



## 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: 07-23-2021 | 13:22:23 PDT

File #: 210661

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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> 18 REASONS	<b>TELEPHONE NUMBER</b> (415) 568-2710
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3674 18th St. San Francisco, CA 94110	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$55,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide outreach to targeted populations.		

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	Nelson	SARAH	Other Principal Officer
2	SALCEDO	THERESA	Other Principal Officer
3	WELLER	MIKE	Other Principal Officer
4	ECKERT	ALLISON	Other Principal Officer
5	GUERRERO	CLAUDIA	Other Principal Officer
6	TEJUCO	BRIANA	Other Principal Officer
7	BOULTON	FRANCESCA	Other Principal Officer
8	HAYASHI	ELISE	Other Principal Officer
9	DAWSON	TOM	Other Principal Officer
10	SUSTER	ABBY	Other Principal Officer
11	VIGIL	EMELIA	Other Principal Officer
12	SOLONIUK	ANNA	Other Principal Officer
13	GUERRERO-VILLANUEVA	MAURICIO	Other Principal Officer
14	SKLENAR	NIC	Other Principal Officer
15	O'BRIEN	CAT	Other Principal Officer
16	CAMPOS	SAMANTHA	Other Principal Officer
17	FARRAR-RIVAS	PATRICIA	Board of Directors
18	HARDISTY	AARON	Board of Directors
19	MEKSAVAN	JESSICA	Board of Directors

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	ROSNER	BOB	Board of Directors
21	TSAY	CALVIN	Board of Directors
22	MOGANNAM	SAM	Board of Directors
23	NELSON	SARAH	Board of Directors
24	BUWEMBO	ISSAC	Board of Directors
25	SPICER	MAGGIE	Board of Directors
26	TAO	ROSABEL	Board of Directors
27	COGEN	SHANNON WHITE	Board of Directors
28	OBST	SUZY	Board of Directors
29	SINGH	POONAM	Board of Directors
30	WIGGLESWORTH	SARAH	Board of Directors
31	BALDAUF	MARIAN ZISCHKE	Board of Directors
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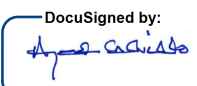
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**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>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   13:22:23 PDT</p>
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GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> APA Family Support Services	<b>TELEPHONE NUMBER</b> (415) 617-0061
<b>STREET ADDRESS (including City, State and Zip Code)</b> 10 Nottingham Place San Francisco, CA 94133	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$8,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide support for oral health program		

7. COMMENTS

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Yuen	Rick	Other Principal Officer
2	CHUNG	ROSE	Board of Directors
3	CHEN	CARY	Board of Directors
4	HUIE	Jacqueline	Board of Directors
5	HOXIE	JULIE	Board of Directors
6	TSO	JOYCE	Board of Directors
7	CHAN	MAI-SIE	Board of Directors
8	DIEP	VAN	Board of Directors
9	LAM	FANNY	Board of Directors
10	LAM	KORY	Board of Directors
11	NG	JENNIFER	Board of Directors
12	SUNG	SUSAN	Board of Directors
13	TRAC	SONYA	Board of Directors
14	YAO	DEAN	Board of Directors
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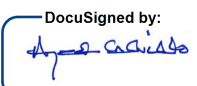
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**10. VERIFICATION**

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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.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   13:24:23 PDT</p>
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GREGORY WONG	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> California Invasive Plant Council	<b>TELEPHONE NUMBER</b> (510) 843-3902
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1442-A Walnut St. #462 Berkeley, CA 94709	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$18,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> To restore specified marshes by replanting native cordgrass and marsh gumplant.		

