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

City Elective Officer Information (*Please print clearly.*)	
Name of City elective officer(s): Mayor Edwin Lee	City elective office(s) held: Mayor, City and County of San Francisco

Contractor Information (*Please print clearly.*)	
Name of contractor: **HealthRIGHT 360**	
Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary. 1 - 2 See attached documents 3 – 5 Not Applicable	
Contractor address: 1735 Mission Street, Suite 2050, San Francisco, CA 94103	
Date that contract was approved:	Amount of contract: $71,260,913
Describe the nature of the contract that was approved: Fiscal intermediary services for Community Behavioral Health and Primary Care programs	
Comments:	

This contract was approved by (check applicable):

☑ the City elective officer(s) identified on this form

☐ a board on which the City elective officer(s) serves _____
<div align="center">Print Name of Board</div>

☐ the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

_____
<div align="center">Print Name of Board</div>

Filer Information (*Please print clearly.*)	
Name of filer: Nicole Wheaton, Policy Analyst, Office of the Mayor	Contact telephone number: (415) 554-7940
Address: City Hall, Room 294	E-mail: Nicole.wheaton@sfgov.org

_____   _____
Signature of City Elective Officer (if submitted by City elective officer)   Date Signed

_____   _____
Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)   Date Signed