

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 #: 240618

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>7</b> 8
	X.

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 DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory	Wong	628-217-7608
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
3rd Street Youth Center and Clinic		(415) 82	2-1707
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1728 Bancroft Avenue San Francisco, CA 94124			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618
			240016
DESCRIPTION OF AMOUNT OF CONTRACT			
\$118,818			
NATURE OF THE CONTRACT (Please describe)			
Providing STD Evaluation, Screening and Testin	g for Youth	of Color.	
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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 ELECTIN	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Jackson-Morgan	Joi	Other Principal Officer		
2	Magee	Michelle	Board of Directors		
3	Davenport	Susan	Board of Directors		
4	Relyea	Jackie	Board of Directors		
5	Fallon	Laura	Board of Directors		
6	Kunene	Glen	Board of Directors		
7	Eng	Vanessa	Board of Directors		
8	Davidson	Sam	Board of Directors		
9	Savage	Michael	Board of Directors		
10	Rodriguez	Jose	Board of Directors		
11	Rouskey	Craig	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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	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 con	nplete.		
,			
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.		
, , , , , ,	J J		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
CLERK			
BOS Clerk of the Board			



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(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

```			
5. CONTRACTOR		r	
NAME OF CONTRACTOR		TELEPHONE NUMBER	
3rd Street Youth Center & Clinic		(415) 82	2-1707
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1728 Bancroft Ave, San Francisco, CA 94124			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	REP NUMBER	FILE NUMBER (If applicable)
No.			240618
DESCRIPTION OF AMOUNT OF CONTRACT	1		
\$407,502			
NATURE OF THE CONTRACT (Please describe)			
Providing STD Evaluation, Screening and Testin	g for Youth	of Color	
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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 ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Jackson-Morgan	Joi	Other Principal Officer		
2	Magee	Michelle	Board of Directors		
3	Davenport	Susan	Board of Directors		
4	Relyea	Jackie	Board of Directors		
5	Fallon	Laura	Board of Directors		
6	Kunene	Glen	Board of Directors		
7	Eng	Vanessa	Board of Directors		
8	Davidson	Sam	Board of Directors		
9	Savage	Michael	Board of Directors		
10	Rodriguez	Jose	Board of Directors		
11	Rouskey	Craig	Board of Directors		
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COIIC	contract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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**DATE SIGNED** 

#### SAN FRANCISCO ETHICS COMMISSION – SFEC Form 126(f)4 v.12.7.18

BOS Clerk of the Board

**CLERK** 



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AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>7</b> 8
	X.

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
APA Family Support Services		(415) 61	7-0061
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
10 Nottingham Place, San Francisco, CA 94133			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618
R			240010
DESCRIPTION OF AMOUNT OF CONTRACT			
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Provide support for oral health program	9		
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Provide support for oral health program			
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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			
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THE BOARD OF A STATE ASSESSOR ON WHICH AN ADDOLUTES OF	THE CITY ELECTIV	/F OFFICER/C\ ::	DENITIES ON THE FORM CITC
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	INE CITY ELECTIV	E OFFICEK(S) II	DEMITTED ON THIS FOKIVI SITS
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Lam	Fanny	Other Principal Officer
2	Chung	Rose	Board of Directors
3	Chen	Cary	Board of Directors
4	Huie	Jacqueline	Board of Directors
5	Hoxie	Julie	Board of Directors
6	Tso	Joyce	Board of Directors
7	Culp	Kimberly	Board of Directors
8	Diep	Van	Board of Directors
9	Lam	Kory	Board of Directors
10	Ng	Jennifer	Board of Directors
11	Sung	Susan	Board of Directors
12	Yao	Dean	Board of Directors
13	Trac	Sonya	Board of Directors
14	White	Shu	Board of Directors
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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		



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Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong		628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Baker Place/PRC		415-777-	0333
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
170 9th St, San Francisco, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>S</mark>			240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$500,000			
NATURE OF THE CONTRACT (Please describe)			
Providing MH/SUD program services	9		
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7. COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Teng	Chuan	Other Principal Officer
2	Schneider	Brian	Board of Directors
3	Schroeder	Tim	Board of Directors
4	Gonzalez	Nelson	Board of Directors
5	Ishida	Ryo	Board of Directors
6	Michaels	Jacques	Board of Directors
7	Niczyporuk	Michael	Board of Directors
8	Papilion	Zack	Board of Directors
9	Smith	Darren	Board of Directors
10	Wiley	Nichole	Board of Directors
11	Day	Lukejohn	Board of Directors
12	Frieman	Josh	Board of Directors
13	Hartke	Colin	Board of Directors
14	ку1е	Michael	Board of Directors
15	Prevost	Tamarah	Board of Directors
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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 **DATE SIGNED**

BOS Clerk of the Board

**CLERK** 



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TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>10</b>
	X.

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 DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory	Wong	628-217-7608
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

<u> </u>			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Bayview Hunter Point Foundation		(415) 468-5100	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
150 Executive Park Blvd, Suite 2800, San Franc	isco, CA		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$593,926			
NATURE OF THE CONTRACT (Please describe)			
Providing MH/SUD program services	9		
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7. COMMENTS			
G CONTRACT APPROVAL			
8. CONTRACT APPROVAL This contract was approved by:			
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 ELECTIN	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Bouquin	James	Other Principal Officer
2	Watson	Susan	Board of Directors
3	Fuller	Wayzel	Board of Directors
4	Everlart	Claude	Board of Directors
5	Kendrix	James	Board of Directors
6	Cray	Adam	Board of Directors
7	Colson	Chuck	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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
Gregory Wong		628-217-7608
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
California Invasive Plant Council		(510) 84	3-3902	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1442-A Walnut St. #462, Berkeley, CA 94709				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$42,420				
NATURE OF THE CONTRACT (Please describe)				
To restore specified marshes by replanting nat	ive cordara	ss and mar	sh gumnlant.	
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				

THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES

Board of Supervisors

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Giessow	Jason	Board of Directors	
2	Kerr	Drew	Board of Directors	
3	Major	Matt	Board of Directors	
4	Ponce	Stephanie	Board of Directors	
5	Arenas	Alys	Board of Directors	
6	Chapple	Tanya	Board of Directors	
7	Gibson	Doug	Board of Directors	
8	Godfrey	Sarah	Board of Directors	
9	кlock	Metha	Board of Directors	
10	Kwong	Michael	Board of Directors	
11	Meyer	Tanya	Board of Directors	
12	Mila	LeeAnne	Board of Directors	
13	Oneto	Scott	Board of Directors	
14	Quon	Laurie	Board of Directors	
15	Reyes	Tom	Board of Directors	
16	Trinidad	Marcos	Board of Directors	
17	Valliere	Justin	Board of Directors	
18	Johnson	Doug	Other Principal Officer	
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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		



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 #: 240618

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>10</b>
	X.

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
Gregory Wong		628-217-7608
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
CARECEN		(415) 64	2-4400
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3101 Mission St Suite #101, San Francisco, CA	94110		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Provide support for oral health program	9		
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Provide support for oral health program			
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 ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Dugan-Cuadra	Lariza	Other Principal Officer		
2	Artiga	Jose	Board of Directors		
3	Asturias	Elena	Board of Directors		
4	Co11	Kathleen	Board of Directors		
5	Flores	Carmen	Board of Directors		
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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 DATE SIGNED		
CLERK		
BOS Clerk of the Board		



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 #: 240618

Bid/RFP #:

1

## **Notification of Contract Approval**

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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
Gregory Wong		628-217-7608
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Catholic Charities - Peter Claver		(415) 749-3800	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
990 Eddy St San Francisco CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$180,336			
NATURE OF THE CONTRACT (Please describe)			
To provide attendant care services in complian Centered Services to multiply diagnosed indiviprogram in San Francisco with a special focus HIV/AIDS.	duals at Pe on the uniq	ter Claver ue needs o	Community an RCFCI f persons living with
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Ond Killy			
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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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Cordileone	Salvatore	Board of Directors
2	Dahik	Adriana	Board of Directors
3	Smith	Barbara	Board of Directors
4	whelan	Christine	Board of Directors
5	Bojorquez	Diana	Board of Directors
6	Hammerle	Ellen	Board of Directors
7	Gonzalez	Eleanor	Board of Directors
8	Kostelni	Hugo	Board of Directors
9	Pohlman	Jack	Board of Directors
10	Leupp	Јау	Board of Directors
11	Sangiacomo	Jim	Board of Directors
12	Boerio	Joe	Board of Directors
13	Sala	John	Board of Directors
14	Borromeo	Theodore	Board of Directors
15	Grogan	Kathleen	Board of Directors
16	Cullinane	Lisa	Board of Directors
17	Ikeda	Lisa	Board of Directors
18	Mirek	Lori	Board of Directors
19	Reynaud	Louis	Board of Directors

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
20	Aquino	Marc	Board of Directors		
21	Ghilotti	Michael	Board of Directors		
22	Cuadro	Nicole	Board of Directors		
23	woody	Patrick	Board of Directors		
24	Clark	Philip	Board of Directors		
25	Kearney	Philip	Board of Directors		
26	Nascimento	Daniel	Board of Directors		
27	Reyes	Raymund	Board of Directors		
28	Landis	Scott	Board of Directors		
29	MInerney	Maureen	Board of Directors		
30	Firmel	Susie	Board of Directors		
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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 o	f 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		



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 #: 240618

Bid/RFP #:

1

# **Notification of Contract Approval**

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
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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 DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory	Wong	628-217-7608
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
Children's Council of San Francisco		(415) 27	6-2900
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
\$150,000			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>\</mark>			240618
DESCRIPTION OF AMOUNT OF CONTRACT	1		
150,000			
NATURE OF THE CONTRACT (Please describe)			
Provide outreach to targeted populations	9		
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Provide outreach to targeted populations			
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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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Fischer	Eric	Other Principal Officer		
2	Abbas	Rehana	Board of Directors		
3	Renschler	Amanda	Board of Directors		
4	Dusedau	Marga	Board of Directors		
5	Benavidez	Dominique	Board of Directors		
6	Butler	Omar	Board of Directors		
7	Cato	Thandiwe	Board of Directors		
8	Hilberman	Jessica	Board of Directors		
9	Jacobson	Amanda	Board of Directors		
10	Lacob	Molly	Board of Directors		
11	Levinson	Jake	Board of Directors		
12	Page	Farris	Board of Directors		
13	Sims	Deborah	Board of Directors		
14	Warehouse	Maegan	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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 **DATE SIGNED CLERK** BOS Clerk of the Board



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 #: 240618

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
	100
	Y <sub>X</sub>
	Y <sub>A</sub>

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 DE	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory	Wong	628-217-7608
FULL DEPART	TMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Curry Senior Center		(415) 920-1351	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
333 Turk Street, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$114,273			
NATURE OF THE CONTRACT (Please describe)			
Provides support for older adults with menta losing their houses	health is:	sues and a	re homeless or risk of
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losing their houses			
7 CONAMENTS			
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 ACTIVITY ON WHICH AN ARROWS	THE CITY E: ECT.	(F. OFFICER/C) ::	DENITIFIED ON THIS FORM SITS
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Kengo	David	Other Principal Officer		
2	Quitugua	Shirley	Board of Directors		
3	Illig	Jim	Board of Directors		
4	Sklar	Diane	Board of Directors		
5	Bickham	David	Board of Directors		
6	Norton	Alycia	Board of Directors		
7	Kukendall	Brittany	Board of Directors		
8	Dwyer	Diane	Board of Directors		
9	Lincecum	Hannah	Board of Directors		
10	Spinola-Schwartz	Isis	Board of Directors		
11	Guerrero Huh	Ja Eun	Board of Directors		
12	McKinnon	John	Board of Directors		
13	Davila	Jonrie	Board of Directors		
14	Sullivan	Richard	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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.

# 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 BOS Clerk of the Board



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Received On:

File #: 240618

1

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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
Gregory \	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Dolores Street Community Services		(415) 282-6209	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
938 Valencia Street, San Francisco, CA94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$240,656			
NATURE OF THE CONTRACT (Please describe)			
To improve and maintain the health of our resine health care and other supportive services.			
	<b>.</b> C	170	
mearth care and other supportive services.			
7. COMMENTS			
a contract approval			
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 EI ECTIV	/E UEEICED(S) II	DENTIFIED ON THIS FORM SITS
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	IL OFFICER(3) II	PERMITTED OR THIS FORMS 3113

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Valdez	Laura	Other Principal Officer			
2	Cameron	Anjali	Board of Directors			
3	Hernandez Jr	Pedro	Board of Directors			
4	Lin	Kani	Board of Directors			
5	Tanaka	Chelsey	Board of Directors			
6	Winn	Michael	Board of Directors			
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cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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	f 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	



