



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 #:

200093

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
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
PHILLIP COFFIN	415-437-6282
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH DEPARTMENT OF PUBLIC HEALTH	phillip.coffin@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Harm Reduction Coalition	TELEPHONE NUMBER (510) 444-6969
STREET ADDRESS (including City, State and Zip Code) 1440 Broadway, Suite 902, Oakland, CA 94612	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 200093
DESCRIPTION OF AMOUNT OF CONTRACT \$120,511		
NATURE OF THE CONTRACT (Please describe) SFDPH will partner with the DOPE Project of the Harm Reduction Coalition to implement an overdose prevention program in Single Room Occupancy (SRO) hotel rooms. The DOPE Overdose Prevention Coordinator will in coordination with the Heluna Health/DPH Project Manager and will recruit, train, and provide ongoing support to the TORO peers in SROs.		

7. COMMENTS
Harm Reduction is a 501 (c) 3 Nonprofit with a Board of Directors

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	Sherman	Susan	CEO
2	Barbour	Russell	Board of Directors
3	Kinzly	Mark	Board of Directors
4	Kral	Alex H.	Board of Directors
5	McIntosh	Marcia S.	CFO
6	PILLAI	NANDINI	Other Principal officer
7	STAMPLER	JULIE	Shareholder
8	LARRIETT	DAKARAI	Shareholder
9	RAMIREZ	LISA	Shareholder
10	ROIG	CARLOS	Shareholder
11	FUENTES	TINO	Shareholder
12	GREEN	CORRINE	Shareholder
13	TOOKES	HANSEL	Shareholder
14	PICK	WILLIAM O.	Shareholder
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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>
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