

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

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s): <b>Members, Board of Supervisors</b>	City elective office(s) held: <b>Members, Board of Supervisors</b>
<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: <b>University of California San Francisco, Citywide</b>	
<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>	
<b>1. N/A</b> <b>2. Fumi Mitsuishi, MD, MS, Division Director</b> <b>Constance Revore, MSSW, MBA, Division Administrator</b> <b>Carrie Cunningham, MD, MPH, Division Medical Director</b> <b>3. N/A</b> <b>4. N/A</b> <b>5. N/A</b>	
Contractor address: <b>982 Mission, St, San Francisco, CA 94103</b>	
Date that contract was approved:	Amount of contract: <b>\$434,625 (Year 1); \$425,669 (Year 2); and \$437,926 (Year 3)</b>
Describe the nature of the contract that was approved: <b>The contract would provide comprehensive client assessment and produce a modified Treatment Plan to address full range of client stabilization.</b>	
Comments:	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form (Mayor, London N. Breed)

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

<b>Filer Information</b> <i>(Please print clearly.)</i>	
Name of filer: <b>Angela Calvillo, Clerk of the Board</b>	Contact telephone number: <b>(415) 554-5184</b>
Address: <b>City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102</b>	E-mail: <b>Board.of.Supervisors@sfgov.org</b>

\_\_\_\_\_  
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