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Bid/RFP #:

# **Notification of Contract Approval**

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>7</b> 8
	X.

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
Gregory Wong		628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Facente Consulting		415-999-	1310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
5601 Van Fleet Ave Richmond, CA 94804			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	<b>FILE NUMBER (</b> <i>If applicable</i> <b>)</b> 240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$60,000			
NATURE OF THE CONTRACT (Please describe)	)		
Provide a wide range of public health consulti	ng services		
	S.	<b>X</b>	
St. Othor Market			
		Q	<b>6</b>
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 ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

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.

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Facente	Shelly	Board of Directors
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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		



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 #: 240618

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>7</b> 8
	X.

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 DE	EPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Gregory	Wong	628-217-7608	
FULL DEPART	TMENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Felton Institute		(415) 47	4-7310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>S</mark>			240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$22,350			
NATURE OF THE CONTRACT (Please describe)			
Fiscal Intermediary	9		
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		JON CO.	
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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 ELECTIV	/F OFFICER(S) II	DENTIFIED ON THIS FORM SITS
I I DOARD OF A STATE AGENCY ON WHICH AN AFFORNIEE OF	CITT LLECTIV	L OITICEN(3) II	DETAILING ON THIS LOUISI SHIS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Gilbert	АТ	Other Principal Officer		
2	wood	George	Board of Directors		
3	Steele	Tamara	Board of Directors		
4	Neal	Kathy	Board of Directors		
5	Bobulsky	Susan	Board of Directors		
6	Brooks	Oliver	Board of Directors		
7	Costello	Daniel	Board of Directors		
8	Nails	Clifford	Board of Directors		
9	Rojo	Peter	Board of Directors		
10	Vinson	Sarah	Board of Directors		
11	Wafer	Deborah	Board of Directors		
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COIIC	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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 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 BOS Clerk of the Board



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 #: 240618

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

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	
	$Q_{\lambda}$

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	
Gregory \	Wong	628-217-7608	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE N	IUMBER
Felton Institute	(415) 47	4-7310
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
1500 Franklin Street, San Francisco, CA 94109		
6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT		
\$20,000		
NATURE OF THE CONTRACT (Please describe)		
Provides mental health technical assistance to	Community based MH c	risis response to trauma
	S. Ondry	
	No.	
	.0	<b>A</b>
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 OEELCED/S) II	DENTIFIED ON THIS FORM SITS
THE BOARD OF A STATE AGENCT ON WHICH AN APPOINTEE OF	THE CITY LEECTIVE OFFICER(S) II	PERMITED ON THIS FOUND 3113

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Gilbert	Al	Other Principal Officer		
2	Steele	Tamara	Board of Directors		
3	wood	George	Board of Directors		
4	Neal	Kathy	Board of Directors		
5	Bobulsky	Susan	Board of Directors		
6	Brooks	Oliver	Board of Directors		
7	Costello	Daniel	Board of Directors		
8	Nails	Clifford	Board of Directors		
9	Rojo	Peter	Board of Directors		
10	Vinson	Sarah	Board of Directors		
11	Wafer	Deborah	Board of Directors		
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,	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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.

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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 #: 240618

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>7</b> 8
	X.

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		
Gregory Wong		628-217-7608		
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL		
DPH	Department of Public Health	greg.wong@sfdph.org		

5. CONTRACTOR						
NAME OF CONTRACTOR		TELEPHONE NUMBER				
Felton Institute		(415) 47	4-7310			
STREET ADDRESS (including City, State and Zip Code)		EMAIL				
1500 Franklin Street, San Francisco, CA 94109						
6. CONTRACT						
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618			
DESCRIPTION OF AMOUNT OF CONTRACT						
\$639,000						
NATURE OF THE CONTRACT (Please describe)						
Teen Pregnancy & Parenting Program						
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7. COMMENTS						
9 CONTRACT ADDROVAL						
8. CONTRACT APPROVAL This contract was approved by:						
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS			

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Gilbert	Al	Other Principal Officer		
2	wood	George	Board of Directors		
3	Steele	Tamara	Board of Directors		
4	Neal	Kathy	Board of Directors		
5	Bobulsky	Susan	Board of Directors		
6	Brooks	Oliver	Board of Directors		
7	Costello	Daniel	Board of Directors		
8	Nails	Clifford	Board of Directors		
9	Rojo	Peter	Board of Directors		
10	Vinson	Sarah	Board of Directors		
11	Wafer	Deborah	Board of Directors		
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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.		
, , , , , ,	J J	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
CLERK		
BOS Clerk of the Board		



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 #: 240618

1

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	<b>♂</b> .
AMENDMENT DESCRIPTION – Explain reason for amendment	
	6
	YX.
	<b>8</b>

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
Gregory Wong		628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Felton Institute		(415) 47	4-7310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618
₹ <mark>0</mark>			240010
DESCRIPTION OF AMOUNT OF CONTRACT	•		
\$155,359			
NATURE OF THE CONTRACT (Please describe)			
Provides mental health technical assistance to			
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		AX.	
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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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

1	LAST NAME/ENTITY/SUBCONTRACTOR Gilbert	FIRST NAME	ТҮРЕ
1	Gilbert		
		ГА	Other Principal Officer
2	Wood	George	Board of Directors
3	Steele	Tamara	Board of Directors
4	Neal	катну	Board of Directors
5	Bobulsky	Susan	Board of Directors
6	Brooks	Oliver	Board of Directors
7	Costello	Daniel	Board of Directors
8	Nalls	Clifford	Board of Directors
9	Rojo	Peter	Board of Directors
10	Vinson	Sarah	Board of Directors
11	Wafer	Deborah	Board of Directors
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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			
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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			



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Received On:

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1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>7</b> 8
	X.

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Harm Reduction Therapy Center		(415) 86	3-4282
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
21 Merlin St San Francisco CA 94107			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>0</mark>			240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$43,243			
NATURE OF THE CONTRACT (Please describe)			
Provide Clinical Consultation Services to LING	frontline :	staff	
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Y,			
S. S			
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			
33.3.3.3.3.3.3.3.3			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
	C LELCITY		

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Berg	Anna	Other Principal Officer			
2	Norman	Eileen	Board of Directors			
3	Dennison	Sam	Board of Directors			
4	Jones	Suki	Board of Directors			
5	Ligon	Esker-D	Board of Directors			
6	Borne	Deborah	Board of Directors			
7	Castello	Justin	Board of Directors			
8	Pinal	Ale	Board of Directors			
9	Leonard-Wookey	Anat	Board of Directors			
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COIIC	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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10. VERIFICATION		
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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		



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# **Notification of Contract Approval**

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<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>7</b> 8
	X.

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
HealthRight 360		800-200-	7181	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1563 Mission St, SF, CA 94103				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	<b>FILE NUMBER (</b> <i>If applicable</i> <b>)</b> 240618	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$152,000				
NATURE OF THE CONTRACT (Please describe)				
Provides Fiscal Intermediary services	9			
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Provides Fiscal Intermediary services				
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A DOADD ON WILLOUT HE CITY ELECTIVE OFFICEDIC CEDIVE				
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 ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Eisen	Vitka	Other Principal Officer		
2	Ireland	Diane	Board of Directors		
3	Venkatraman	Sankar	Board of Directors		
4	Binder	Daniel	Board of Directors		
5	Balan	Yener	Board of Directors		
6	Beaulieu	Natalie	Board of Directors		
7	Boulos	Rodrigo	Board of Directors		
8	Graham	Bryan	Board of Directors		
9	Holmes	Kathryn	Board of Directors		
10	Pierluissi	Talia	Board of Directors		
11	Pointer	Karen	Board of Directors		
12	Pugh	Alex	Board of Directors		
13	Thomas	Ahmad	Board of Directors		
14	Torres	Timothy	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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

# 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 BOS Clerk of the Board



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 #: 240618

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	
	30
	$Q_{\lambda}$

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
Gregory Wong		628-217-7608
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
HealthRight 360		800-200-	7181
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1563 Mission St, SF, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$224,190			
NATURE OF THE CONTRACT (Please describe)			
Fiscal Intermediary	9		
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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 ELECTIV	/F OFFICER/S) II	DENTIFIED ON THIS FORM SITS
The Board of A STATE ASSIST ON WHICH AN AFFORNIE OF	THE CITY LEECHIN	L OI I ICLIN(3) II	DEITH IED ON THIS FORMS 3113

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Eisen	Vitka	Other Principal Officer
2	Ireland	Diane	Board of Directors
3	Venkatraman	Sankar	Board of Directors
4	Binder	Daniel	Board of Directors
5	Balan	Yelen	Board of Directors
6	Beaulieu	Natalie	Board of Directors
7	Boulos	Rodrigo	Board of Directors
8	Graham	Bryan	Board of Directors
9	Holmes	Kathryn	Board of Directors
10	Pierluissi	Talia	Board of Directors
11	Pointer	Karen	Board of Directors
12	Pugh	Alex	Board of Directors
13	Thomas	Ahmad	Board of Directors
14	Torres	Timothy	Board of Directors
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COIIC	ract.		T
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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

**DATE SIGNED** 

#### SAN FRANCISCO ETHICS COMMISSION – SFEC Form 126(f)4 v.12.7.18

BOS Clerk of the Board

**CLERK** 



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 #: 240618

1

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

<u> </u>			
1. FILING INFORMATION			
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)		
	40		
Original	0,,		
AMENDMENT DESCRIPTION – Explain reason for amendment			
	<b>10</b>		
	X.		

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	
Gregory Wong		628-217-7608	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. C	ONTRACTOR			
NAN	NAME OF CONTRACTOR		TELEPHONE NUMBER	
Не	ealthright 360		800-200-	7181
STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
15	63 Mission St, SF, CA 94103			
6. C	ONTRACT			
DAT	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
	₹ <mark>o</mark>			240618
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$4	,328,200			
NAT	URE OF THE CONTRACT (Please describe)			
Pr	oviding MH/SUD program services	<b>9</b>		
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Providing MH/SUD program services				
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7. C	OMMENTS			
8_C	ONTRACT APPROVAL			
	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
Ш				
	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	HE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Eisen	Vitka	Other Principal Officer			
2	Ireland	Diane	Board of Directors			
3	Venkatraman	Sankar	Board of Directors			
4	Binder	Daniel	Board of Directors			
5	Balan	Yelen	Board of Directors			
6	Beaulieu	Natalie	Board of Directors			
7	Boulos	Rodrigo	Board of Directors			
8	Graham	Bryan	Board of Directors			
9	Holmes	Kathryn	Board of Directors			
10	Pierluissi	Talia	Board of Directors			
11	Pointer	Karen	Board of Directors			
12	Pugh	Alex	Board of Directors			
13	Thomas	Ahmad	Board of Directors			
14	Torres	Timothy	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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9. AFFILIATES AND SUBCONTRACTORS					
List t exec who	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	ТҮРЕ		
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	Check this box if you need to include ad Select "Supplemental" for filing type.	ditional names. Please submit a separate	form with complete information.		
	VERIFICATION				
	ve used all reasonable diligence in prepar wledge the information I have provided h	_	statement and to the best of my		
l ce	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
SIGI	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED				

BOS Clerk of the Board

**CLERK** 



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 #: 240618

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>10</b>
	X.

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	
Gregory Wong		628-217-7608	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Heluna Health		(800) 20	1-7320	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
13300 Crossroads Pkwy North Suite 450 CID CA 9	91746			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	<b>FILE NUMBER (</b> <i>If applicable</i> <b>)</b> 240618	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$52,707				
NATURE OF THE CONTRACT (Please describe)				
Providing program administration and support s	ervices - F	iscal Inte	rmediary	
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Trovianing program deministration and support services. Trocket Intermediation				
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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				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	ontract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Vetticaden	Santosh	Board of Directors		
2	Edwards	Carladenise	Board of Directors		
3	Jenks	Robert	Board of Directors		
4	Macarchuk	Nicole	Board of Directors		
5	Anyaoku	Nwando	Board of Directors		
6	Baker	Alexander	Board of Directors		
7	Bordenick	Jennifer	Board of Directors		
8	Garrido	Terhilda	Board of Directors		
9	Gorre	Celina	Board of Directors		
10	Joseph	Tamara	Board of Directors		
11	Lazzarini	Alessandro	Board of Directors		
12	Mago	Норе	Board of Directors		
13	Midura	Bonnie	Board of Directors		
14	O'Connor	Jean	Board of Directors		
15	Pryor	Virginia	Board of Directors		
16	Rich	Sarah	Board of Directors		
17	Cutler	Blayne	Other Principal Officer		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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

