



San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220043

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION

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|---|---|
| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
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2. CITY ELECTIVE OFFICE OR BOARD

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|------------------------|--------------------------------------|
| 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 |
| Hanna Hjord | 628.217.6316 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | hanna.hjord@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Heluna Health | TELEPHONE NUMBER (800) 201-7320 |
| STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Parkway North, Suite 450 CID CA 91746 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220043 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$670,568 | | |
| NATURE OF THE CONTRACT (Please describe) Heluna Health will provide fiscal intermediary services to SFDPH and contractual oversight over consultants selected by CHEP. Heluna Health is a 501 (c) 3 Nonprofit with a Board of Directors | | |

| 7. COMMENTS |
|---|
| Amount of Contract is reflected as the sum of the entries in Section H. CONTRACTUAL table in both Revised Component A Budget (\$614, 168) and Component C (\$56,400). |

| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
| <input type="checkbox"/> | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM |
| <input checked="" type="checkbox"/> | A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors |
| <input type="checkbox"/> | THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS |

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|--------------|-------------------------|
| 1 | Ramanathan | Erik D. | Other Principal Officer |
| 2 | Baker | Alex | Other Principal Officer |
| 3 | Jenks | Robert R. | Other Principal Officer |
| 4 | Joseph | Tamara | Other Principal Officer |
| 5 | Gieseler | Brian | CFO |
| 6 | Cutler | Blayne | CEO |
| 7 | Edwards | Carladenise | Board of Directors |
| 8 | Yip | Edward | Board of Directors |
| 9 | Casciato | Georgia | Board of Directors |
| 10 | O'Connor | Jean C. | Board of Directors |
| 11 | Macarchuk | Nicole J. | Board of Directors |
| 12 | Vetticaden | Santosh | Board of Directors |
| 13 | Rich | Sarah Mullen | Board of Directors |
| 14 | Filer | Scott | Board of Directors |
| 15 | DeSanti | Susan | Board of Directors |
| 16 | Filer | Scott | Board of Directors |
| 17 | Vasallo | Vivian | Board of Directors |
| 18 | Nguyen | Von | Board of Directors |
| 19 | | | |

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Incomplete - Pending Signature

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| <input type="checkbox"/> | 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.

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|



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| Board of Supervisors | Members |

3. FILER'S CONTACT

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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 |

4. CONTRACTING DEPARTMENT CONTACT

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Hanna Hjord | 628.217.6316 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | hanna.hjord@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Harm Reduction Coalition | TELEPHONE NUMBER (510) 285-2799 |
| STREET ADDRESS (including City, State and Zip Code) 45 Franklin Street, Suite 320, San Francisco CA 94102 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220043 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$5,000 | | |
| NATURE OF THE CONTRACT (Please describe) Harm Reduction Coalition will provide overdose prevention services in supportive housing unites and work with tenant leaders to ensure access to naloxone. | | |

| 7. COMMENTS |
|---|
| Harm Reduction is a 501 (c) 3 Nonprofit with a Board of Directors Amount of Contract is reflected in the Revised Component A Budget, Section H. CONTRACTUAL table. |

| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
| <input type="checkbox"/> | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM |
| <input checked="" type="checkbox"/> | A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors |
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9. AFFILIATES AND SUBCONTRACTORS

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|-------------------------|
| 1 | Sherman | Susan | Other Principal Officer |
| 2 | Barbour | Russell | Other Principal Officer |
| 3 | Kinzly | Mark | Other Principal Officer |
| 4 | Kral | Alex H. | Other Principal Officer |
| 5 | McIntosh | Marcia S. | Other Principal Officer |
| 6 | Pillai | Nandini | Other Principal Officer |
| 7 | Fuentes | Tino | Board of Directors |
| 8 | Green | Corinne | Board of Directors |
| 9 | Larriett | Dakarai | Board of Directors |
| 10 | Pick | William O. | Board of Directors |
| 11 | Ramirez | Lisa | Board of Directors |
| 12 | Roig | Carlos | Board of Directors |
| 13 | Stampler | Julie | Board of Directors |
| 14 | Tookes | Hansel | Board of Directors |
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Incomplete - Pending Signature

