



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 #:

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
Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Asian Women's Shelter	TELEPHONE NUMBER 415-751-0880
STREET ADDRESS (including City, State and Zip Code) 3543 18th Street, #19 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)
DESCRIPTION OF AMOUNT OF CONTRACT \$1,342,758.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Rapid rehousing and support services for 25 households per year.		

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	Pusey	Orchard	CEO
2	Su	Jung	CFO
3	Le	Huong	COO
4	wang	Christine	Board of Directors
5	Nozawa	Annie	Board of Directors
6	Chang	Joan	Board of Directors
7	Tapken	Jennifer	Board of Directors
8	Li	Jessica	Board of Directors
9	Kaira	Simran	Board of Directors
10	Tse	Monica	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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Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Bernal Heights Neighborhood Corporation	TELEPHONE NUMBER 415-206-2140
STREET ADDRESS (including City, State and Zip Code) 515 Cortland Ave 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)
DESCRIPTION OF AMOUNT OF CONTRACT \$256,091.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Hazel Betsey Permanent Supportive Housing-Rental assistance. 12 units per year.		

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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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	Dacus	Gina	CEO
2	Siew	Adeline	CFO
3	Aleman	Xiomara	COO
4	Andrews	Nancy	Board of Directors
5	Muniz	Laurel	Board of Directors
6	Bagot	Buck	Board of Directors
7	Cevallos	Cynthia	Board of Directors
8	Arab	Esperanza	Board of Directors
9	Shagley	Carren	Board of Directors
10	Bagot	Barbara	Board of Directors
11	Kali	Lianna	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.

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Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Catholic Charities San Francisco	TELEPHONE NUMBER 415-972-1200
STREET ADDRESS (including City, State and Zip Code) 1555 39th Avenue, San Francisco, 94122	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
DESCRIPTION OF AMOUNT OF CONTRACT \$5,594,636.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Rita da Cascia-Positive MATCH; CCYO Treasure Island; CCCYO Scattered Sites; CCYO Housing Plus; Starview Treasure Island Expansion.		

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	Hammerle PHD	Ellen	CEO
2	Ewers	Cheryl	CFO
3	Brown	Erik	COO
4	Coridleone	Salvatore	Board of Directors
5	Boerio	Joe	Board of Directors
6	Grogan	Kathleen A.	Board of Directors
7	Borromeo	Ted	Board of Directors
8	Clark	Philip	Board of Directors
9	Bojorquez	Diana I.	Board of Directors
10	Brigham	Martha	Board of Directors
11	O'Brien	Susie	Board of Directors
12	Ghilotti	Michael	Board of Directors
13	Gonzalez	Elenor	Board of Directors
14	Kearney	Phillip	Board of Directors
15	Grogan	Kathleen A.	Board of Directors
16	Hultman	David R.	Board of Directors
17	Ikeda	Lisa	Board of Directors
18	Gelt	Jerilyn	Board of Directors
19	Kane	Steven	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Keith	Elizabeth Ida	Board of Directors
21	McInerney	Sister Maureen	Board of Directors
22	Leupp	Jay Paul	Board of Directors
23	Mirek	Lori P.	Board of Directors
24	Manning	Simon S.	Board of Directors
25	Nascimento	Daniel	Board of Directors
26	Pautler	Michael	Board of Directors
27	Reynaud	Louis	Board of Directors
28	Pohlman	Jack	Board of Directors
29	Reyes	Reverend Raymund	Board of Directors
30	Sangiaco	Jim	Board of Directors
31	woody	Patrick	Board of Directors
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Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Chinatown Community Development Corporation	TELEPHONE NUMBER 415-929-5258
STREET ADDRESS (including City, State and Zip Code) 663 Clay Street San Francisco CA 94111	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
DESCRIPTION OF AMOUNT OF CONTRACT \$746,681.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Mary Helen Rogers Senior Center and 1296 Shotwell.		