# 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 BOS Clerk of the Board



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 #: 240618

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

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>Y</b> O
	<b>'0</b> ,

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Gregory Wong		628-217-7608	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Heluna Health		(800) 201-7320	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
13300 Crossroads Pkwy North Suite 450 CID CA 9	1746		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$175,000			
NATURE OF THE CONTRACT (Please describe)			
Providing program administration and support s	ervices - F	iscal Tnte	rmediarv
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7. COMMENTS			
O CONTRACT APPROVAL			
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 ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.							
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ					
1	Vetticaden	Santosh	Board of Directors					
2	Edwards	Carladenise	Board of Directors					
3	Jenks	Robert	Board of Directors					
4	Macarchuk	Nicole	Board of Directors					
5	Anyaoku	Nwando	Board of Directors					
6	Baker	Alexander	Board of Directors					
7	Bordenick	Jennifer	Board of Directors					
8	Garrido	Terhilda	Board of Directors					
9	Gorre	Celina	Board of Directors					
10	Joseph	Tamara	Board of Directors					
11	Lazzarini	Alessandro	Board of Directors					
12	Mago	Норе	Board of Directors					
13	Midura	Bonnie	Board of Directors					
14	O'Connor	Jean	Board of Directors					
15	Pryor	Virginia	Board of Directors					
16	Rich	Sarah	Board of Directors					
17	Cutler	Blayne	Other Principal Officer					
18								
19								

COIIC	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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 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 BOS Clerk of the Board



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 #: 240618

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	<b>3</b> ,
AMENDMENT DESCRIPTION – Explain reason for amendment	
	<b>9</b> ,
	C,
	<b>'</b> O.

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
Gregory Wong		628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
неluna нealth		(800) 20	1-7320
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
13300 Crossroads Pkwy North Suite 450 CID CA 9	1746		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$93,008			
NATURE OF THE CONTRACT (Please describe)			
Providing program administration and support s	ervices - F	iscal Inte	rmediary
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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 ELECTIV	/F OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Vetticaden	Santosh	Board of Directors		
2	Edwards	Carladenise	Board of Directors		
3	Jenks	Robert	Board of Directors		
4	Macarchuk	Nicole	Board of Directors		
5	Anyaoku	Nwando	Board of Directors		
6	Baker	Alexander	Board of Directors		
7	Bordenick	Jennifer	Board of Directors		
8	Garrido	Terhilda	Board of Directors		
9	Gorre	Celina	Board of Directors		
10	Joseph	Tamara	Board of Directors		
11	Lazzarini	Alessandro	Board of Directors		
12	Mago	Норе	Board of Directors		
13	Midura	Bonnie	Board of Directors		
14	O'Connor	Jean	Board of Directors		
15	Pryor	Virginia	Board of Directors		
16	Rich	Sarah	Board of Directors		
17	Cutler	Blayne	Other Principal Officer		
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COIIC	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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

# 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 BOS Clerk of the Board



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 #: 240618

1

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>'</b> O
	Y <sub>X</sub>
	$\mathbf{Q}_{\lambda}$

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
Gregory Wong		628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
Heluna Health		(800) 20	1-7320
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
13300 Crossroads Pkwy North Suite 450 CID CA S	1746		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$187,876			
NATURE OF THE CONTRACT (Please describe)			
Providing program administration and support s	ervices - F	iscal Inte	rmediary
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7. COMMENTS			
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 ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

cont	ontract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Vetticaden	Santosh	Board of Directors	
2	Edwards	Carladenise	Board of Directors	
3	Jenks	Robert	Board of Directors	
4	Macarchuk	Nicole	Board of Directors	
5	Anyaoku	Nwando	Board of Directors	
6	Baker	Alexander	Board of Directors	
7	Bordenick	Jennifer	Board of Directors	
8	Garrido	Terhilda	Board of Directors	
9	Gorre	Celina	Board of Directors	
10	Joseph	Tamara	Board of Directors	
11	Lazzarini	Alessandro	Board of Directors	
12	Mago	Норе	Board of Directors	
13	Midura	Bonnie	Board of Directors	
14	O'Connor	Jean	Board of Directors	
15	Pryor	Virginia	Board of Directors	
16	Rich	Sarah	Board of Directors	
17	Cutler	Blayne	Other Principal Officer	
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COIIC	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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

# 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 BOS Clerk of the Board



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 #: 240618

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>10</b>
	X.

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Heluna Health		(800) 20	(800) 201-7320	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
13300 Crossroads Pkwy North Suite 450 CID CA S	1746			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
₹ <mark>S</mark>			240618	
DESCRIPTION OF AMOUNT OF CONTRACT	•			
\$32,491				
NATURE OF THE CONTRACT (Please describe)				
Providing program administration and support s	ervices - F	iscal Inte	rmediary	
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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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	
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cont	ontract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Vetticaden	Santosh	Board of Directors	
2	Edwards	Carladenise	Board of Directors	
3	Jenks	Robert	Board of Directors	
4	Macarchuk	Nicole	Board of Directors	
5	Anyaoku	Nwando	Board of Directors	
6	Baker	Alexander	Board of Directors	
7	Bordenick	Jennifer	Board of Directors	
8	Garrido	Terhilda	Board of Directors	
9	Gorre	Celina	Board of Directors	
10	Joseph	Tamara	Board of Directors	
11	Lazzarini	Alessandro	Board of Directors	
12	Mago	Норе	Board of Directors	
13	Midura	Bonnie	Board of Directors	
14	O'Connor	Jean	Board of Directors	
15	Pryor	Virginia	Board of Directors	
16	Rich	Sarah	Board of Directors	
17	Cutler	Blayne	Other Principal Officer	
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COIIC	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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	ТҮРЕ
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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.			
	NATURE OF CITY ELECTIVE OFFICER OR BOARI		

BOS Clerk of the Board

**CLERK** 



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 #: 240618

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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		
Gregory Wong		greg.wong@sfdph.org		
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL		
DPH	Department of Public Health	greg.wong@sfdph.org		

5. CONTRACTOR					
NAME OF CONTRACTOR			TELEPHONE NUMBER		
Horizons Unlimited			(415) 487-6700		
STREET ADDRESS (including City, State and Zip Code)		EMAIL			
440 Potrero Avenue, San Francisco 94110					
6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)		
₹ <mark>2</mark>			240618		
DESCRIPTION OF AMOUNT OF CONTRACT					
\$72,209					
NATURE OF THE CONTRACT (Please describe)					
provide MH/SUD program services	9				
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provide MH/SUD program 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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS		
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con	contract.						
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ				
1	Lucero	Celina	Other Principal Officer				
2	Moretti	Matthew	Board of Directors				
3	Таріа	Virginia	Board of Directors				
4	Corona	Cristina	Board of Directors				
5	Johnson	Zachary	Board of Directors				
6	Williams	Jillian	Board of Directors				
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contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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9. A	9. AFFILIATES AND SUBCONTRACTORS					
List exec who	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					
cont	ract.		T			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
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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.						

# 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 BOS Clerk of the Board



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 #: 240618

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>10</b>
	X.

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	
Gregory Wong		628-217-7608	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR					
NAME OF CONTRACTOR		TELEPHONE N	IUMBER		
Horizons Unlimited			(415) 487-6700		
STREET ADDRESS (including City, State and Zip Code)		EMAIL			
440 Potrero Avenue, San Francisco 94110					
6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618		
			240016		
DESCRIPTION OF AMOUNT OF CONTRACT					
\$956,024					
NATURE OF THE CONTRACT (Please describe)					
provide MH/SUD program services	9				
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provide MH/SUD program services					
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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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS		

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Lucero	Celina	Other Principal Officer		
2	Moretti	Matthew	Board of Directors		
3	Таріа	Virginia	Board of Directors		
4	Corona	Cristina	Board of Directors		
5	Johnson	Zachary	Board of Directors		
6	Williams	Jillian	Board of Directors		
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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		



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 #: 240618

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>7</b> 8
	X.

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
Gregory \	Wong	628-217-7608
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

<b>`</b> A			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
Jamestown Community Center		(415) 64	7-4709
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
2929 19th Street, San Francisco, CA, 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$60,049			
NATURE OF THE CONTRACT (Please describe)			
provide MH/SUD program services	9	A CALL	
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7. COMMENTS			
O CONTRACT ADDROVAL			
8. CONTRACT APPROVAL This contract was approved by:			
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 ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Sapinski	Nelly	Other Principal Officer		
2	Barahona	Luis	Board of Directors		
3	Gross	Rich	Board of Directors		
4	Barrera	Efrain	Board of Directors		
5	Brackenridge	Katie	Board of Directors		
6	Bransten	Lisa	Board of Directors		
7	Vega	Paul	Board of Directors		
8	Furney	Gary	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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		



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 #: 240618

1

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>'</b> O
	Y <sub>X</sub>
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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	
Gregory \	Wong	628-217-7608	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

X.A				
5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Jamestown Community Center		(415) 64	7-4709	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
2929 19th St, San Francisco, CA 94110				
2929 19th 3t, 3an Francisco, CA 94110				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/F	RFP NUMBER	FILE NUMBER (If applicable) 240618	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$415,967				
NATURE OF THE CONTRACT (Please describe)				
provide MH/SUD program services	0			
provide injusts program services	.0			
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7. COMMENTS				
8. CONTRACT APPROVAL This contract was approved by:				
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				
buaid of Supervisors				

THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Sapinski	Nelly	Other Principal Officer		
2	Barahona	Luis	Board of Directors		
3	Gross	Rich	Board of Directors		
4	Barrera	Efrain	Board of Directors		
5	Brackenridge	Katie	Board of Directors		
6	Bransten	Lisa	Board of Directors		
7	Vega	Paul	Board of Directors		
8	Furney	Gary	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.					
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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.				
	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.				
l ce	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
SIGI	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED				

BOS Clerk of the Board

**CLERK** 



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 #: 240618

1

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
	100
	Y <sub>X</sub>
	Y <sub>A</sub>

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
Gregory Wong		628-217-7608
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CO	NTRACTOR			
NAME	E OF CONTRACTOR		TELEPHONE N	IUMBER
Јар	panese Community Youth Council		(415) 2	02-7900
STREE	T ADDRESS (including City, State and Zip Code)		EMAIL	
211	L Pine St San Francisco CA 94115			
6. CO	NTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
				240618
DESCF	RIPTION OF AMOUNT OF CONTRACT			
\$60	0,049			
NATU	RE OF THE CONTRACT (Please describe)			
pro	ovide MH/SUD program services	<b>9</b>		
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7. CO	MMENTS			
8.00	NTRACT APPROVAL			
	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
Ш				
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Ш	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
$  \sqcup  $				

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Osaki	Jon	Other Principal Officer		
2	MacDonald	Angus	Board of Directors		
3	Dunlap	Oliver	Board of Directors		
4	Nagree	Shah	Board of Directors		
5	Harrigan	Asia	Board of Directors		
6	Abantao	Darryl	Board of Directors		
7	С	Dinesh	Board of Directors		
8	Wayne	Evan	Board of Directors		
9	Littleton	Heather	Board of Directors		
10	Anderson	Jerome	Board of Directors		
11	Mah	Kitty	Board of Directors		
12	Carroll	Louise	Board of Directors		
13	Mah	Max	Board of Directors		
14	Rawat	Gitanjali	Board of Directors		
15	Shah	Gautam	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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## 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 39 40 41 42 43 44 45 46 47 48 49 50 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

**DATE SIGNED** 

#### SAN FRANCISCO ETHICS COMMISSION – SFEC Form 126(f)4 v.12.7.18

BOS Clerk of the Board

**CLERK** 



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 #: 240618

1

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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
Gregory Wong		628-217-7608
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR			TELEPHONE N	IUMBER
Japanese Community	y Youth Council		(415) 20	2-7900
STREET ADDRESS (including	City, State and Zip Code)		EMAIL	
2012 Pine Street,	San Francisco 94109			
	-0			
6. CONTRACT				
DATE CONTRACT WAS APPI	ROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT	OF CONTRACT			
\$478,998	9,			
NATURE OF THE CONTRACT	(Please describe)			
provide MH/SUD pro	ogram services	9		
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7. COMMENTS				
O CONTRACT APPROVA				
8. CONTRACT APPROVAL This contract was approve				
1	FICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH	THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supe				
Board of Supe	. v 15013			
THE BOARD OF A STA	TE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Osaki	Jon	Other Principal Officer		
2	MacDonald	Angus	Board of Directors		
3	Dunlap	Oliver	Board of Directors		
4	Nagree	Shah	Board of Directors		
5	Harrigan	Asia	Board of Directors		
6	Abantao	Darryl	Board of Directors		