7. COMMENTS

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	PARISH	JULIA	Other Principal Officer
2	KERR	DREW	Other Principal Officer
3	GODFREY	SARAH	Other Principal Officer
4	PavliscaK	LAURA	Other Principal Officer
5	DARIN	GINA	Other Principal Officer
6	ADDISON	STEVEN	Board of Directors
7	GIBSON	DOUG	Board of Directors
8	GIESSOW	JASON	Board of Directors
9	KLOCK	METHA	Board of Directors
10	MATOS	JULI	Board of Directors
11	MEYER	TANYA	Board of Directors
12	MILA	LEEANNE	Board of Directors
13	ONETO	SCOTT	Board of Directors
14	SCHOENIG	STEVE	Board of Directors
15	SWANSON	AMANDA CANTU	Board of Directors
16	TRINIDAD	MARCOS	Board of Directors
17	WILEN	CHERYL	Board of Directors
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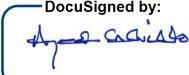
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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> CARECEN	<b>TELEPHONE NUMBER</b> 415-642-4400
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3101 Mission Street Suite 101 San Francisco, CA 94110	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$8,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide support for oral health program.		

7. COMMENTS

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1	ARTIGA	JOSE	Board of Directors
2	ASTURIAS	ELENA	Board of Directors
3	COLL	KATHLEEN	Board of Directors
4	FLORES	CARMEN	Board of Directors
5	Loya-Talamantes	MICHELLE	Board of Directors
6	RODEZNO	GABRIELLA	Board of Directors
7	SMITH	RICHARD	Board of Directors
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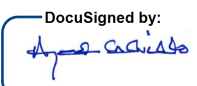
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Received On: 07-23-2021 | 13:27:39 PDT

File #: 210661

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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Catholic Charities - Leland House	<b>TELEPHONE NUMBER</b> 415-405-2000
<b>STREET ADDRESS (including City, State and Zip Code)</b> 141 Leland Avenue, San Francisco CA 94134	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$311,638		
<b>NATURE OF THE CONTRACT (Please describe)</b> To provide attendant care services in compliance with the Standard of Care for Client Centered Services to multiply diagnosed individuals at Leland House an RCF-CI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.		

7. COMMENTS

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

**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	Cordileone	Salvatore J	Board of Directors
2	Boerio	JOE	Other Principal Officer
3	Borromeo	THEODORE	Other Principal Officer
4	SUNDBY	GEORGE	Other Principal Officer
5	Meneses	JILMA	CEO
6	Bennett	PAULA	Board of Directors
7	Bojorquez	DIANA	Board of Directors
8	Brigham	MARTHA	Board of Directors
9	CLARK	PHILIP	Board of Directors
10	CONNORS	TIMOTHY	Board of Directors
11	DAHIK	ADRIANA	Board of Directors
12	GELT	JERILYN	Board of Directors
13	GHILOTTI	Michael M.	Board of Directors
14	Gonzalez	ELEANOR	Board of Directors
15	GROGAN	KATHLEEN A	Board of Directors
16	HULTMAN	DAVID R	Board of Directors
17	IKEDA	LISA	Board of Directors
18	KEARNEY	PHILIP	Board of Directors
19	LEUPP	JAY PAUL	Board of Directors

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	MCINERNEY	MAUREEN	Board of Directors
21	MIREK	LORI	Board of Directors
22	Nascimento	DANIEL	Board of Directors
23	Pautler	MICHAEL	Board of Directors
24	Pohlman	JACK	Board of Directors
25	REYES	RAYMUND	Board of Directors
26	REYNAUD	LOUIS	Board of Directors
27	Sangiaco	JIM	Board of Directors
28	WILCH	PETER	Board of Directors
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**9. AFFILIATES AND SUBCONTRACTORS**

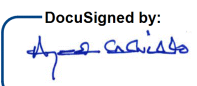
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" 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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   13:27:39 PDT</p>
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## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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Received On: 07-23-2021 | 13:29:12 PDT

File #: 210661

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

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#### 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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Catholic Charities - Peter Claver	<b>TELEPHONE NUMBER</b> (415) 749-3800
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1340 Golden Gate Ave, San Francisco, CA 94115	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$174,774		
<b>NATURE OF THE CONTRACT (Please describe)</b> To provide attendant care services in compliance with the Standard of Care for Client Centered Services to multiply diagnosed individuals at Peter Claver Community an RCFCI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.		

