

File No. 200580

Committee Item No. 3

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date June 17, 2020

Board of Supervisors Meeting

Date \_\_\_\_\_

#### Cmte Board

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | Motion                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Budget and Legislative Analyst Report        |
| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | Introduction Form                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/> | MOU  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Subcontract Budget                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Contract/Agreement                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Award Letter                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Public Correspondence                        |

#### OTHER (Use back side if additional space is needed)

- |                                     |                          |                                     |
|-------------------------------------|--------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Health Commission Resolution</u> |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____                               |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____                               |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____                               |
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| <input type="checkbox"/>            | <input type="checkbox"/> | _____                               |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____                               |

Completed by: Linda Wong

Date June 12, 2020

Completed by: Linda Wong

Date \_\_\_\_\_

1 [Accept and Expend Gift - Retroactive - Friends of Laguna Honda - Equipment Materials,  
2 Supplies, and Services - \$79,453]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**  
4 **expend a monetary gift in the amount of \$79,453 from the Friends of Laguna Honda to**  
5 **the Laguna Honda Hospital Gift Fund for the purchase of equipment materials,**  
6 **supplies, and services for residents at Laguna Honda who are otherwise unable to**  
7 **obtain them, for the period of April 1, 2020, through June 30, 2021.**

8

9 WHEREAS, Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) is part  
10 of the San Francisco Health Network operated by the Department of Public Health and is a  
11 safety net and community hospital, with a mission to provide a welcoming, therapeutic and  
12 healing environment that promotes the individual's health and well-being; and

13 WHEREAS, The Friends of Laguna Honda is a nonprofit organization, founded in 1956,  
14 dedicated to enhancing the quality of life for the residents at Laguna Honda by funding non-  
15 medical programs and services that would otherwise be unavailable; and

16 WHEREAS, The Friends of Laguna Honda have made two donations totaling \$79,453  
17 to the Laguna Honda Gift Fund; and

18 WHEREAS, \$42,653 will support the Art With Elders program and \$36,800 will support  
19 the Centers of Excellence Wish List at Laguna Honda; and

20 WHEREAS, The Art With Elders Program engages Laguna Honda residents in art  
21 classes to acquire art skills and foster positive artistic experiences; and

22 WHEREAS, The Centers of Excellence Wish List will allow staff to obtain equipment,  
23 supplies, and materials that will directly benefit Laguna Honda residents within the hospital's  
24 program concentrations including Behavioral Health, End-of-Life, General Skilled Nursing,  
25 Geriatrics, Memory Care, Positive Care, Rehabilitation, and Respite Care; and

1           WHEREAS, The Laguna Honda Hospital Gift Fund is used to benefit the residents at  
2 Laguna Honda, including providing comfort and support for all Laguna Honda residents; and

3           WHEREAS, On January 21, 2020, the Health Commission voted to recommend that  
4 the Board of Supervisors approve the gift, and authorize Laguna Honda to accept and expend  
5 this gift; now, therefore, be it

6           RESOLVED, That the Board of Supervisors approves the gift and authorizes the  
7 Department of Public Health to accept and expend a gift of cash in the value of up to \$79,453  
8 donated by the Friends of Laguna Honda to the Laguna Honda Hospital Gift Fund for the  
9 purchase of equipment, materials, supplies and services for the residents at Laguna Honda  
10 who are otherwise unable to enjoy them; and, be it

11          FURTHER RESOLVED, That the proceeds of the gift by the Friends of Laguna Honda  
12 will be accepted and expended consistent with Administrative Code Sections governing the  
13 acceptance of gifts to the City and County of San Francisco, including Administrative Code,  
14 Section 10.100-201; and, be it

15          FURTHER RESOLVED, That the Board of Supervisors extends its gratitude to  
16 the Friends of Laguna Honda for the generous gift to the City and County of San Francisco in  
17 support of Laguna Honda Hospital and Rehabilitation Center.



File Number: \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Resolution Information Form**  
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **Friends of Laguna Honda**

2. Department: **Department of Public Health, Laguna Honda Hospital**

3. Contact Person: **William Frazier** Telephone: **415-759-3384**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$79,453**

6a. Matching Funds Required: **\$0**

b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: **Friends of Laguna Honda**

b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary: **The Friends of Laguna Honda have made two donations in the total amount of \$79,453 to the Laguna Honda Gift Fund: 1) \$36,800 to support the Centers of Excellence Wish List; 2) \$42,653 to support the Art with Elders program.**

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: **Upon Acceptance by the Board of Supervisors, estimated April 2020** End-Date: **6/30/21**

10a. Amount budgeted for contractual services: **\$42,653**

b. Will contractual services be put out to bid? **No**. The amount budgeted for contractual services will pay for one year of art classes provided by Eldergivers/Art With Elders within their current contract with the City and County of San Francisco.