7	С	Dinesh	Board of Directors		
8	Wayne	Evan	Board of Directors		
9	Littleton	Heather	Board of Directors		
10	Anderson	Jerome	Board of Directors		
11	Mah	Kitty	Board of Directors		
12	Carroll	Louise	Board of Directors		
13	Mah	Max	Board of Directors		
14	Rawat	Gitanjali	Board of Directors		
15	Shah	Gautam	Board of Directors		
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contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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		



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 #: 240618

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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
Gregory Wong		628-217-7608
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE N	IUMBER
Maitri AIDS Hospice	(415) 55	8-3000
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
401 Duboce Ave, SF, CA 94117		
	•	
6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT		<u> </u>
\$752,053		
NATURE OF THE CONTRACT (Please describe)		
To provide safe housing, medical care and nutralife and those needing respite to return to in		
	YO.	
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7. COMMENTS		
9 CONTRACT ARREOVAL		
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)	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Armentrout	Michael	Other Principal Officer		
2	Lapointe	Ray	Board of Directors		
3	Wong	Jane	Board of Directors		
4	Miller	Austin	Board of Directors		
5	Cummings	Gregg	Board of Directors		
6	King	Dim	Board of Directors		
7	Hilbert	Gary	Board of Directors		
8	Casados	Johannes	Board of Directors		
9	Cummings	Donna	Board of Directors		
10	Dilawri	Namita	Board of Directors		
11	Fraas	Erika	Board of Directors		
12	Ling	Alvin	Board of Directors		
13	Ludlow	David	Board of Directors		
14	Morgenstern	Amy	Board of Directors		
15	Rana	Sameera	Board of Directors		
16	Schoenefeld	Ryan	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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## 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 39 40 41 42 43 44 45 46 47 48 49 50 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 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 BOS Clerk of the Board



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 #: 240618

Bid/RFP #:

1

## **Notification of Contract Approval**

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>10</b>
	X.

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory (	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Mount Saint Joseph Saint Elizabeth's	(415) 567-0081	(415) 567-0081	
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
100 Masonic Avenue, San Francisco, CA 94118			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER FILE NUMB 240618	BER (If applicable)	
DESCRIPTION OF AMOUNT OF CONTRACT	1		
\$856,481			
NATURE OF THE CONTRACT (Please describe)			
Providing MH/SUD program services	0.		
Providing Mil/30D program Services			
	0%		
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	S. S. Oho Kuro		
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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Dunkel	Marie	Other Principal Officer
2	Baez	Marjory	Board of Directors
3	Maclean	Brenda	Board of Directors
4	Vista	Frances	Board of Directors
5	Ahn	Tina	Board of Directors
6	Chatmon	Larry	Board of Directors
7	Hernandez	Trinitas	Board of Directors
8	Lindh	Frank	Board of Directors
9	Lozano	Maria	Board of Directors
10	Morales	Estela	Board of Directors
11	Smith	Gene	Board of Directors
12	Dunkel	Marie	Board of Directors
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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		



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 #: 240618

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>10</b>
	X.

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Napa County		707-253	-4540
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1195 Third St Napa CA 94559			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$194,750			
NATURE OF THE CONTRACT (Please describe)			
co-recipient of grant funds.	9.		
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co-recipient of grant funds.			
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7. COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
1	Gallagher	Joelle	Board of Directors	
2	Gregory	Ryan	Board of Directors	
3	Cottrell	Anne	Board of Directors	
4	Pedroza	Alfredo	Board of Directors	
5	Ramos	Belia	Board of Directors	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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	f 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		



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 #: 240618

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>7</b> 8
	X.

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
Gregory Wong		628-217-7608
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR					
NAME OF CONTRACTOR		TELEPHONE N	IUMBER		
NICOS Chinese Health Coalition		(415) 788-6426			
STREET ADDRESS (including City, State and Zip Code)		EMAIL			
1208 Mason St, San Francisco, CA 94108					
6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)		
Report of the second of the se			240618		
DESCRIPTION OF AMOUNT OF CONTRACT					
\$5,000					
NATURE OF THE CONTRACT (Please describe)					
Provide support for oral health program	9				
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Provide support for oral health program					
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					
Board of Supervisors					
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS		

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	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Woo	Kent	Other Principal Officer
2	Liao	Michael	Board of Directors
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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		



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 #: 240618

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

1. FILING INFORMATION	7_
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	0
	<b>'0</b> ,

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
Gregory \	Wong	628-217-7608
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
PRC		415-777-	0333
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
170 9th St, San Francisco, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$321,555			
NATURE OF THE CONTRACT (Please describe)			
Providing Equal Access to Health Care Program	services		
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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 CTATE ACENIEV CANADISCULAR ACEDICAL	THE OFT E	/F OFFICES/21 ::	DENITIFIED ON THE FORM CITE
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Teng	Chuan	Other Principal Officer			
2	Schneider	Brian	Board of Directors			
3	Schroeder	Tim	Board of Directors			
4	Frieman	Josh	Board of Directors			
5	Gonzalez	Nelson	Board of Directors			
6	Ishida	Ryo	Board of Directors			
7	Michaels	Jacques	Board of Directors			
8	Niczyporuk	Michael	Board of Directors			
9	Papilon	Zack	Board of Directors			
10	Smith	Darren	Board of Directors			
11	Wiley	Nichole	Board of Directors			
12	Day	Lukejohn	Board of Directors			
13	Hartke	Colin	Board of Directors			
14	ку1е	Michael	Board of Directors			
15	Prevost	Tamarah	Board of Directors			
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contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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

# 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 BOS Clerk of the Board



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 #: 240618

1

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	<b>3</b> ,
AMENDMENT DESCRIPTION – Explain reason for amendment	
	<b>9</b> ,
	C,
	<b>'</b> O.

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. C	ONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Project Open Hand		(415) 44	(415) 447-2300	
STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
73	0 Polk St, SF, CA 94109			
			<u> </u>	
6. C	ONTRACT			
DATI	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) ORIGI	NAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
				240618
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$1	,347,885			
NATI	URE OF THE CONTRACT (Please describe)			
To g	improve the nutritional health of all people livroceries, nutrition assessments and other food and	ing wi	th HIV/AID ition serv	s through prepared meals, ices.
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7. C	OMMENTS			
	ONTRACT APPROVAL			
inis	contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	THE CITY ELECTIVE OFFICER(3) 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	ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Hepfer	Paul	Other Principal Officer			
2	Christiansen	Karl	Board of Directors			
3	Anderson	Arielle	Board of Directors			
4	Holt	Susanna	Board of Directors			
5	Chang	Andrew	Board of Directors			
6	Chandra	Vishwa	Board of Directors			
7	Henry	Mike	Board of Directors			
8	Wakankar	Adi	Board of Directors			
9	Maring	Preston	Board of Directors			
10	Wilkinson	Andrea	Board of Directors			
11	Chang	Theresa	Board of Directors			
12	Long	Richard	Board of Directors			
13	Wei	Jason	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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 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 BOS Clerk of the Board



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 #: 240618

Bid/RFP #:

1

# **Notification of Contract Approval**

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>7</b> 8
	X.

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
RAMS		(415) 80	0-0699
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
4355 Geary Blvd. San Francisco, CA 94118			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$247,303			
NATURE OF THE CONTRACT (Please describe)			
Provides Peer Internship Program that prepare counseling	es clients fo	or employme	ent in peer support and
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 ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

2

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Tang	Angela	Other Principal Officer		
2	Yeh	Тот	Board of Directors		
3	Chaudhuri	Anoshua	Board of Directors		
4	Hsu	Lee	Board of Directors		
5	Chow	Wade	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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.		
, , , , , ,	J J	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



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Received On:

File #: 240618

Bid/RFP #:

# **Notification of Contract Approval**

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(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

<u> </u>			
1. FILING INFORMATION			
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)		
	40		
Original	0,,		
AMENDMENT DESCRIPTION – Explain reason for amendment			
	<b>7</b> 8		
	X.		

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
Gregory \	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
RAMS		(415) 80	0-0699	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
4355 Geary Blvd. San Francisco, CA 94118				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
			240618	
DESCRIPTION OF AMOUNT OF CONTRACT			I	
\$273,182				
NATURE OF THE CONTRACT (Please describe)				
Provides Bilingual-designated counselor posit	ions			
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Provides Billingual-designated Counselor positions				
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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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Tang	Angela	Other Principal Officer		
2	Yeh	Тот	Board of Directors		
3	Chaudhuri	Anoshua	Board of Directors		
4	Hsu	Lee	Board of Directors		
5	Chow	Wade	Board of Directors		
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COIIC	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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		
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knowledge the information I have provided here is true and con	nplete.	
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	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



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Received On:

File #: 240618

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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 DE	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory	Wong	628-217-7608
FULL DEPART	TMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
RAMS		(415) 80	0-0699
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
4355 Geary Blvd. San Francisco, CA 94118			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/F	RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT	1		
\$5,000			
NATURE OF THE CONTRACT (Please describe)	)		
Peer wages for consumers participating in run Health Clinic - Job training wages	ning a coffe	e service	at the OMI Mental
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7. COMMENTS	_		
7. COMMINIENTS			
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 ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
1	Tang	Angela	Other Principal Officer			
2	Yeh	Тот	Board of Directors			
3	Chaudhuri	Anoshua	Board of Directors			
4	Hsu	Lee	Board of Directors			
5	Chow	wade	Board of Directors			
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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.

# 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 BOS Clerk of the Board



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 #: 240618

1

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
	100
	Y <sub>X</sub>
	Y <sub>A</sub>

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
RAMS		(415) 80	0-0699
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
4355 Geary Blvd. San Francisco, CA 94118			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT			<u> </u>
\$150,266			
NATURE OF THE CONTRACT (Please describe)			
Provides support of consumer-run centers servi	ng manu dua	lly-diagnos	sed individuals
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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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Tang	Angela	Other Principal Officer			
2	Yeh	Tom	Board of Directors			
3	Chaudhuri	Anoshua	Board of Directors			
4	Hsu	Lee	Board of Directors			
5	Chow	wade	Board of Directors			
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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 #: 240618

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>10</b>
	X.

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
Gregory Wong		greg.wong@sfdph.org
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Richmond Area Multi-Services		(415)800	-0699
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
4355 Geary Blvd. San Francisco, CA 94118			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$65,080			
NATURE OF THE CONTRACT (Please describe)			
Provide Peer Internship Program that prepares counseling positions	Clients for	employmen	t in peer support and
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A DOADD ON WHICH THE CITY ELECTRIC COTICE COTICE			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Tang	Angela	Other Principal Officer		
2	Yeh	Тот	Board of Directors		
3	Chaudhuri	Anoshua	Board of Directors		
4	Hsu	Lee	Board of Directors		
5	Chow	Wade	Board of Directors		
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cont	contract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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 con	ıplete.	
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		
200 0.0. 1. 0. 0.00 20414		



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 #: 240618

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>10</b>
	X.

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
Gregory Wong		628-217-7608
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco African American Faith-Based Coalition	(415) 822-4566
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1595 Shafter Ave., San Francisco, CA 94124	

13	95 Sharter Ave., San Francisco, CA 9412	.4		
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6. Ç	ONTRACT			
	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFIC	CER(S) ORIGINA	L BID/RFP NUMBER	
	<i>∆</i>			240618
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$	250,000	<b>%</b> .		
NAT	URE OF THE CONTRACT (Please describe)	<b>*</b>		
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7.00	OMMENTS			
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8_C	ONTRACT APPROVAL			
	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM	М		
