

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
 (S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, SF Board of Supervisors	City elective office(s) held: Members, SF Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: San Francisco Public Health Foundation	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i> SFPHF Leadership: Randy Wittorp, President, Arthur Weiss, Vice President, Martin Engel, Treasurer, Colleen Chawla, Secretary, Penny Eardley, Executive Director Members: Rachel Golick, Dr. Cynthia Gomez, Josh Greenblatt, Sonia Melara, Danielle Nolan, Amanda Schmutzler, Gayle Uchida	
Contractor address: 1450 Sutter St. #101 San Francisco, CA 94109	
Date that contract was approved:	Amount of contract: \$155,550
Describe the nature of the contract that was approved: The purpose of this contract of for the San Francisco Public Health Foundation to serve as the fiscal agent for the California Tuberculosis Controllers Association.	
Comments: The San Francisco Public Health Foundation was selected by CTCA after careful consideration of a field of fiscal agents, including the American Lung Association of California, the University of California San Francisco Department of Medicine, the Sequoia Foundation, the Public Health Institute, and the Public Health Foundation Enterprise.	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)
- a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board
- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Clerk of the SF Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Place	E-mail: Bos.Legislation@sfgov.org

_____ Signature of City Elective Officer (if submitted by City elective officer)	_____ Date Signed
_____ Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)	_____ Date Signed