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	Cordileone	Salvatore	Board of Directors
2	Boerio	JIM	Other Principal Officer
3	Borromeo	Theodore	Other Principal Officer
4	Sundby	George B.	Other Principal Officer
5	Meneses	Jilma	CEO
6	Bennett	Paula H	Board of Directors
7	Bojorquez	Diana I.	Board of Directors
8	Brigham	Martha	Board of Directors
9	Clark	Philip	Board of Directors
10	Connors	Timothy	Board of Directors
11	Dahik	Adriana	Board of Directors
12	Gelt	Jerilyn	Board of Directors
13	Ghilotti	Michael M.	Board of Directors
14	Gonzalez	Eleanor	Board of Directors
15	Grogan	Kathleen A.	Board of Directors
16	Hultman	David R.	Board of Directors
17	Ikeda	Lisa	Board of Directors
18	Kearney	Philip	Board of Directors
19	Leupp	Jay Paul	Board of Directors

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	McInerney	Maureen	Board of Directors
21	Mirek	Lori P.	Board of Directors
22	Nascimento	Daniel	Board of Directors
23	Pohlman	JACK	Board of Directors
24	REYES	RAYMUND	Board of Directors
25	REYNAUD	LOUIS	Board of Directors
26	Sangiaco	JIM	Board of Directors
27	WILCH	PETER J.	Board of Directors
28	Pautler	Michael	Board of Directors
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**9. AFFILIATES AND SUBCONTRACTORS**

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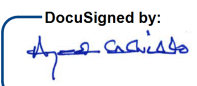
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   13:29:12 PDT</p>
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Received On: 07-23-2021 | 13:30:11 PDT

File #: 210661

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

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#### 1. FILING INFORMATION

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<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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Children's Council of San Francisco	<b>TELEPHONE NUMBER</b> (415) 276-2900
<b>STREET ADDRESS (including City, State and Zip Code)</b> 445 Church St, San Francisco, CA 94114	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$119,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide outreach to targeted populations.		

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	Nordberg	Anna	Board of Directors
2	Sims	Deborah	Board of Directors
3	Dusedau	Marga	Board of Directors
4	Benavidez	Dominique	Board of Directors
5	Moore	Fatima	Board of Directors
6	Butler	Omar	Board of Directors
7	Page	Farris	Board of Directors
8	Diana	Elizabeth	Board of Directors
9	Pattinson	Charmaine	Board of Directors
10	Fram	Victoria	Board of Directors
11	Rosberg	Peter	Board of Directors
12	Hilberman	Jessica	Board of Directors
13	Salaam	Na'eem	Board of Directors
14	Hood	Sophie	Board of Directors
15	Thomas	Chris	Board of Directors
16	Israel	George	Board of Directors
17	Vause	Brandy	Board of Directors
18	Kirk	Jim	Board of Directors
19	Fromer	Gina	CEO

**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
20	Cornwell	Gwendolyn	Other Principal Officer
21	Fischer	Eric	CFO
22	Latterman	Amie	Other Principal Officer
23	Renteria	Yvette	Other Principal Officer
24	Stephens	Tiffany	Other Principal Officer
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**9. AFFILIATES AND SUBCONTRACTORS**

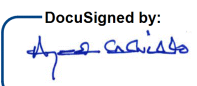
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

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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.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   13:30:11 PDT</p>
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Received On: 07-23-2021 | 13:32:20 PDT

File #: 210661

Bid/RFP #:

### Notification of Contract Approval

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#### 1. FILING INFORMATION

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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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Curry Senior Center	<b>TELEPHONE NUMBER</b> 415-920-1351
<b>STREET ADDRESS (including City, State and Zip Code)</b> 333 Turk Street, San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$114,273		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides support for older adults with mental health issues and are homeless or risk of losing their houses.		