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	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SER	VES		
	Board of Supervisors			
$\Box$	THE BOARD OF A STATE AGENCY ON WHICH AN APPOIN	TEE OF THE CITY E	LECTIVE OFFICER(S)	DENTIFIED ON THIS FORM SITS

cont	ract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Butler	Jonathan	Other Principal Officer
2	Jackson	Ernest	Board of Directors
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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		



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 #: 240618

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

<u> </u>			
1. FILING INFORMATION			
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)		
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Original	0,,		
AMENDMENT DESCRIPTION – Explain reason for amendment			
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	X.		

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
Gregory Wong		628-217-7608
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	(415) 504-6738
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plz, Ste 808, San Francisco, CA 94102	

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6. C	ONTRACT				
DATI	E CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618
DEC	CRIPTION OF AMOUNT OF CONTRACT	- 0,			
	CRIPTION OF AMOUNT OF CONTRACT	·2.			
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NAT	URE OF THE CONTRACT (Please describe)				
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7. C	OMMENTS				
	ONTRACT APPROVAL				
This	contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED	O ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE	OFFICER(S) SERVES			
	Board of Supervisors				
	THE BOARD OF A STATE AGENCY ON WH	ICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) I	DENTIFIED ON THIS FORM SITS
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cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Harrington	Jennifer	Other Principal Officer			
2	Moore	Melissa	Board of Directors			
3	Thacher	Jess	Board of Directors			
4	Sharma	Adam	Board of Directors			
5	White	Allison	Board of Directors			
6	Lyles	Courtney	Board of Directors			
7	Packer	Tracey	Board of Directors			
8	McCall	Katie	Board of Directors			
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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## 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 39 40 41 42 43 44 45 46 47 48 49 50 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.

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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 #: 240618

Bid/RFP #:

1

## **Notification of Contract Approval**

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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	
Gregory N	Wong	628-217-7608	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	(415) 504-6738
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plz, Ste 808, San Francisco, CA 94102	

_	marriare F12, See 500, San Francisco, CA 541	.02		
		<u> </u>		
6. CC	DNTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUI		LE NUMBER (If applicable) 0618
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	RIPTION OF AMOUNT OF CONTRACT			
	61,350			
NAT	JRE OF THE CONTRACT (Please describe)			
Pr	oviding program administration in support of	SF Tobadcco Free	e Projec	t.
		Ch. Othor		
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7. C	DMMENTS			
8. CC	ONTRACT APPROVAL			
	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			
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFIC	ER(S) IDEN	TIFIED ON THIS FORM SITS

con	tract.		1
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Harrington	Jennfier	Other Principal Officer
2	Moore	Melissa	Board of Directors
3	Thacher	Jess	Board of Directors
4	Sharma	Adam	Board of Directors
5	White	Allison	Board of Directors
6	Lyles	Courtney	Board of Directors
7	Packer	Tracey	Board of Directors
8	McCall	Katie	Board of Directors
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**DATE SIGNED** 

### SAN FRANCISCO ETHICS COMMISSION – SFEC Form 126(f)4 v.12.7.18

BOS Clerk of the Board

**CLERK** 



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 #: 240618

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

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	
	$Q_{\lambda}$

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
Gregory \	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	(415) 504-6738
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plz, Ste 808, San Francisco, СА 94102	

		,		
6. CC	ONTRACT			
	CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
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DESC	RIPTION OF AMOUNT OF CONTRACT			
\$8	0,639	67.		
NATU	JRE OF THE CONTRACT (Please describe)	*		
Fi	scal intermediary		O.	
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8. CC	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED	O ON THIS FORM		
	A BOARD ON WHICH THE CITY ELECTIVE (	OFFICER(S) SERVES		
	Board of Supervisors	.,		
	Sould of Supervisors			
	THE BOARD OF A STATE AGENCY ON WH	ICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S)	IDENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Harrington	Jennifer	Other Principal Officer		
2	Moore	Melissa	Board of Directors		
3	Thacher	Jess	Board of Directors		
4	Sharma	Adam	Board of Directors		
5	White	Allison	Board of Directors		
6	Lyles	Courtney	Board of Directors		
7	Packer	Tracey	Board of Directors		
8	McCall	Katie	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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## 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 39 40 41 42 43 44 45 46 47 48 49 50 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 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 BOS Clerk of the Board



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 #: 240618

1

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>'</b> O
	Y <sub>X</sub>
	$\mathbf{Q}_{\lambda}$

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
Gregory \	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	(415) 504-6738
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plz, Ste 808, San Francisco, CA 94102	

Ι ΙΙΔΙ	Trute F12, See 500, San T	Tuncisco, CA 541	.02		
6. CONTI	RACT				
	NTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable)
		8			240618
DESCRIPT	TION OF AMOUNT OF CONTRACT				
\$223,	760	70%			
NATURE (	OF THE CONTRACT (Please describe)				
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7. COMN	MENTS				
8. CONT	RACT APPROVAL				
	ract was approved by:				
	CITY ELECTIVE OFFICER(S) IDENTIFIE	D ON THIS FORM			
	OARD ON WHICH THE CITY ELECTIVE	OFFICER(S) SERVES			
E B	oard of Supervisors				
THE	BOARD OF A STATE AGENCY ON WH	IICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) I	DENTIFIED ON THIS FORM SITS
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con	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Harrington	Jennifer	Board of Directors
2	Moore	Melissa	Board of Directors
3	Thacher	Jess	Board of Directors
4	Sharma	Adam	Board of Directors
5	White	Allison	Board of Directors
6	Lyles	Courtney	Board of Directors
7	Packer	Tracey	Board of Directors
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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 #: 240618

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>10</b>
	X.

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Gregory N	Wong	628-217-7608	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	(415) 504-6738
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plz, Ste 808, San Francisco, CA 94102	

	narrure riz, see 500, san ri		.02		
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6. C	ONTRACT				
	E CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618
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	CRIPTION OF AMOUNT OF CONTRACT				
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NAT	URE OF THE CONTRACT (Please describe)				
Fi	scal intermediary		9		
			S.	JON CO.	
				100	70
7. C	OMMENTS				
	ONTRACT APPROVAL				
This	contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED	O ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE	OFFICER(S) SERVES			
	Board of Supervisors				
	THE BOARD OF A STATE AGENCY ON WH	ICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) I	DENTIFIED ON THIS FORM SITS
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con	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Harrington	Jennifer	Other Principal Officer
2	Moore	Melissa	Board of Directors
3	Thacher	Jess	Board of Directors
4	Sharma	Adam	Board of Directors
5	White	Allison	Board of Directors
6	Lyles	Courtney	Board of Directors
7	Packer	Tracey	Board of Directors
8	McCall	Katie	Board of Directors
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## SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR **DATE SIGNED CLERK** BOS Clerk of the Board



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 #: 240618

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>10</b>
	X.

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
Gregory \	Wong	628-217-7608
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	(415) 504-6738
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plz, Ste 808, San Francisco, СА 94102	

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6. C	ONTRACT				
DATI	E CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/F	RFP NUMBER	FILE NUMBER (If applicable) 240618
		100			
DESC	CRIPTION OF AMOUNT OF CONTRACT	<b>*</b>			
\$6	2,700	·0'.			
NAT	URE OF THE CONTRACT (Please describe)	,40			
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7 C	DMMENTS		_	_	
7. C	SIMINIEI VIS				
8. C	ONTRACT APPROVAL				
This	contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED	D ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE	OFFICER(S) SERVES			
	Board of Supervisors				
	THE BOARD OF A STATE AGENCY ON WH	ICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Harrington	Jennifer	Other Principal Officer		
2	Moore	Melissa	Board of Directors		
3	Thacher	Jess	Board of Directors		
4	Sharma	Adam	Board of Directors		
5	White	Allison	Board of Directors		
6	Lyles	Courtney	Board of Directors		
7	Packer	Tracey	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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List exec who	cutive officer, chief financial officer, chief	tor's board of directors; (B) the contractor operating officer, or other persons with sor more in the contractor; and (D) any su	similar titles; (C) any individual or entity
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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	Check this box if you need to include ad Select "Supplemental" for filing type.	ditional names. Please submit a separate	form with complete information.
	VERIFICATION	ving this statement. I have reviewed this	statement and to the best of re-
	wledge the information I have provided h	ring this statement. I have reviewed this s nere is true and complete.	statement and to the best of my

# 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 BOS Clerk of the Board



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 #: 240618

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>7</b> 8
	X.

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
Gregory Wong		628-217-7608
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Study Center	(415) 626-1650
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1663 Mission St, Suite 310, San Francisco, CA 94103	

16	63 Mission St, Suite 310, San Francisco, CA	94103	
	-0	<u> </u>	
6. C	ONTRACT		
	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESC	CRIPTION OF AMOUNT OF CONTRACT		
\$1	3,732		
NAT	URE OF THE CONTRACT (Please describe)		
P He	eer wages for consumers participating in run alth Clinic	ning a coffee service	at the OMI Mental
7. C	OMMENTS		
8 (	ONTRACT APPROVAL		
	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)	DENTIFIED ON THIS FORM SITS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
1	Link	Geoffrey	Other Principal Officer			
2	Livingston	Richard	Board of Directors			
3	Нотта	Reiko	Board of Directors			
4	Elbgal	Hazim	Board of Directors			
5	Eldon	Eric	Board of Directors			
6	Kobayashi	Masami	Board of Directors			
7	Kwong	Jeanne	Board of Directors			
8	Margaronis	Stas	Board of Directors			
9	McWilliams	Jim	Board of Directors			
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contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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## 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 39 40 41 42 43 44 45 46 47 48 49 50 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		



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 #: 240618

Bid/RFP #:

## **Notification of Contract Approval**

SFEC Form 126(f)4
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A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>7</b> 8
	X.

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
Gregory Wong		628-217-7608
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

XX				
5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
San Francisco Study Center		(415) 626-1650		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1663 Mission St, Suite 310, San Francisco, CA	94103			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$86,954				
NATURE OF THE CONTRACT (Please describe)				
Develop a racial equity hospital quality impro	vement plan	to improve	e health outcomes	
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		, Ø, ~		
		C.		
		Q	<b>A</b>	
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Link	Geoffrey	Other Principal Officer		
2	Livingston	Richard	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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Received On:

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Bid/RFP #:

## **Notification of Contract Approval**

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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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers</a>

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>7</b> 8
	X.

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
Gregory Wong		628-217-7608
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Seneca Family of Agencies		(415) 632-5490		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
8945 Golf Links Rd, Oakland, CA 94605				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
			240618	
DESCRIPTION OF AMOUNT OF CONTRACT	<u>.                                    </u>		I	
\$270,500				
NATURE OF THE CONTRACT (Please describe)				
Mental health services.	9			
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		3		
Mental health 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				
253. 3 5. 53.56. 7.56. 5				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E UEEICED(S) II	DENTIFIED ON THIS FORM SITS	
THE BOARD OF A STATE AGENCT ON WHICH AN APPOINTEE OF	THE CITT ELECTIV	L OFFICER(3) II	PERMITTED ON THIS FORMS SITS	

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Galyean	Leticia	Other Principal Officer		
2	Fretwell	Amber	Board of Directors		
3	Henson	Dawn	Board of Directors		
4	Kellenbach	Erica	Board of Directors		
5	Donohue	Jessica	Board of Directors		
6	Walker	Kate	Board of Directors		
7	Ciancutti	Lily	Board of Directors		
8	Crutsinger	Lauren	Board of Directors		
9	Cammann	Matt	Board of Directors		
10	Padaychee	Melissa	Board of Directors		
11	Howard	Shelby	Board of Directors		
12	Hromnik	Sama	Board of Directors		
13	Cooper	Toshia	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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		



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 #: 240618

1

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>7</b> 8
	X.

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 DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory	Wong	628-217-7608
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Shanti		415-674-	4700
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
730 Polk St, 3rd Floor, San Francisco CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$95,203			
NATURE OF THE CONTRACT (Please describe)			
Provides Hepatitis C prevention services.	Ò.		
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7 COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
		1-7	

cont	ract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Scrafano	Kimberly	Other Principal Officer
2	Weinstein	Josh	Board of Directors
3	Ennis	Jamie	Board of Directors
4	Francone	Jerry	Board of Directors
5	Kiernan	Sheila	Board of Directors
6	Klearman	Micki	Board of Directors