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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.

| | |
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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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| Angela Calvillo | 415-554-5184 |
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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Hanna Hjord | 628.217.6316 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | hanna.hjord@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Facente Consulting | TELEPHONE NUMBER 415-999-1310 |
| STREET ADDRESS (including City, State and Zip Code) 5601 Van Fleet Avenue, Richmond, CA 94804 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220043 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$183,582 | | |
| NATURE OF THE CONTRACT (Please describe) Facente Consulting will be funded to coordinate the development of a Community Health Leadership Institute (CHLI) in year 1 in partnership with the Community Engagement grantees listed above (\$60,000 will go to community organizations, experts and members). The CHLI will serve as a model for the type of transformative change that is called for to address the major health disparities that have persisted in SF. | | |

| 7. COMMENTS |
|---|
| Facente Consulting is a 501 (c) 3 Nonprofit with a Board of Directors Amount of Contract is reflected in the Revised Component A Budget, Section H. CONTRACTUAL table. |

| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
| <input type="checkbox"/> | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM |
| <input checked="" type="checkbox"/> | A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors |
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9. AFFILIATES AND SUBCONTRACTORS

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 1 | Facente | Shelley | Board of Directors |
| 2 | Maxim | Cindy | Board of Directors |
| 3 | Albers | Autumn | Board of Directors |
| 4 | Geckeler | Dara | Board of Directors |
| 5 | Jimenez | Jose | Board of Directors |
| 6 | Blea | LeRoy | Board of Directors |
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Incomplete - Pending Signature

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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.

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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.

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| 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 |
| HANNA HJORD | 628.217.6316 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | hanna.hjord@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR San Francisco AIDS Foundation | TELEPHONE NUMBER (415) 487-3000 |
| STREET ADDRESS (including City, State and Zip Code) 1035 Market Street, Suite 400, San Francisco, CA 94103 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 220043 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$80,000 | | |
| NATURE OF THE CONTRACT (Please describe) San Francisco AIDS Foundation will pilot mobile contingency management with people experiencing homelessness. | | |

| 7. COMMENTS |
|---|
| San Francisco AIDS Foundation is a 501 (c) 3 Nonprofit with a Board of Directors. Amount of Contract is reflected in the Revised Component A Budget, Section H. CONTRACTUAL table. |

| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
| <input type="checkbox"/> | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM |
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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|-------------|-------------------------|
| 1 | Marquis | Matthew | Other Principal Officer |
| 2 | Garcia | Ferd | Other Principal Officer |
| 3 | Borkon | Peter | Board of Directors |
| 4 | Brooke | Keri | Board of Directors |
| 5 | Brooks | Douglas | Board of Directors |
| 6 | Cowen | Christopher | Board of Directors |
| 7 | Damalas | Alex | Board of Directors |
| 8 | Duff | Frank | Board of Directors |
| 9 | Edwards | Kenneth | Board of Directors |
| 10 | Lazarre | Zoe Harris | Board of Directors |
| 11 | Hodges | Philip | Board of Directors |
| 12 | Huang | Stephen | Board of Directors |
| 13 | Kinsley | Michael | Board of Directors |
| 14 | Livingston | Sean | Board of Directors |
| 15 | Mapps | Rosco | Board of Directors |
| 16 | Nungaray | Manny | Board of Directors |
| 17 | Pinco | James | Board of Directors |
| 18 | Reid | Katrina | Board of Directors |
| 19 | Silva | Fredo | Board of Directors |

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|----|--------------------------------|------------|--------------------|
| 20 | Vastardis | William | Board of Directors |
| 21 | Watson | Maureen | Board of Directors |
| 22 | walker | La Shon | Board of Directors |
| 23 | wong | Dora | Board of Directors |
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| <input type="checkbox"/> | 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.

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|