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**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	KNEGO	DAVID	Other Principal Officer
2	BARNES	SHERRI	Other Principal Officer
3	BESS	RASHAAD	Other Principal Officer
4	BUSHNELL	ARLO	Other Principal Officer
5	DIMARTINO	ANGELA	Other Principal Officer
6	HILL	DANIEL	Other Principal Officer
7	SHORTS	TOBY	Other Principal Officer
8	Tuszynski	ANN	Other Principal Officer
9	MORGAN	JUSTIN	Other Principal Officer
10	DAVILA	JONRIE	Board of Directors
11	SKLAR	DIANE	Board of Directors
12	QUITUGUA	SHIRLEY	Board of Directors
13	SCHILLER	ZACK	Board of Directors
14	ZHANG	ALICE	Board of Directors
15	VALENTE	JULIE	Board of Directors
16	PRITCHETT	PATTIE	Board of Directors
17	SLAM	ARIELLE	Board of Directors
18	NORTON	ALYCIA	Board of Directors
19	SULLIVAN	RICHARD	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	BICKHAM	DAVID	Board of Directors
21	RAZZO	ROBERT A.	Board of Directors
22	DWYER	DIANE	Board of Directors
23	SELVAM	SASHA	Board of Directors
24	LINCECUM	HANNAH	Board of Directors
25	ZACHARY	WENDY	Board of Directors
26	GUERRERO HUH	JA EUN	Board of Directors
27	WULFOVICH	YAEL	Board of Directors
28	MCKINNON	JOHN	Board of Directors
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**9. AFFILIATES AND SUBCONTRACTORS**

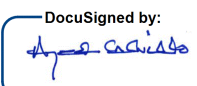
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   13:32:20 PDT</p>
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## 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: 07-23-2021 | 13:33:09 PDT

File #: 210661

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

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#### 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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Dolores Street Community Services	<b>TELEPHONE NUMBER</b> (415) 282-6209
<b>STREET ADDRESS (including City, State and Zip Code)</b> 938 Valencia St, San Francisco, CA 94110	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$233,234		
<b>NATURE OF THE CONTRACT (Please describe)</b> To improve and maintain the health of our residents through the provision of facility-based health care and other supportive services.		

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	REGAN	MONICA	Other Principal Officer
2	SILVA	ROCIO	Other Principal Officer
3	LIN	KANI	Other Principal Officer
4	HERNANDEZ	PEDRO	Other Principal Officer
5	PENFOLD	WARD	Board of Directors
6	LAUDERBACK	JUSTIN	Board of Directors
7	WINN	MICHAEL	Board of Directors
8	CAMERON	ANJALI	Board of Directors
9	VALDEZ	LAURA	Other Principal Officer
10	BHAKTA	CHIRAG	Board of Directors
11	LEONARD	ANAT	Other Principal Officer
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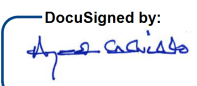
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Received On: 07-23-2021 | 13:34:21 PDT

File #: 210661

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
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<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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Facente Consulting	<b>TELEPHONE NUMBER</b> 415-999-1310
<b>STREET ADDRESS (including City, State and Zip Code)</b> 13300 Crossroads Parkway, Suite 450 CID, CA 91746	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$95,203		
<b>NATURE OF THE CONTRACT (Please describe)</b> Professional consultation and technical Asssitance for Strategic Planning		

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
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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	FACENTE	SHELLEY	Other Principal Officer
2	AGYEI	LILLIAN	Other Principal Officer
3	ALBERS	AUTUMN	Other Principal Officer
4	BLAND	WILLIAM	Other Principal Officer
5	BLEA	LEROY	Other Principal Officer
6	Geckeler	DARA	Other Principal Officer
7	HARRIS	MONIQUE	Other Principal Officer
8	HYNES	MEGHAN	Other Principal Officer
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**9. AFFILIATES AND SUBCONTRACTORS**

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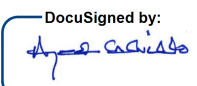
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Received On: 07-23-2021 | 13:35:34 PDT

File #: 210661

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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A Public Document

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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

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<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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Family Services Agency	<b>TELEPHONE NUMBER</b> (415) 474-7310
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1500 Franklin Street San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$292,503		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides services First Episode Psychosis, families suffering from signs and symptoms of schizophrenia.		