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N/A**

d. Is this likely to be a one-time or ongoing request for contracting out? **On-going**

11a. Does the budget include indirect costs?  Yes  No

b1. If yes, how much? **N/A**

b2. How was the amount calculated? **N/A**

c1. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **In operating costs**

12. Any other significant grant requirements or comments:

**The equipment, materials, supplies, and services funded through this gift shall be of direct benefit and contribute to the comfort, happiness, and well-being of the residents of Laguna Honda Hospital. Funds must support the projects identified, and projects funded through this gift must be branded or co-branded as being provided by the Friends of Laguna Honda. Items procured through the Centers of Excellence Wish List have been reviewed in advance by the Friends of Laguna. Procurement of those items shall not significantly deviate from the approved list.**

**Fund: 22150**

**Dept: 207690**

**Project 10000329**

**Authority 10001**

**Activity 0001**

**\*\*Disability Access Checklist\*\*\*(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Existing Site(s) | <input checked="" type="checkbox"/> Existing Structure(s) | <input checked="" type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s)       | <input type="checkbox"/> Rehabilitated Structure(s)       | <input type="checkbox"/> New Program(s) or Service(s)                 |
| <input type="checkbox"/> New Site(s)                 | <input type="checkbox"/> New Structure(s)                 |   |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:


Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker, PhD  
(Name)

DPH ADA Coordinator  
(Title)

Date Reviewed: 1-15-20

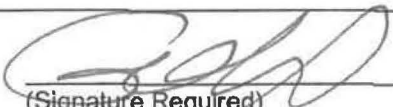
  
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Confax  
(Name)

Director of Health  
(Title)

Date Reviewed: 1-21-2020

  
(Signature Required)

**From:** [Dwight Cochran](#)  
**To:** [Frazier, William \(DPH\)](#); [David Haugen](#); [Craig Collins](#)  
**Subject:** FLH Award Letter  
**Date:** Monday, December 30, 2019 10:38:12 AM

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This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Bill and Maggie,

The Friends of Laguna Honda Board, at its recent meeting on October 9th, has approved the funding of the two following projects:

Art With Elders -- \$42,653

Center of Excellence Wish list -- \$36,800

As we have discussed these will be Grants specific to each project and as such should be accounted for as a unique "Directed Grant" to the Gift Fund. By unique we mean specific to Friends of Laguna Honda. In addition each project should be branded "Friends of Laguna Honda" or co-branded as in the case with Art With Elders. (This could be Art With Elders funded by Friends of Laguna Honda). In addition, all approved expenditures should follow the Friends of Laguna Honda charter which is as follows:

*"Section 2 -- The purposes of this corporation are (a) to render services to the residents and patients of Laguna Honda Hospital, San Francisco, California ("the Hospital"), not normally provided by regular personnel and which services shall be for the purpose of contributing to the comfort, happiness and well-being of the patients and residents (b) to raise funds for the purpose of carrying out the work of the corporation; and (c) to aid and assist the administration of the Hospital in providing for the comfort, happiness and well-being of its residents and patients."*

By virtue of this email, I am requesting that SVCF prepare checks for the following two programs:

Art With Elders -- \$42,653

Wishlist -- \$36,800

Please reply via email with any questions.



Thanks,

Dwight



#### OFFICERS

Peter A. Johnson  
President

Porter Felton  
Vice President

Richard J. Behrendt  
Vice President

Joseph S. Lerer  
Secretary

Craig B. Collins  
Treasurer

#### DIRECTORS

Peter W. Callander, M.D.  
Dwight Cochran  
Lisa Wilcox Corning  
Christopher B. Escher  
Laura Fogelman  
Lawrence J. Funk  
Hillary Hogan  
Timothy J. Halloran  
Mrs. James K. McWilliams  
Morris H. Noble, Jr.  
Katie A. Rafanelli  
G. Barney Schley  
Sara C. Stephens  
Stephen H. Sutro

#### DIRECTORS EMERITUS

Kathleen Cardinal  
Terry Lowry  
William B. MacColl, Jr.  
William C. Miller  
W. Sloan Upton

Bill Frazier  
Laguna Honda  
Hospital and Rehabilitation Center  
375 Laguna Honda Blvd.  
San Francisco, CA 94116

