

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

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Mayor Edwin M. Lee; Members, SF Board of Supervisors	City elective office(s) held: Mayor, City and County of San Francisco; Members, SF Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Mental Health Association of San Francisco	
<i>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.</i>	
<i>(1)Mason S. Turner, Jennifer Simon, Sonali Kothar, Ross Darby, John L. Cooper, Steven Grolnic-McGlurg, Carmen Lee, Maga Kisriev, Nadine Dixon (2) Eduardo Vega, Executive Director; Michael Gause, Deputy Director; Mahesh Venekehamen, Finance Officer (3)None (4)None (5)None</i>	
Contractor address: 870 Market Street, Suite 928, San Francisco, CA 94102	
Date that contract was approved:	Amount of contract: \$4,104,039 for 4 years
Describe the nature of the contract that was approved: Mental Health Association of San Francisco will staff a Mental Health Triage Warm Line which will operate 24 hours a day 7 days a week providing information, assessments, and referrals to any all community members who are experiencing or at risk of experiencing psychiatric crisis.	
Comments:	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)

a board on which the City elective officer(s) serves San Francisco Board of Supervisors

Print Name of Board

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

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer:	Contact telephone number: ()
Address:	E-mail:

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