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**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Smith	Sandra	Board of Directors
2	Skolnick	Darren	Board of Directors
3	Eichinger	Gretchen	Board of Directors
4	Solliday	Amy	Board of Directors
5	Seaman	Christopher	Board of Directors
6	Hofman	Michael N.	Board of Directors
7	Clark	Michelle	Board of Directors
8	Rafidi	Yasmine	Board of Directors
9	Adams	Paul	Board of Directors
10	Bobulsky	Susan	Board of Directors
11	Clark	Westley	Board of Directors
12	Limpert	Terry M.	Board of Directors
13	Orias	Michael	Board of Directors
14	Rojo	Peter	Board of Directors
15	Snyder	Matt	Board of Directors
16	Steele	Tamara	Board of Directors
17	GILBERT	Al	CEO
18	DAVIS	Marvin	CFO
19	Dalmacio-Julien	Liz	Other Principal Officer

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Ortiz	Robin	Other Principal Officer
21	Quiroz	Yohana	Other Principal Officer
22	Furuzawa	Adriana	Other Principal Officer
23	Paschen	Kenji	Other Principal Officer
24	Penn	Curtis	Other Principal Officer
25	Spensley	Catherine	Other Principal Officer
26	Turner	Joseph A.	Other Principal Officer
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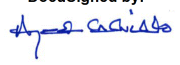
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**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

DocuSigned by:  
  
 988C8F42C3084B5  
 Angela Calvillo

**DATE SIGNED**

07-23-2021 | 13:35:34 PDT



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Received On: 07-23-2021 | 13:39:33 PDT

File #: 210661

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



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Felton Institute	<b>TELEPHONE NUMBER</b> (415) 474-7310
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1500 Franklin Street, San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$20,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides mental health technical assistance to community based MH crisis response to trauma.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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3	Eichinger	Gretchen	Board of Directors
4	Solliday	Amy	Board of Directors
5	Seaman	Christopher	Board of Directors
6	Hofman	Michael N.	Board of Directors
7	Clark	Michelle	Board of Directors
8	Rafidi	Yasmine	Board of Directors
9	Adams	Paul	Board of Directors
10	Bobulsky	Susan	Board of Directors
11	Clark	Westley	Board of Directors
12	Limpert	Terry M.	Board of Directors
13	Orias	Michael	Board of Directors
14	Rojo	Peter	Board of Directors
15	Snyder	Matt	Board of Directors
16	Steele	Tamara	Board of Directors
17	Gilbert	Al	CEO
18	DAVIS	Marvin	CFO
19	Dalmacio-Julien	Liz	Other Principal Officer

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21	Quiroz	Yohana	COO
22	Furuzawa	Adriana	Other Principal Officer
23	Paschen	Kenji	Other Principal Officer
24	Penn	Curtis	Other Principal Officer
25	Spensley	Catherine	Other Principal Officer
26	Turner	Joseph A.	Other Principal Officer
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**9. AFFILIATES AND SUBCONTRACTORS**

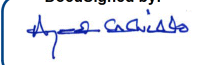
List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent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

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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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   13:39:33 PDT</p>
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## 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: 07-23-2021 | 13:36:17 PDT

File #: 210661

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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Felton Institute	<b>TELEPHONE NUMBER</b> (415) 474-7310
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1500 Franklin Street, San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$128,715		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide support for TAPP program.		

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**

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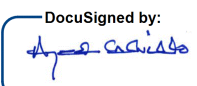
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Received On: 07-23-2021 | 13:37:57 PDT

File #: 210661

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

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
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#### 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

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<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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Felton Institute	<b>TELEPHONE NUMBER</b> (415) 474-7310
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1500 Franklin Street, San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$458,545		
<b>NATURE OF THE CONTRACT (Please describe)</b> To provide mental health services.		