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.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Yeung	Malcom	CEO
2	Louie	Cindy	CFO
3	Hung	Tammy	COO
4	Lin	Barbara	Board of Directors
5	Chin	Jane	Board of Directors
6	Cordero	Terence	Board of Directors
7	Chan	Tommy	Board of Directors
8	Cheng	Claudine	Board of Directors
9	Fagler	Jim	Board of Directors
10	Hollins	Guy	Board of Directors
11	Lee	Olson	Board of Directors
12	Lin	wendell	Board of Directors
13	Ortiz	Kevin	Board of Directors
14	Rosenquest	Nils	Board of Directors
15	wong-Chie	Rosa	Board of Directors
16	Quock	Lindsey	Board of Directors
17	Zoubi	Fady	Board of Directors
18	Brookter	Dion-Jay	Board of Directors
19	Chang	Eric	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Chin	Gregory	Board of Directors
21	Hilton	Dr. Irene	Board of Directors
22	Huie	Jeanette	Board of Directors
23	Lim	Aaron	Board of Directors
24	Louie	Michael	Board of Directors
25	Poe	Irma	Board of Directors
26	Saini	Ramneek	Board of Directors
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Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Community Housing Partnership (HomeRise)	TELEPHONE NUMBER 415-852-5300
STREET ADDRESS (including City, State and Zip Code) 20 Jones Street, Suite 200 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)
DESCRIPTION OF AMOUNT OF CONTRACT \$1,138,106.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Iroquois Residence and CHP Scattered Sites.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
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1	Jackson	Jamea	CEO
2	Perez	Sergio	CFO
3	Penton	Renee	COO
4	Miller	Gregg	Board of Directors
5	wylder	Jonathan	Board of Directors
6	Fisher	John	Board of Directors
7	Chaloeichee	Juthaporn	Board of Directors
8	Chavez	Malea	Board of Directors
9	Edelman	Devra	Board of Directors
10	Lewis	David Elliot	Board of Directors
11	Maddock	Lauren	Board of Directors
12	Reed	Julia	Board of Directors
13	Valentino	Patrick	Board of Directors
14	Sims	Neil	Board of Directors
15	Aharoni	Sheila	Board of Directors
16	Barnes	Derek	Board of Directors
17	Groschelle	Heidi	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.

#	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 #:

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
Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Compass Family Services	TELEPHONE NUMBER 415-644-0504
STREET ADDRESS (including City, State and Zip Code) 37 Grove 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)
DESCRIPTION OF AMOUNT OF CONTRACT \$932,302.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Compass RRH (Consolidated).		

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	Kisch	Erica	CEO
2	Martinez	Rosa	CFO
3	Chacon	Cecilia	COO
4	Tait	Adam	Board of Directors
5	Koski	Debbie	Board of Directors
6	Kowal	Lauren	Board of Directors
7	Thornton	Linsey	Board of Directors
8	Goelz	Doug	Board of Directors
9	Corvin	Dana	Board of Directors
10	Daoro	Robbie	Board of Directors
11	Dinkenspiel	Steven	Board of Directors
12	Garfinke1	Kimberly	Board of Directors
13	Goldman	David	Board of Directors
14	Houts	Valerie Garcia	Board of Directors
15	Marangu	Kimathi	Board of Directors
16	Mccarthy	Michael	Board of Directors
17	McCleskey	Donnie	Board of Directors
18	Moffet	Tim	Board of Directors
19	Perkins	Kowonda	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Jenkyn	Beth Rov	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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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
Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
Hom Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Conard	TELEPHONE NUMBER 415-864-7833
STREET ADDRESS (including City, State and Zip Code) 1385 Mission St #200, 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)
DESCRIPTION OF AMOUNT OF CONTRACT \$2,211,383.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Allen Hotel, El Dorado/Midori, Lyric.		

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	Quintance	Anne	CEO
2	Neither-Gold	Robyn	CFO
3	Suarez	Liliana	COO
4	Haugen	Theo	Board of Directors
5	Rehmani	Saba	Board of Directors
6	Moerman	Ben	Board of Directors
7	Yang	Emma	Board of Directors
8	Raheem	Ali	Board of Directors
9	Yu	wendy	Board of Directors
10	Thorpe	Dayton	Board of Directors
11	Raina	Savita	Board of Directors
12	Rodriguez	Eddie	Board of Directors
13	Segal	Glen	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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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
Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Episcopal Community Services	TELEPHONE NUMBER (415) 487-3300
STREET ADDRESS (including City, State and Zip Code) 165 8th Street 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)
DESCRIPTION OF AMOUNT OF CONTRACT \$5,783,421.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Canon Kip, Bishop Swing Community House, Canon Barcus, Henry Hotel, Employment and Housing First.		

