



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

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Received On: 06-06-2025 | 16:11:19 PDT

File #: 250457

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>
Dylan Schneider	628.652.7742
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HOM Homelessness and Supportive Housing	dylan.schneider@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, 3rd Floor, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 6/3/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250457
DESCRIPTION OF AMOUNT OF CONTRACT NTE \$72,297,684		
NATURE OF THE CONTRACT (Please describe)  Second amendment to the grant agreement between Episcopal Community Services and the Department of Homelessness and Supportive Housing ("HSH") for support services, property management, and master lease stewardship at the Alder, Crosby, Elm, Hillside, and Montone Hotels for permanent supportive housing for formerly homeless adults; extending the grant term by 24 months from June 30, 2025, for a total term of January 1, 2021, through June 30, 2027; increasing the agreement amount by \$25,138,285 for a new total amount not to exceed \$72,297,684.		

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	Rios	Austin K.	Board of Directors
2	Singer	Susanna	Board of Directors
3	Ketcham	Susan	Board of Directors
4	McTiernan	Megan	Board of Directors
5	Bond	Doug	Board of Directors
6	Christen	Sharon	Board of Directors
7	Geeslin	Keith	Board of Directors
8	Ho	Heidi	Board of Directors
9	Martinez	Alejandro	Board of Directors
10	Martin	Christian	Board of Directors
11	Silveira	Dara	Board of Directors
12	Solomon	Barbara	Board of Directors
13	Springwater	Richard	Board of Directors
14	Tennent	Meredith	Board of Directors
15	Stokes	Mary Elizabeth	CEO
16	Larra	Erica	CFO
17	Cordova	Mauricio	COO
18	Caritas Management Corp.		Subcontractor
19			

**9. AFFILIATES AND SUBCONTRACTORS**

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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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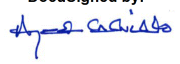
☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

**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.**

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

DocuSigned by:  
  
 988C8F42C3084B5  
 Angela Calvillo

**DATE SIGNED**

06-06-2025 | 16:11:19 PDT