Bill and Maggie,

The Friends of Laguna Honda Board, at its recent meeting on October 9th, has approved the funding of the two following projects:

Art With Elders -- \$42,653  
Center of Excellence Wish list -- \$36,800

As we have discussed these will be Grants specific to each project and as such should be accounted for as a unique "Directed Grant" to the Gift Fund. By unique we mean specific to Friends of Laguna Honda. In addition, each project should be branded "Friends of Laguna Honda" or co-branded as in the case with Art With Elders. (This could be Art With Elders funded by Friends of Laguna Honda). In addition, all approved expenditures should follow the Friends of Laguna Honda charter which is as follows:

*"Section 2 -- The purposes of this corporation are (a) to render services to the residents and patients of Laguna Honda Hospital, San Francisco, California ("the Hospital"), not normally provided by regular personnel and which services shall be for the purpose of contributing to the comfort, happiness and well-being of the patients and residents (b) to raise funds for the purpose of carrying out the work of the corporation; and (c) to aid and assist the administration of the Hospital in providing for the comfort, happiness and well-being of its residents and patients."*

Dwight Cochran will be coordinating a procedure for reviewing items to be funded by the Center of Excellence Wish List. Once completed, it is anticipated that the Friends of Laguna Honda would fund this as a unique "Gift Fund" line item as defined above. It is not anticipated that Friends of Laguna Honda would provide any purchasing services in this regard.

We look forward to continued success of these programs!

Thanks,

The Friends of Laguna Honda

**Health Commission  
City and County of San Francisco  
Resolution No. 20-4**

**RESOLUTION AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO RECOMMEND TO THE BOARD OF SUPERVISORS TO ACCEPT AND EXPEND A GIFT OF \$79,453.00 TO THE LAGUNA HONDA GIFT FUND FROM THE FRIENDS OF LAGUNA HONDA.**

WHEREAS, Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) is part of the San Francisco Health Network operated by the Department of Public Health and is a safety net and community hospital, with a mission to provide a welcoming, therapeutic, and a healing environment that promotes the individual's health and well-being; and

WHEREAS, the Friends of Laguna Honda is a nonprofit organization, founded in 1956, dedicated to enhancing the quality of life for the residents at Laguna Honda by funding non-medical programs and services that would otherwise be unavailable.

WHEREAS, the Friends of Laguna Honda have made two donations totally seventy-nine thousand four hundred fifty-three dollars (\$79,453.00) to the Laguna Honda Gift Fund:

- Forty-two thousand six hundred fifty-three dollars (\$42,653.00) to support the Art With Elders program;
- Thirty-six thousand eight hundred dollars (\$36,800.00) to support the Centers of Excellence Wish List at Laguna Honda.

WHEREAS, the ART With Elders Program engages Laguna Honda residents in art classes to acquire art skills and foster positive artistic experiences.

WHEREAS, The Centers of Excellence Wish List allows staff to obtain equipment, supplies, and materials that directly benefit Laguna Honda residents within the hospital's program concentrations including Behavioral Health, End-of-Life, General Skilled Nursing, Geriatrics, Memory Care, Positive Care, Rehabilitation, and Respite Care.

WHEREAS, the Laguna Honda Hospital Gift Fund is used to benefit the residents at Laguna Honda, including providing comfort and support for all hospital residents. The Health Commission, through its membership in the Laguna Honda Hospital Joint Conference Committee, monitors the Gift Fund budget; therefore, be it

RESOLVED, That the Health Commission recommends that the Board of Supervisor accept and expend a gift of cash in accordance with the intent of the Friends of Laguna Honda – a gift in the value of up to seventy-nine thousand four hundred fifty-three dollars (\$79,453.00) donated to the Laguna Honda Hospital Gift Fund to support resident care programs for residents at Laguna Honda who are otherwise unable to enjoy such programs; and be it

FURTHER RESOLVED, That the donation will be accepted and expended consistent with San Francisco Administrative Code Sections governing the acceptance of gifts to the City and County of San Francisco, including San Francisco Administrative Code Section 10.100-201; and be it

FURTHER RESOLVED, That the Health Commission extends its gratitude to the Friends of Laguna Honda for the generous gift to the Department of Public Health in support of Laguna Honda and its residents.

