

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:⁰⁵⁻¹⁵⁻²⁰²⁵ | 14:43:39 PDT

File #:

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

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	
Dylan Schne	rider	628.652.7742	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org	

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Homeless Prenatal Program	415-546-6756	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
2500 18th Street, San Francisco, CA 94110		

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)	
05/13/2025		250395	
DESCRIPTION OF AMOUNT OF CONTRACT	I		
NTE \$22,627,326			
NATURE OF THE CONTRACT (Please describe)			
The second amendment to the grant agreement bet Department of Homelessness and Supportive Housi Assistance and Readiness Efforts program, exter 2025, for a total term of July 1, 2021, through amount by \$13,826,617 for a new total amount no	ing ("HSH"), for the S nding the term by four n June 30, 2029, and in	upportive Housing years from June 30, ncreasing the agreement	

7. COMMENTS

8. C0	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES
	Board of Supervisors
	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	ТҮРЕ
1	Eskridge	Shellena	CEO
2	Haile	Biniam	CFO
3	Arpana	Vidyathi	Board of Directors
4	Chang	Tina	Board of Directors
5	Maher Reuter	Emily	Board of Directors
6	Philips	Psyche	Board of Directors
7	McGinnis	Kelly	Board of Directors
8	Landa	Dara	Board of Directors
9	Alavi	Kian	Board of Directors
10	Dixon	Mandela	Board of Directors
11	Francesconi	Gary	Board of Directors
12	Fillinger	Tamera	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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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	ТҮРЕ
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include ad Select "Supplemental" for filing type.	ditional names. Please submit a separate	form with complete information.

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	DATE SIGNED
CLERK DocuSigned by: 988C8F42C3084B5 Angela Calvillo	05-15-2025 14:43:39 PDT