



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 #: 210344

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

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

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
Elizabeth Leone	415-557-5727
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSA Human Services Agency	elizabeth.leone@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Institute on Aging	TELEPHONE NUMBER 415-750-4111
STREET ADDRESS (including City, State and Zip Code) 3575 Geary Blvd, SF, CA 94118	EMAIL rblades@ioaging.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 210344
DESCRIPTION OF AMOUNT OF CONTRACT \$22,408,928		
NATURE OF THE CONTRACT (Please describe) <p>The purpose of this grant is to provide case management and other services as part of the Community Living Fund (CLF) program that is being administered by the Department of Disability and Aging Services. The CLF program is used to fund services, or a combination of goods and services, that help individuals who are currently in or at imminent risk of being institutionalized. This amendment extends the grant for two more years.</p>		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Briody	J. Thomas	CEO
2	Vorfield	Janice	COO
3	Blades	Roxana	CFO
4	Harper	Dustin	Other Principal Officer
5	Lui	Virginia	Other Principal Officer
6	McPherson	Aaron	Other Principal Officer
7	Murray	Jacqueline	Other Principal Officer
8	Burnes	Preston	Other Principal Officer
9	Hestenes	Joan	Other Principal Officer
10	Griffin	Mary	Other Principal Officer
11	Fisher	Andy	Other Principal Officer
12	Hinton	Anne	Other Principal Officer
13	Matacia	Theresa	Other Principal Officer
14	Litvak	Marlene	Other Principal Officer
15	Browner	William	Board of Directors
16	Cooperband	Aaron	Board of Directors
17	Davis	James	Board of Directors
18	Parker Martin	Jeanne	Board of Directors
19	Walter	Louise	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	whitehead	Cynthia Diana	Board of Directors
21	zellerbach	Amy	Board of Directors
22	Briody	J. Thomas	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

<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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