



## 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](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 250514

Bid/RFP #: 1050

### 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>
Rocio Duenas	415-557-5507
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HSA Human Services Agency	rocio.duenas@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Institute on Aging	<b>TELEPHONE NUMBER</b> 415-314-8425
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3575 Geary Boulevard, San Francisco CA 94118	<b>EMAIL</b> tbriody@ioaging.org

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b> 1050	<b>FILE NUMBER (If applicable)</b> 250514
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$27,630,868		
<b>NATURE OF THE CONTRACT (Please describe)</b> Resolution approving the First Amendment between the City, acting by and through the Department of Disability and Aging Services, and Institute on Aging for the provision of the Community Living Fund Program, to extend the term by two years through June 30, 2027, and to increase the maximum expenditure by \$16,216,128 for a total not to exceed amount of \$27,630,868.		

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	Briody, MHSc	J. Thomas	CEO
2	Blades	Roxana R.	CFO
3	Browner	Warren	Board of Directors
4	Shih	Elizabeth	Board of Directors
5	Whitehead	Cynthia Diana	Board of Directors
6	Litvak	Marlene	Board of Directors
7	Benton	Donna	Board of Directors
8	Brinton	Lynn	Board of Directors
9	Briody	J. Thomas	Board of Directors
10	Fisher	H. Andrew	Board of Directors
11	Liu	Ruth	Board of Directors
12	Hinton	E. Anne	Board of Directors
13	Martin	Jeanne Parker	Board of Directors
14	Matacia	Theresa	Board of Directors
15	Pritchard	Joseph	Board of Directors
16	Walter	Louise	Board of Directors
17	Catholic Charities		Subcontractor
18	Self-Help for the Elderly		Subcontractor
19	Conard House		Subcontractor

**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**

**DATE SIGNED**

BOS Clerk of the Board