



San Francisco Ethics Commission

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ethics.commission@sfgov.org . www.sfethics.org

Received On: 08-04-2025 | 17:51:30 PDT

File #: 250579

Bid/RFP #: 1177

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
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
Tahir Shaikh	415-557-6085
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
045 Human Services Agency	tahir.shaikh@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Self-Help for the Elderly	TELEPHONE NUMBER 4156777600
STREET ADDRESS (including City, State and Zip Code) 731 Sansome Street, Suite 100, San Francisco, CA 94111	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 7/29/2025	ORIGINAL BID/RFP NUMBER 1177	FILE NUMBER (If applicable) 250579
DESCRIPTION OF AMOUNT OF CONTRACT NTE \$11,125,299		
NATURE OF THE CONTRACT (Please describe) The purpose of this grant is to provide congregate nutrition services to older adults in an in-person congregate setting. Services include meals, nutrition education, nutrition risk screening, and opportunities for socialization. Congregate nutrition services support individuals to live independently in their own homes and communities, help ensure health and well-being through improved nutrition and reduced isolation and serve as an access point for other home and community-based services.		

7. COMMENTS

8. CONTRACT 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	TYPE
1	Chung	Anni	CEO
2	Nait	Leny	CFO
3	Au	Yat-Pat	Other Principal Officer
4	Lau	Joseph	Other Principal Officer
5	Mui	Magdalen	Other Principal Officer
6	Wong	Vicky	Other Principal Officer
7	Chang	Mary	Other Principal Officer
8	Lee	Jerry	Other Principal Officer
9	Schulte	William	Other Principal Officer
10	Zen	Paul	Other Principal Officer
11	Chen	Angel	Other Principal Officer
12	Jay	Nicholas	Other Principal Officer
13	Li	Dominic	Other Principal Officer
14	Sum	Dickson	Other Principal Officer
15	Chang	Tilly	Other Principal Officer
16	Low	Dr. Randal	Other Principal Officer
17	Wong	Sebastian	Other Principal Officer
18	Kaung	Janie	Other Principal Officer
19			

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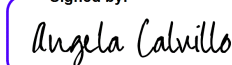
☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

Signed by:

 988C8F42C3084B5
 Angela Calvillo

DATE SIGNED

08-04-2025 | 17:51:30 PDT