7	Sullivan	Ethan	Board of Directors
8	Supanich	Chip	Board of Directors
9	Vincent	Marc	Board of Directors
10	Yee	Stanley	Board of Directors
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COIIC	ract.		T
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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		



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 #: 240618

1

Bid/RFP #:

### **Notification of Contract Approval**

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(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>7</b> 8
	X.

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Sonoma County		(707) 56	5-2241
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
625 5th Street Santa Rosa, CA 95404			
	<u>'</u>		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable)
			240618
DESCRIPTION OF AMOUNT OF CONTRACT	•		
\$415,750			
NATURE OF THE CONTRACT (Please describe)			
co-recipient of grant funds	9		
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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			
		- 0	DENERIES ON THE COLUMN
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Gorin	Susan	Board of Directors
2	Rabbitt	David	Board of Directors
3	Coursey	Chris	Board of Directors
4	Gore	James	Board of Directors
5	Hopkins	Lynda	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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## 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 39 40 41 42 43 44 45 46 47 48 49 50 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 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 BOS Clerk of the Board



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 #: 240618

Bid/RFP #:

1

## **Notification of Contract Approval**

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(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

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<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>7</b> 8
	X.

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
Gregory Wong		628-217-7608
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Support for Families of Children with Disabilities (SF	(415) 282-7494	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
832 Folsom St # 1001, San Francisco, CA 94107		

832 F	orsom St # 1001, San Francisco, CA 9410	07		
			<u> </u>	
6. CONT	RACT			
	NTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(	S) ORIGINAL BID	RFP NUMBER	FILE NUMBER (If applicable)
	<b>A</b>			240618
	<b>100</b>			
DESCRIPT	TION OF AMOUNT OF CONTRACT			
\$395,	500			
\$393,	300	•		
NATURE (	OF THE CONTRACT (Please describe)	Ó.		
provi	de services and support for children a	nd vouth with	special he	alth care needs.
p. 01.	are services and support of the contract of			
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7. COM	MENTS			
	RACT APPROVAL			
	ract was approved by:			
	ECITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	OARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	oard of Supervisors			
THE	BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE	OF THE CITY FI FCTIV	VE OFFICER(S) I	DENTIFIED ON THIS FORM SITS
	. 202 31 No2 No2 No	ELECTI	· · · · · · · · · · · · · · · · ·	

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
1	Eddleman	Amelia	Board of Directors	
2	Rhodes	Wendy	Other Principal Officer	
3	Calvert	Dave	Board of Directors	
4	ноllyfield	Amy	Board of Directors	
5	Boussina	Eileen	Board of Directors	
6	Castillo-Lartigue	Tiffani	Board of Directors	
7	McDonald	Sally	Board of Directors	
8	de la Garza	Elizabeth	Board of Directors	
9	Akhund	Fatema	Board of Directors	
10	Lam	Lisa	Board of Directors	
11	Tavs	Jacqueline	Board of Directors	
12	Lin	Tiffany	Board of Directors	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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		



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Received On:

File #: 240618

Bid/RFP #:

## **Notification of Contract Approval**

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
UCSF Alliance Health Project	(415) 476-3902
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1855 Folsom St, San Francisco, CA 94103	

185	55 Folsom St, San Francisco,	CA 94103			
	70				
6. CO	NTRACT				
DATE	CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCR	RIPTION OF AMOUNT OF CONTRACT	8	L		I
\$16	58,837	·67.			
NATU	RE OF THE CONTRACT (Please describe)				
in	e program goal is to provide ncluding Long-Term Survivors om mental health and/or subst	- to reduce sym	ptoms and f ers.	ervices to unctional	impairments resulting
7. CO	MMENTS				
8. CO	NTRACT APPROVAL				
	contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED	O ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE (	OFFICER(S) SERVES			
	Board of Supervisors	(1)			
	·				
	THE BOARD OF A STATE AGENCY ON WH	CH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS
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cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Breall	Susan	Board of Directors		
2	тоһ	Sophia	Board of Directors		
3	Liu	Enchi	Board of Directors		
4	Carapetian	Vanni	Board of Directors		
5	Garcia	Juan	Board of Directors		
6	Hare	Brad	Board of Directors		
7	Hillmon	Reginald	Board of Directors		
8	Lake	Kelly	Board of Directors		
9	Munro	Ashley	Board of Directors		
10	Porche	Michelle	Board of Directors		
11	Shumate	Kate	Board of Directors		
12	Srivastava	Runjhun	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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		



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Received On:

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1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
	100
	Y <sub>X</sub>
	Y <sub>A</sub>

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	(415) 476-1000
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
University of California, San Francisco	(415) 476-1000
STREET ADDRESS (including City, State and Zip Code)	EMAIL
550 16th Street, 7th Floor, San Francisco, CA 94143	

	2 2001 301 300, 100, 200, 300, 300, 300	3.2.3	
6. C	ONTRACT		
DATI	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
			240010
DESC	RIPTION OF AMOUNT OF CONTRACT		
\$7	7,801		
	JRE OF THE CONTRACT (Please describe)		
Te	am Lily, Fiscal Intermediary inical Champion, provide syphilis screening	for ZSEGH natients	
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/. C	DMMENTS		
8 C	ONTRACT APPROVAL		
	contract was approved by:		
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
ш	Board of Supervisors		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S)	IDENTIFIED ON THIS FORM SITS
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cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Hammarskjold	Philip	Board of Directors			
2	Emery	Dana	Board of Directors			
3	Ballard	Andrew	Board of Directors			
4	Bhusri	Allison	Board of Directors			
5	Bloch	Susan	Board of Directors			
6	Briger	Pete	Board of Directors			
7	Carter	Todd	Board of Directors			
8	Chan	Huifen	Board of Directors			
9	Chen	Connie	Board of Directors			
10	Cohen	Fred	Board of Directors			
11	Conte	JP	Board of Directors			
12	Coulter	Phyllis	Board of Directors			
13	Deb	Dipanjan	Board of Directors			
14	DiMarco	Stephanie	Board of Directors			
15	Emery	Dana	Board of Directors			
16	на]]	Kathryn	Board of Directors			
17	Нао	Kenneth	Board of Directors			
18	Iguodala	Andre	Board of Directors			
19	Kimball	Richard	Board of Directors			
-						

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
20	Levchin	Nellie	Board of Directors			
21	Makan	Divesh	Board of Directors			
22	Malka	Meyer	Board of Directors			
23	McKinnon	Ian	Board of Directors			
24	Morris	Diane	Board of Directors			
25	Newstat	Joyce	Board of Directors			
26	Sanghvi	Ruchi	Board of Directors			
27	Shorenstein	Lydia	Board of Directors			
28	Soghikian	Shahan	Board of Directors			
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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 o	f 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		



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 #: 240618

1

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers</a>

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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	
Gregory N	Wong	628-217-7608	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
University of California, San Francisco		(415) 47	6-1000
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
550 16th Street, 7th Floor, San Francisco, CA	94143		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT			<u> </u>
\$225,129			
NATURE OF THE CONTRACT (Please describe)			
Fiscal Intermediary	<b>O</b>		
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		Q C	

7. COMMENTS		

8. C	ONTRACT 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

cont	contract.					
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cont	contract.				
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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	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



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 #: 240618

1

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>'</b> O
	Y <sub>X</sub>
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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
Gregory Wong		628-217-7608
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR			IUMBER	
University of California, San Francisco	(415) 47	6-1000		
STREET ADDRESS (including City, State and Zip Code)				
550 16th Street, 7th Floor, San Francisco, CA 94143				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
<b>A</b>			240618	

) 55	o loth Street, 7th Floor, San Francisco, CA	94143	
6. C	ONTRACT		
DAT	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240618
DESC	CRIPTION OF AMOUNT OF CONTRACT		•
\$5	,000		
NAT	URE OF THE CONTRACT (Please describe)		
Pr	ovide support for oral health program	9	
		O. P. O. P. O. P. C.	
		A C C	40
7. C	OMMENTS		
	ONTRACT APPROVAL		
This	contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORIVI		
	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

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
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13	DiMarco	Stephanie	Board of Directors			
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19	Kimball	Richard	Board of Directors			

cont	contract.				
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24	Morris	Diane	Board of Directors		
25	Newstat	Joyce	Board of Directors		
26	Sanghvi	Ruchi	Board of Directors		
27	Shorenstein	Lydia	Board of Directors		
28	Soghikian	Shahan	Board of Directors		
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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 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 BOS Clerk of the Board



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 #: 240618

1

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
University of California, San Francisco	(415) 476-1000
STREET ADDRESS (including City, State and Zip Code)	EMAIL
550 16th Street, 7th Floor, San Francisco, CA 94143	

) ) )	o 16th Street, 7th Floor, San Francisco, CA	94143		
6. C	ONTRACT			
	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RI	FP NUMBER	FILE NUMBER (If applicable)
				240618
DEC	CRIPTION OF AMOUNT OF CONTRACT			
\$1	.83,977			
NAT	URE OF THE CONTRACT (Please describe)			
Te	chnical Assistance: HIV Global Health	9		
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7. C	OMMENTS			
9_G	ONTRACT APPROVAL			
	contract was approved by:			
3	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	,,			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	<del>-</del>			
	THE BOARD OF A STATE ACENCY ON WHICH AN APPOINTED OF	THE CITY FI FOTNE	OEEICED(s) II	DENITICIED ON THIS FORM SITS
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE	OFFICER(S) II	DEMILIFIED ON THIS FORM 2012

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Hammarskjold	Philip	Board of Directors		
2	Emery	Dana	Board of Directors		
3	Ballard	Andrew	Board of Directors		
4	Bhusri	Allison	Board of Directors		
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cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
20	Levhcin	Nellie	Board of Directors		
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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.

# 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 BOS Clerk of the Board



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 #: 240618

1

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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 DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory	Wong	628-217-7608
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
UCSF		(415) 47	6-1000
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
550 16th Street, 7th Floor, San Francisco, CA	94143		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER ( <i>If applicable</i> ) 240618
			240010
DESCRIPTION OF AMOUNT OF CONTRACT			
\$643,603			
NATURE OF THE CONTRACT (Please describe)			
provide MH/SUD program services	9	NO CL	
	<i>S</i>		
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			6
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			
Board of Supervisors			
		·	DENERIES ON THE COLUMN
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Hammarskjold	Philip	Board of Directors
2	Emery	Dana	Board of Directors
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cont	contract.					
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Received On:

File #: 240618

Bid/RFP #:

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# **Notification of Contract Approval**

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

1. FILING INFORMATION	<b>7</b>
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	0
	<b>'0</b> ,

2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER		
Board of Supervisors	Members	

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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

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NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong		628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
YMCA Urban Services		(415) 56	1-0631
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1426 Fillmore Street, Suite 204, San Francisco	94115		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$68,049			
NATURE OF THE CONTRACT (Please describe)			
provide MH/SUD program services	9		
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		A CO	6
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
THE CITY ELECTIVE CITYCLINGS 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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Becerril	Alicia	Board of Directors			
2	Price	Amy	Board of Directors			
3	Chang	Annabel	Board of Directors			
4	welborn	Caryl	Board of Directors			
5	Patz	Christopher	Board of Directors			
6	кеїју	David	Board of Directors			
7	Prosnitz	Eric	Board of Directors			
8	Teague	Gary	Board of Directors			
9	Gregory-Burns	Gina	Board of Directors			
10	Farrell	Glenn	Board of Directors			
11	Evans	Gregory	Board of Directors			
12	Gridley	Jennifer	Board of Directors			
13	Welland	Jeremy	Board of Directors			
14	Baker	John	Board of Directors			
15	Willingham	John	Board of Directors			
16	Eberly	Jon	Board of Directors			
17	Estrada	Josue	Board of Directors			
18	Pisano	Marianna	Board of Directors			
19	в1еу	Mark	Board of Directors			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Robinson	Mike	Board of Directors
21	Susko	Peter	Board of Directors
22	Chisholm	Richard	Board of Directors
23	Robins	Richard	Board of Directors
24	Li	Samuel	Board of Directors
25	Tsai	shelby	Board of Directors
26	Hankins	Stephen	Board of Directors
27	Rogers	Stephen	Board of Directors
28	Kearney	Thomas	Board of Directors
29	Coimbra	Alexandre	Board of Directors
30	Wheeler	Brian	Board of Directors
31	Chan	Eric	Board of Directors
32	Lee	Janet	Board of Directors
33	Briz	Jeff	Board of Directors
34	Shea	Keith	Board of Directors
35	Walker	La Shon	Board of Directors
36	Murphy	Margaret	Board of Directors
37	Aguila	Maria	Board of Directors
38	Fong	Michelle	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39	Kern	Randi	Board of Directors
40	Yam	Winnie	Board of Directors
41	Pham	Young	Board of Directors
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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	f 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	



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 #: 240618

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>7</b> 8
	X.

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
Gregory \	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

