



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: 06-08-2023 | 14:09:36 PDT

File #: 230537

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
Kelly Hiramoto	415-255-3492
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	kelly.hiramoto@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR HealthRIGHT 360	TELEPHONE NUMBER 415-762-3700
STREET ADDRESS (including City, State and Zip Code) 1563 Mission Street, San Francisco, CA 94103	EMAIL contracts@healthright360.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 06/06/2023	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230537
DESCRIPTION OF AMOUNT OF CONTRACT Not to Exceed \$107,416,172		
NATURE OF THE CONTRACT (Please describe) Provide check-writing services that enable the provision of community-based residential care facilities for adults and elderly people with mental illness, client wraparound services, out-of-network provider reimbursement, emergent behavioral health related needs, and emergency housing stabilization and related 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	Ireland	Diane	Board of Directors
2	Mitchell	Natalie	Board of Directors
3	Smart	Linda	Board of Directors
4	Graham	Bryan	Board of Directors
5	Torres	Timothy	Board of Directors
6	Holmes	Kathryn	Board of Directors
7	Gurley	Christopher	Board of Directors
8	Binder	Daniel	Board of Directors
9	Balan	Yener	Board of Directors
10	Pointer	Karen	Board of Directors
11	Mac Farlene	Raquel	Board of Directors
12	Pugh	Alex	Board of Directors
13	Thomas	Ahmad	Board of Directors
14	Venkatraman	Sankar	Board of Directors
15	Beaulieu	Natalie	Board of Directors
16	Eisen	Vitka	CEO
17	Duong	Tony	CFO
18	Valdes	Ana	Other Principal Officer
19	Anandasakaran	Jegan	COO

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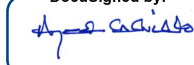
☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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

06-08-2023 | 14:09:36 PDT