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	Stokes	Beth	CEO
2	Larra	Eric	CFO
3	Cordova	Mauricio	COO
4	Andrus	Marc Handley	Board of Directors
5	Zaidi	S. Hassan	Board of Directors
6	Bond	Doug	Board of Directors
7	Clayter	Todd	Board of Directors
8	Geeslin	Keith	Board of Directors
9	Ho	Heidi	Board of Directors
10	Jones	Dr. Martin C.	Board of Directors
11	Ketcham	Susan	Board of Directors
12	Martinez	Alejandro	Board of Directors
13	McTiernan	Megan	Board of Directors
14	Metoyer	Eric	Board of Directors
15	Rodriguez	Jonathan	Board of Directors
16	Shah	Tajel	Board of Directors
17	Silveira	Dara	Board of Directors
18	Singer	Susanna	Board of Directors
19	Solomon	Barbara	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Springwater	Richard	Board of Directors
21	Tatsuno	Yvonne	Board of Directors
22			
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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
Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
Hom Homelessness and Supportive Housing	bryn.miller@sfgov.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)
DESCRIPTION OF AMOUNT OF CONTRACT \$3,415,613.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Hope House for Veterans, Hope House (Consolidated).		

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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Gilbert	A1	CEO
2	Davis	Marvin	CFO
3	Quiroz	Yohana I	COO
4	Brook	Dr Oliver	Board of Directors
5	Costello	Daniel	Board of Directors
6	Nalls	Clifford	Board of Directors
7	Neal	Kathy	Board of Directors
8	Orias	Michael	Board of Directors
9	Rojo	Peter	Board of Directors
10	wafer	Deborah	Board of Directors
11	Bobulsky	Susan	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.		

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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
Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Glide	TELEPHONE NUMBER 415-674-6070
STREET ADDRESS (including City, State and Zip Code) 330 Ellis St, 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)
DESCRIPTION OF AMOUNT OF CONTRACT \$578,559.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Glide Cecil Williams Community House.		

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	Water	Malcolm	CEO
2	McMillen	Rosalia Aquino	CFO
3	Turner	Angelo	COO
4	Foster	Kaye	Board of Directors
5	Glide	Mary	Board of Directors
6	Glad	Crickette Brown	Board of Directors
7	Archibong	Ime	Board of Directors
8	Cohen	Emily	Board of Directors
9	Weiner	Ross	Board of Directors
10	L. Flick	Cheryl	Board of Directors
11	Lawson	Dr. Erica	Board of Directors
12	Collins	Paula R.	Board of Directors
13	Layne	Tracy	Board of Directors
14	Magee	Allison L.	Board of Directors
15	Mendoza	Hydra	Board of Directors
16	Osberg	Sharon	Board of Directors
17	Ryle	Mark	Board of Directors
18	walker	Virginia	Board of Directors
19			

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.

<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:

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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
Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
Hom Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Hamilton Families	TELEPHONE NUMBER 415-321-2612
STREET ADDRESS (including City, State and Zip Code) 273 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)
DESCRIPTION OF AMOUNT OF CONTRACT \$1,043,773.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Hamilton Families Rapid Re-Housing.		

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	Noon	Kyriell	CEO
2	Sanders	Valerie	CFO
3	Kim	Kenneth	COO
4	Buck	Paige	Board of Directors
5	Bernstein	Ruth	Board of Directors
6	Basler	Julian	Board of Directors
7	Bloom	Marissa	Board of Directors
8	Florendo	Lauren	Board of Directors
9	Goldin	David	Board of Directors
10	Jackson	Rebecca	Board of Directors
11	Kurtze	DJ	Board of Directors
12	Lane	Jessica	Board of Directors
13	Maidenberg	Ted	Board of Directors
14	Moreno	Karina	Board of Directors
15	Toland	Susan	Board of Directors
16	Boutiette	Dale	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
Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Larkin Street Youth Services	TELEPHONE NUMBER 415-673-0911
STREET ADDRESS (including City, State and Zip Code) 134 Golden Gate Ave, 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)
DESCRIPTION OF AMOUNT OF CONTRACT \$1,193,455.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Larkin Street YAC collaborative, Geary House, Rapid Re-Housing for TAY.		

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	Adams	Sherilyn	CEO
2	Middlebrooks	Al	CFO
3	VanAlstyne	Bryn	COO
4	Roos	Eric	Board of Directors
5	Elias	Marcie	Board of Directors
6	valentine	D	Board of Directors
7	Shapiro	sally	Board of Directors
8	Cameron	cecily	Board of Directors
9	Grossman	Blake	Board of Directors
10	Obaro	Bambo	Board of Directors
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Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Mercy Housing	TELEPHONE NUMBER 415-355-7100
STREET ADDRESS (including City, State and Zip Code) 1390 Misson Street San Francisco 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
DESCRIPTION OF AMOUNT OF CONTRACT \$2,274,072.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: 95 Laguna, Bayview Hill Gardens, Richardson Hall / 55 Laguna, 600 7th.		

