi

San Francisco
BOARD OF SUPERVISORS

Date Printed: April 16, 2015

Date Established: December 24, 1998

Active

CHILDREN AND FAMILIES FIRST COMMISSION

Contact and Address:

Kahala Drain
San Francisco Children & Families Commission
1390 Market Street, Suite 318
San Francisco, CA 94102

Phone: (415) 934-4849

Fax: (415) 565-0494

Email: Kahala@first5sf.org

Authority:

Administrative Code, Sections 86.1 et seq. (Ordinance Nos. 409-98, 321-99, and 221-00)

Board Qualifications:

The San Francisco Children and Families First Commission (aka the First Five Commission) consists of a total of nine (9) members, all of whom are appointed by the Board of Supervisors.

The following four (4) members shall be entitled to serve as long as they meet the qualifications of membership.

- > One (1) member shall be the Director of Public Health or his/her designee;
- > One (1) member shall be the General Manager of the Department of Human Services or his/her designee;
- > One (1) member shall be a member of the Board of Supervisors;
- > One (1) member shall be the Director of the Department of Children, Youth and Their Families or his/her designee.

The remaining five (5) members shall serve four-year terms and be appointed from among the following categories: persons responsible for management of the following county functions: children services, public health services; behavioral health services, social services and tobacco and other substance abuse prevention and treatment services; recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, the Child Care Planning and Advisory Council or another local child care coordinating group; representatives of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting and nurturing early childhood

"R Board Description" (Screen Print)

San Francisco
BOARD OF SUPERVISORS

development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations or societies.

In the event a vacancy occurs during the term of office of any appointed member, a successor shall be appointed for the unexpired term of the office vacated in a manner similar to that for the initial member.

This Commission is established to promote, support and improve the early development of children from the prenatal state to five years of age and to carry out the provisions of the California Children and Families First Act of 1998. The powers and duties are stated in Administrative Code, Section 86.2.

Reports: The Commission shall establish a San Francisco County Strategic Plan for the support and improvement of early childhood development within the City and County of San Francisco as stated in Section 86.5 of the Administrative Code. On at least an annual basis, the Commission shall review its Strategic Plan and revise the Plan as may be necessary.

Sunset Date: None

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

VACANCY NOTICE

CHILDREN AND FAMILIES FIRST COMMISSION

Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following vacancy:

Vacant seat 8, succeeding Jamal Harris, resigned, shall represent one or more of the following: children services, public health services; behavioral health services, social services and tobacco and other substance abuse prevention and treatment services; recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, the Child Care Planning and Advisory Council or another local child care coordinating group; representatives of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting and nurturing early childhood development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations or societies, for the unexpired portion of a four-year term ending April 28, 2018.

Reports: The Commission shall establish a San Francisco County Strategic Plan for the support and improvement of early childhood development within the City and County of San Francisco as stated in Administrative Code, Section 86. On at least an annual basis, the Commission shall review its Strategic Plan and revise the Plan as may be necessary.

Sunset Date: None.


Additional information relating to the Children and Families First Commission may be obtained by reviewing Administrative Code, Sections 86.1 et seq., at <http://www.sfbos.org/sfmunicodes> or by visiting their website at <http://www.first5sf.org/>.

Pursuant to Board of Supervisors Rules of Order 2.32 (Motion No. 05-92) all applicants applying for this Commission must complete and submit, with their application, a copy (**not original**) of Form 700, Statement of Economic Interests. Applications will not be considered if a copy of Form 700 is not submitted. Form 700, Statement of Economic Interests, may be obtained at <http://www.sfbos.org/form700>.

Interested persons may obtain an application from the Board of Supervisors website at http://www.sfbos.org/vacancy_application or from the Rules Committee Clerk, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689. All applicants must be residents of San Francisco, unless otherwise stated.

Next Steps: Applicants who meet minimum qualifications will be contacted by the Rules Committee Clerk once the Rules Committee Chair determines the date of the hearing. Members of the Rules Committee will consider the appointment(s) at the meeting and applicant(s) may be asked to state their qualifications. The appointment(s) of the individual(s) who are recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

Please Note: Depending upon the posting date, this vacancy may have already been filled. To determine if the vacancy for this Commission is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-7702.


Angela Calvillo
Clerk of the Board

DATED/POSTED: November 5, 2015

