File No. 180012

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):	City elective office(s) held:
Members, Board of Supervisors	Members, Board of Supervisors
Contractor Information (Please print clearly.)	
Name of contractor: HealthRIGHT 360, a California nonprofit corporation	
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. Board of Directors: SEE ATTACHED 2. GEO. Vitha Figure CEO. Town Draw of Chief Health and Officers And Walder MD	
2. CEO: Vitka Eisen; CFO: Tony Duong; Chief Healthcare Officer: Ana Valdes, MD	
3. NA 4. NA	
4. NA5. No political committees sponsored or controlled.	
5. No pontical committees sponsored of controlled.	
Contractor address:	
1563 Mission Street, San Francisco, CA, 94103	
Date that contract was approved:	Amount of contract:
Date that contract was approved.	Initial base rent of \$93,242 with 3% annual increase
	(reimbursement up to \$38,000 to landlord)
Describe the notion of the contract that was approved.	r 12 42 3,300 to tandiots)
Describe the nature of the contract that was approved: Sublease of exam and office space in HealthRIGHT 360 clinic building for a five year initial term to commence March 1,	
2018, through February 28, 2023.	
Comments:	
This contract was approved by (check applicable):	
the City elective officer(s) identified on this form	
X a board on which the City elective officer(s) serves <u>San Francisco Board of Supervisors</u>	
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 (Please print clearly.)	
Name of filer:	Contact telephone number:
Angela Calvillo, Clerk of the Board	415-554-5184
Address:	E-mail:
City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco,	CA 94102 Board.of.Supervisors@sfgov.org
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Signature of City Elective Officer (if submitted by City elective officer)	Date Signed
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Signature of Board Secretary or Clerk (if submitted by Board Secretary	or Clerk) Date Signed