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	Guerro	Ismael	CEO
2	Bruni	Angela	CFO
3	walsh	Dee	COO
4	Cochran	Patricia	Board of Directors
5	Perez	Katherine Aguilar	Board of Directors
6	Bertges	JoAnn	Board of Directors
7	Busch	Barbara	Board of Directors
8	Byers	Tom	Board of Directors
9	Camacho	Yvonne	Board of Directors
10	Eck	Patricia	Board of Directors
11	Francis	Charlie	Board of Directors
12	Gerety	Jane	Board of Directors
13	Hejna	Diane	Board of Directors
14	Jackson	David	Board of Directors
15	Jutte	Doug	Board of Directors
16	kelley	Barbara	Board of Directors
17	Neumann	Paul	Board of Directors
18	Powell	John	Board of Directors
19	ROSS	Sam	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
Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
Hom Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Mission Housing Development Corporation	TELEPHONE NUMBER 415-864-6432
STREET ADDRESS (including City, State and Zip Code) 474 Valencia St # 280, 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)
DESCRIPTION OF AMOUNT OF CONTRACT \$475,738.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Mission Housing South Park Residences, Juan Pifarre Plaza.		

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	Ybarra	Richard	CEO
2	Alioto	Sebastian	CFO
3	Gonzalez	Beiling	COO
4	Gonzales	Irving	Board of Directors
5	So	Musetta	Board of Directors
6	Gomez-Benitez	Fernando	Board of Directors
7	Rosales	Mara	Board of Directors
8	Layman	Jon	Board of Directors
9	Kosheleva-Coats	Julia	Board of Directors
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Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
Hom Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Reality House West	TELEPHONE NUMBER 415-920-1351
STREET ADDRESS (including City, State and Zip Code) 380 Eddy 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)
DESCRIPTION OF AMOUNT OF CONTRACT \$1,782,754.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Cadillac/William Penn.		

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	Looper	Katherine	CEO
2	Fung	Cindy	CFO
3	wilson	Julius	COO
4	Clark	Joel	Board of Directors
5	James	Maurice	Board of Directors
6	Zamora	Elaine	Board of Directors
7	Looper	Camlo	Board of Directors
8	Harbinski	Christine	Board of Directors
9	wood	Gayle	Board of Directors
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#	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 #:

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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
Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR SF Network Ministries Housing Corporation	TELEPHONE NUMBER 415-643-7861
STREET ADDRESS (including City, State and Zip Code) P.O. Box 40369, San Francisco, CA 94140	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
DESCRIPTION OF AMOUNT OF CONTRACT \$2,309,776.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Housing for Survivors.		

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	Eby	Toni	CEO
2	Moore	Kirtsten	COO
3	Ma	Colleen	Board of Directors
4	Joshi	Holly	Board of Directors
5	Sum	Juliann	Board of Directors
6	Ly	Mattison	Board of Directors
7	Plummer	Noël	Board of Directors
8	Núñez	Sandra	Board of Directors
9	Saxton	Sean	Board of Directors
10	Philip	Susan	Board of Directors
11	Monson	Susie	Board of Directors
12	Comelo	Anil	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.

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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
Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR St. Vincent de Paul	TELEPHONE NUMBER 415-977-1270
STREET ADDRESS (including City, State and Zip Code) 1175 Howard Street 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)
DESCRIPTION OF AMOUNT OF CONTRACT \$1,488,342.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Housing for Survivors TH-RRH		

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	Stark	Joe	Board of Directors
2	Vega	Belinda	Board of Directors
3	Fourre	Kathleen	Board of Directors
4	Cooney	Joseph	Board of Directors
5	Arbouex	Martha	Board of Directors
6	Adams	Bernadine M.	Board of Directors
7	Chami	Nagi	Board of Directors
8	Brosnahan	Brian	Board of Directors
9	Bryan	Gregory	Board of Directors
10	Germano	Aleece	Board of Directors
11	English	Margi	Board of Directors
12	Dutton	Lois	Other Principal Officer
13	Balauro	Estella	CFO
14	Keeling	Phillip	Other Principal Officer
15	Van Tassell	Lori	COO
16	Barr	Salvador	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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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
Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Swords to Plowshares	TELEPHONE NUMBER 415 727-8387
STREET ADDRESS (including City, State and Zip Code) 1060 Howard 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)
DESCRIPTION OF AMOUNT OF CONTRACT \$2,144,008.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Veterans Commons, Mission Bay, Veterans Academy at the Presidio, Rental Assistance for Homeless Veterans II, Rental Assistance for Homeless Veterans I.		

