



## 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](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On: 12-15-2025 | 16:46:00 PST

File #: 251145

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

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	628-206-7378
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b>  California Mental Health Services Authority	<b>TELEPHONE NUMBER</b>  (888) 210-2515
<b>STREET ADDRESS (including City, State and Zip Code)</b>  1610 Arden Way, Suite 175, Sacramento, CA 95815	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>  12/9/2025	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 251145
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b>  \$7,431,615 Anticipated Revenue		
<b>NATURE OF THE CONTRACT (Please describe)</b>  On behalf of DPH, CalMHSA will manage the distribution of state Community Care Expansion (CCE) Preservation grant funds to existing independent licensed Board & Care operators towards the repair/renovation and operating costs of their adult residential care facilities and residential care facilities for the elderly that serve low-income residents who receive Supplemental Security Income (SSI) or Cash Assistance Program for Immigrants (CAPI).		

7. COMMENTS
California Mental Health Services Authority (CalMHSA) identified in the resolution as a third-party administrator to fulfill the City's administrative responsibilities under the Program.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
<input checked="" type="checkbox"/>	<b>A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES</b>  Board of Supervisors
<input type="checkbox"/>	<b>THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS</b>

**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	Miller	Amie	Other Principal Officer
2	Avetissian	David	CFO
3	Eggers	Karri	COO
4	Franklin	Brandon	Other Principal Officer
5	Wagner	Andrew	Other Principal Officer
6	Caceres	Ryan	Other Principal Officer
7	Jakowski	Karleen	Other Principal Officer
8	Kaiser	Dawn	Other Principal Officer
9	Moloughney	Terence	Other Principal Officer
10	Robles	Lucero	Other Principal Officer
11	Vallejo	Courtney	Other Principal Officer
12	Wilson	Jeremy	Other Principal Officer
13	Tribble	Karyn	Board of Directors
14	Cranfill	Melissa	Board of Directors
15	Vaughn	Karen	Board of Directors
16	Buell	Jeffrey	Board of Directors
17	Klatt	Karen	Board of Directors
18	Burns	Leeann	Board of Directors
19	Hobson	Tony	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Holt	Susan	Board of Directors
21	Hallett	Joe	Board of Directors
22	Botzler-Rodgers	Emi	Board of Directors
23	Scott	Anna	Board of Directors
24	Burrowes	Alison	Board of Directors
25	Jones	Elise	Board of Directors
26	Armstrong	Tiffany	Board of Directors
27	Schrimer	Todd	Board of Directors
28	Main	Galen	Board of Directors
29	Lovato	Karen	Board of Directors
30	Vang	Kimiko	Board of Directors
31	Roberts	Robin	Board of Directors
32	Esalami	Cassandra	Board of Directors
33	Bell	Phebe	Board of Directors
34	Ellis	Amy	Board of Directors
35	Haynes	Amy	Board of Directors
36	Jacobs	Brandon	Board of Directors
37	Quist	Ryan	Board of Directors
38	Edgull	Dana	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Espinosa	Marina	Board of Directors
40	Bergmann	Luke	Board of Directors
41	Vieira	Fay	Board of Directors
42	Graber	Star	Board of Directors
43	Africa	Jei	Board of Directors
44	Huthsing	Jamie	Board of Directors
45	Sandoval	Marni	Board of Directors
46	Cogger	Bailey	Board of Directors
47	Collard	Sarah	Board of Directors
48	Cobaleda-Kegler	Jan	Board of Directors
49	Lyon	Travis	Board of Directors
50	Placide	Ontson	Board of Directors
<input checked="" 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**

Signed by:  
  
 988C8F42C3084B5...  
 Angela Calvillo

**DATE SIGNED**

12-15-2025 | 16:46:00 PST



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#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Lily Conover	415-602-6258
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	lily.conover@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b>  California Mental Health Services Authority	<b>TELEPHONE NUMBER</b>  888-210-2515
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7. COMMENTS
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8. CONTRACT APPROVAL	
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<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Gay	Jennifer	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.

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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.**

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

Signed by:  
  
988C8F42C3084B5...  
Angela Calvillo

**DATE SIGNED**

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