I hereby certify that the San Francisco Health Commission at its meeting on January 21, 2020, adopted the foregoing resolution



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Mark Morewitz, MSW  
Health Commission Executive Secretary

**Laguna Honda Hospital**

**Friends of Laguna Honda Donation**

**Two-Year Budget**

**April, 2020 – June 30, 2021**

**Laguna Honda Resident Gift Fund Project Code 10000329**

<b>DIRECT COSTS</b>	<b>Fiscal Year 19-20</b>	<b>Fiscal Year 20-21</b>	<b>Totals</b>
<b>Other Current Supplies</b> Art Classes provided by Art With Elders		\$42,653	\$42,653
<b>Other Current Expenses Sub-Total</b>		<b>\$42,653</b>	<b>\$42,653</b>
<b>Other Materials and Supplies</b> Recreation program equipment, supplies, and materials	\$36,800		\$36,800
<b>Other Materials and Supplies Sub-Total</b>	<b>\$36,800</b>		<b>\$36,800</b>
<b>TOTAL</b>	<b>\$36,800</b>	<b>\$42,653</b>	<b>\$79,453</b>



London N. Breed  
Mayor

Greg Wagner  
Acting Director of Health

**TO:** Angela Calvillo, Clerk of the Board of Supervisors  
**FROM:** Greg Wagner  
Acting Director of Health  
**DATE:** 1/28/2020  
**SUBJECT:** Grant Accept and Expend  
**GRANT TITLE:** Accept and Expend Gift – Friends of Laguna Honda –  
Laguna Honda Hospital Gift Fund- \$79,453

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Attached please find the original and 1 copy of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted.
- Agreement / Award Letter
- Other (Explain):

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Gregory Wong

Phone: 554-2868

Interoffice Mail Address: Dept. of Public Health, Fiscal Unit, 101 Grove St

Certified copy required Yes

No

**From:** [Kittler, Sophia \(MYR\)](#)  
**To:** [BOS Legislation, \(BOS\)](#)  
**Cc:** [Peacock, Rebecca \(MYR\)](#); [Wong, Greg \(DPH\)](#); [Kirkpatrick, Kelly \(MYR\)](#); [LeFranc, Carmen \(CON\)](#)  
**Subject:** Resolution - Accept and Expend Gift – Friends of Laguna Honda – Laguna Honda Hospital Gift Fund - \$79,453  
**Date:** Tuesday, June 2, 2020 6:37:47 PM  
**Attachments:** [1a. 1043 Board of Supervisors Resolution Friends of Laguna Honda 20200115.docx](#)  
[1b. Signed Resolution.pdf](#)  
[2. Cover Memo.pdf](#)  
[3b. Signed Grant Info Form.pdf](#)  
[DPH A&E - Friends of Laguna Honda - Laguna Honda Hospital Gift Fund - \\$79,453 - Project 10000329.pdf](#)  
[3a. 1043 Grants Information Form - Friends of Laguna Honda 20200103.doc](#)  
[4. 1043 Friends of Laguna Honda Donation Budget 20200115.docx](#)  
[5. 1043 FLH Award Letter 20200115 Updated.pdf](#)  
[6. 1043 FLH Award Letter.pdf](#)  
[7. 1043 Signed HC Resolution 20200121.pdf](#)

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Hello,

Please find attached for introduction a **Resolution authorizing the Department of Public Health to accept and expend a monetary gift in the amount of \$79,453 from the Friends of Laguna Honda to the Laguna Honda Hospital Gift Fund for the purchase of equipment materials, supplies, and services for residents at Laguna Honda who are otherwise unable to obtain them, for the period of April 1, 2020, through June 30, 2021.**

Kelly or Ashley, can you please confirm Mayor signature by replying to this email?

Let me know if you have any questions.

Sophia

Sophia Kittler  
Office of Mayor London N. Breed  
415 554 6153



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 200580

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

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Eldergivers DBA Art with Elders	<b>TELEPHONE NUMBER</b> 415.441.2650
<b>STREET ADDRESS (including City, State and Zip Code)</b> 236 West Portal Ave., #845 San Francisco, CA 94127	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200580
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$42,653		
<b>NATURE OF THE CONTRACT (Please describe)</b> Eldergivers/Art with Elders provides art instruction to the residents at Laguna Honda Hospital.		

7. COMMENTS

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	ROSEN	DAN	Other Principal Officer
2	MASON	LAURA	Other Principal Officer
3	ESTRADA	IGNACIO	Other Principal Officer
4	WARK	ALLEN	Board of Directors
5	WOLFRED	TIM	Board of Directors
6	LAZO	RENE	Board of Directors
7	KARP	PETER	Board of Directors
8	MURLEY	LINDA	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
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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
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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.**

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