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	Blecker	Michael	CEO
2	Garner	Tramecia	CFO
3	Chen	Steven	COO
4	Thiel	Michael	Board of Directors
5	Cane	Julie	Board of Directors
6	Fassler	Michael	Board of Directors
7	Cox	Paul	Board of Directors
8	Deksheniaks	Michael	Board of Directors
9	Edwards	Erik	Board of Directors
10	Guy	Dottie	Board of Directors
11	Marquez	John	Board of Directors
12	Ordon	Placido "Joe"	Board of Directors
13	Richardson	Kate	Board of Directors
14	Saavedra	Barbara	Board of Directors
15	Seymour	Deleano "Del"	Board of Directors
16	Steward	Seth	Board of Directors
17	Williamson	Diane	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
Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Tenderloin Housing Clinic	TELEPHONE NUMBER 415-885-3286
STREET ADDRESS (including City, State and Zip Code) 126 Hyde 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)
DESCRIPTION OF AMOUNT OF CONTRACT \$6,346,144.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Garland (formerly Baldwin House), National Crown and Winton.		

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	Shaw	Randy	CEO
2	Tang	Wynne	CFO
3	Allen	Tabitha	COO
4	Tiedemann	Chris	Board of Directors
5	Brophy	Ken	Board of Directors
6	Pujals	Fernando	Board of Directors
7	Aguilar	Enrique	Board of Directors
8	wilson	Randy	Board of Directors
9	Ruiz	Gabriella	Board of Directors
10	Vaughn	Kathy	Board of Directors
11	Crawford	Majeid	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>
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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
Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.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 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)
DESCRIPTION OF AMOUNT OF CONTRACT \$547,848.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Rapid rehousing and support services to 14 youth households per year.		

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	Jackson-Morgan	Joi	CEO
2	Nero	Joanna	CFO
3	Cruz Lopez	Claudia	COO
4	Magee	Michelle	Board of Directors
5	Davenport	Susan	Board of Directors
6	Relyea	Jackie	Board of Directors
7	Fallon	Laura	Board of Directors
8	Kunene	Glen	Board of Directors
9	Davidson	Sam	Board of Directors
10	Savage	Michael	Board of Directors
11	Rodriguez	Jose A	Board of Directors
12	Rouskey	Craig	Board of Directors
13	Eng	Vanessa	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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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 #:

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
Legislative Clerks Division	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
Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Tenderloin Neighborhood Development Corporation	TELEPHONE NUMBER 415-776-2151
STREET ADDRESS (including City, State and Zip Code) 201 Eddy St, 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)
DESCRIPTION OF AMOUNT OF CONTRACT \$8,616,581.00		
NATURE OF THE CONTRACT (Please describe) CoC 2023 award: 1300 Fourth Eddy and Taylor 1036 Mission Franciscan Towers TNDC Scattered Sites TNDC Folsom Dore Franciscan Towers 2 Ambassador Hotel 180 Jones 78 Haight 4200 Geary		

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	Leon	Maurillio	CEO
2	Huey	Roxanne	CFO
3	Lamont	Katie	COO
4	Bohee	Tiffany	Board of Directors
5	McLean	Jme	Board of Directors
6	Johnson	Susan	Board of Directors
7	Edwards	Tracey	Board of Directors
8	Kroot	Dave	Board of Directors
9	wilson	Peter	Board of Directors
10	Barahona	Luis	Board of Directors
11	Martin	Freddy	Board of Directors
12	Puljas	Fernando	Board of Directors
13	Siswandi	Jennifer	Board of Directors
14	Skurdenis	Birute	Board of Directors
15	wolfe	Kathy	Board of Directors
16	Rock	Kathy	Board of Directors
17	Tharpe	Amy	Board of Directors
18	Vilkin	Greg	Board of Directors
19	Kim	Dr. Kenneth	Board of Directors

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20	Wong	Cynthia	Board of Directors
21	Young	Cheryl	Board of Directors
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Bryn Miller	415 279 0662
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR TODCO Development Co	TELEPHONE NUMBER 415-896-1880
STREET ADDRESS (including City, State and Zip Code) 230 4th 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)
DESCRIPTION OF AMOUNT OF CONTRACT \$651,150.00		
NATURE OF THE CONTRACT (Please describe) 2023 Continuum of Care award: Knox, Hotel Isabel		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
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<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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2	Kufman	Anne	CFO
3	Roberts	Elizabeth	COO
4	Gilbert	Albert	Board of Directors
5	Elberling	John	Board of Directors
6	Yee	Anna	Board of Directors
7	Sy	Bernadette	Board of Directors
8	Gansen	Karen	Board of Directors
9	Henmi	Dennis	Board of Directors
10	Laurel	Carla	Board of Directors
11	Pacia	Michael	Board of Directors
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