```				_
5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
YMCA Urban Services		(415) 561-0631		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		_
1426 Fillmore Street, Suite 204, San Francisco	94115			
				_
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
			240618	
DESCRIPTION OF AMOUNT OF CONTRACT	1			_
\$371,846				
NATURE OF THE CONTRACT (Please describe)				_
provide MH/SUD program services	9			
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provide MH/SUD program services				
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7. COMMENTS				
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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				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Becerril	Alicia	Board of Directors		
2	Price	Amy	Board of Directors		
3	Chang	Annabel	Board of Directors		
4	Welborn	Caryl	Board of Directors		
5	Patz	Christopher	Board of Directors		
6	кеllу	David	Board of Directors		
7	Prosnitz	Eric	Board of Directors		
8	Teague	Gary	Board of Directors		
9	Gregory-Burns	Gina	Board of Directors		
10	Farrell	Glenn	Board of Directors		
11	Evans	Gregory	Board of Directors		
12	Gridley	Jennifer	Board of Directors		
13	welland	Jeremy	Board of Directors		
14	Baker	John	Board of Directors		
15	Willingham	John	Board of Directors		
16	Eberly	Jon	Board of Directors		
17	Estrada	Josue	Board of Directors		
18	Pisano	Marianna	Board of Directors		
19	вјеу	Mark	Board of Directors		

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21	Susko	Peter	Board of Directors
22	Chisholm	Richard	Board of Directors
23	Robins	Richard	Board of Directors
24	Li	Samuel	Board of Directors
25	Tsai	shelby	Board of Directors
26	Hankins	Stephen	Board of Directors
27	Rogers	Stephen	Board of Directors
28	Kearney	Thomas	Board of Directors
29	Coimbra	Alexandre	Board of Directors
30	Wheeler	Brian	Board of Directors
31	Chan	Eric	Board of Directors
32	Lee	Janet	Board of Directors
33	Briz	Jeff	Board of Directors
34	Shea	Keith	Board of Directors
35	Walker	La Shon	Board of Directors
36	Murphy	Margaret	Board of Directors
37	Aguila	Maria	Board of Directors
38	Fong	Michelle	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39	Kern	Randi	Board of Directors
40	Yam	Winnie	Board of Directors
41	Pham	Young	Board of Directors
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	Check this box if you need to include add Select "Supplemental" for filing type.	itional names. Please submit a separate	form with complete information.

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	ETARY OR DATE SIGNED	
BOS Clerk of the Board		



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 #: 240618

1

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
	30
	$Q_{\lambda}$

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

<b>`</b>				
5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	NUMBER	
Youth Leadership Institute		(628) 40	0-9252	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
198 Potrero Avenue San Francisco CA 94103				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240618	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$60,049				
NATURE OF THE CONTRACT (Please describe)				
provide MH/SUD program services	0			
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provide MH/SUD program services				
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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 ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS	

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Barahona	Patricia	Other Principal Officer			
2	Belden	Kristin	Board of Directors			
3	Douglass	Bailey	Board of Directors			
4	Rowe	Joshua	Board of Directors			
5	Gonzalez	John	Board of Directors			
6	Harmon	Laura	Board of Directors			
7	Ketchum	Kaitlin	Board of Directors			
8	Limon	Ashens	Board of Directors			
9	Perez	Richard	Board of Directors			
10	Romero	Elizabeth	Board of Directors			
11	Torres	Luke	Board of Directors			
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contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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 **DATE SIGNED**

BOS Clerk of the Board

**CLERK** 



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 #: 240618

Bid/RFP #:

1

# **Notification of Contract Approval**

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

<u> </u>				
1. FILING INFORMATION				
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)			
	40			
Original	0,,			
AMENDMENT DESCRIPTION – Explain reason for amendment				
	<b>7</b> 8			
	X.			

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

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NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

YA .				
5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Youth Leadership Institute			(628) 400-9252	
STREET ADDRESS (including City, State and Zip Code)			EMAIL	
198 Potrero Avenue San Francisco CA 94103				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
			240618	

19	of Potrero Avenue San Francisco	CA 94103			
			•		
6. C	ONTRACT				
DATI	E CONTRACT WAS APPROVED BY THE CITY ELI	ECTIVE OFFICER(S)	ORIGINAL BID/R	FP NUMBER	FILE NUMBER (If applicable)
	•	No.			240618
DESC	CRIPTION OF AMOUNT OF CONTRACT		I.		
\$4	11,921	,67.			
NAT	URE OF THE CONTRACT (Please describe)				
pr	ovide MH/SUD program services		9		
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7. C	OMMENTS				
	ONTRACT APPROVAL				
This	contract was approved by:	NI THE FORM			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED O	IN THIS FORIVI			
	A BOARD ON WHICH THE CITY ELECTIVE OFF	FICER(S) SERVES			
	Board of Supervisors				
	THE BOARD OF A STATE ACENICY ON WHICH	AN ADDOMETE OF	THE CITY OF COTIVE	OFFICED(s)	DENTIFIED ON THIS FORM SITS
	THE BOARD OF A STATE AGENCY ON WHICH	I AN APPOINTEE OF	INC CITY ELECTIVE	COFFICER(S)	DEMILITIED ON THIS FORIN SHS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
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2	Belden	Kristin	Board of Directors			
3	Douglass	Bailey	Board of Directors			
4	Rowe	Joshua	Board of Directors			
5	Gonzalez	John	Board of Directors			
6	Harmon	Laura	Board of Directors			
7	Ketchum	Kaitlin	Board of Directors			
8	Limon	Ashens	Board of Directors			
9	Perez	Richard	Board of Directors			
10	Romero	Elizabeth	Board of Directors			
11	Torres	Luke	Board of Directors			
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contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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			
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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			