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

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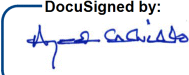
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Received On: 07-23-2021 | 15:25:53 PDT

File #: 210661

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

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#### 1. FILING INFORMATION

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<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

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Felton Institute	<b>TELEPHONE NUMBER</b> (415) 474-7310
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1500 Franklin Street San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$478,357		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide program support.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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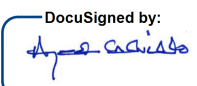
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Received On: 07-23-2021 | 13:38:47 PDT

File #: 210661

Bid/RFP #:

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DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

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<b>STREET ADDRESS (including City, State and Zip Code)</b> 1500 Franklin Street, San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$621,353		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide program support.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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21	Quiroz	Yohana	COO
22	Furuzawa	Adriana	Other Principal Officer
23	Paschen	Kenji	Other Principal Officer
24	Penn	Curtis	Other Principal Officer
25	Spensley	Catherine	Other Principal Officer
26	Turner	Joseph A.	Other Principal Officer
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**9. AFFILIATES AND SUBCONTRACTORS**

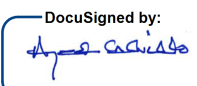
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.		

**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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   13:38:47 PDT</p>
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## 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: 07-23-2021 | 13:40:39 PDT

File #: 210661

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

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#### 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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Harm Reduction Coalition DOPE Project	<b>TELEPHONE NUMBER</b> (212) 213-6376
<b>STREET ADDRESS (including City, State and Zip Code)</b> 22 West 27th St. 5th Floor, New York, NY 10001	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$122,667		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary.		

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	TULA	MONIQUE	Other Principal Officer
2	LOPEZ	CAROLINA	Other Principal Officer
3	GOERTZEN	KATE	Other Principal Officer
4	SHERMAN	SUSAN	Board of Directors
5	KRAL	ALEX H.	Board of Directors
6	MCINTOSH	MARCIA S.	Board of Directors
7	PILLAI	NANDINI	Board of Directors
8	FUENTES	TINO	Board of Directors
9	GREEN	CORRINE	Board of Directors
10	KINZLY	MARK	Board of Directors
11	LARRIETT	DAKARAI	Board of Directors
12	PICK	WILLIAM O.	Board of Directors
13	RAMIREZ	LISA	Board of Directors
14	ROIG	CARLOS	Board of Directors
15	STAMPLER	JULIE	Board of Directors
16	TOOKES	HANSEL	Board of Directors
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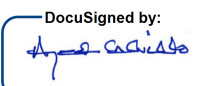
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Received On: 07-23-2021 | 13:41:22 PDT

File #: 210661

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

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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

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<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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Harm Reduction Therapy Center	<b>TELEPHONE NUMBER</b> (415) 863 4282
<b>STREET ADDRESS (including City, State and Zip Code)</b> 45 Franklin Street, Suite 320, San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$33,600		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide clinical consultation services to LINC frontline staff.		

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
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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	DENNING	PATT	Board of Directors
2	BLIZZARD	MELISSA	Board of Directors
3	ALEXANDER	IRINA	Board of Directors
4	BERG	ANNA	Board of Directors
5	BROWN	JASON	Board of Directors
6	KAMPS-HUGHES	NATHAN	Board of Directors
7	PEREZ	CELIA SAMPAYO	Board of Directors
8	BROUSSARD	JIA	Board of Directors
9	HESS	JOEY	Board of Directors
10	BROWN	LETICIA	Board of Directors
11	BYRD	MAURICE	Board of Directors
12	DARON	RANDY	Board of Directors
13	SAINI	ERICA	Board of Directors
14	DART-MCLEAN	DANA	Board of Directors
15	HERRERA	DANIELLE M.	Board of Directors
16	DREW	COREY	Board of Directors
17	FISHER	MASA	Board of Directors
18	BIRCH	JENNIFER	Board of Directors
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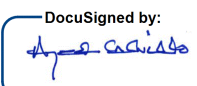
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Received On: 07-23-2021 | 13:46:27 PDT

File #: 210661

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

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#### 1. FILING INFORMATION

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#### 2. CITY ELECTIVE OFFICE OR BOARD

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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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Hatchuel Tabernik & Associates Inc	<b>TELEPHONE NUMBER</b> 510-559-3193
<b>STREET ADDRESS (including City, State and Zip Code)</b> 2560 Ninth Street, Suite 319A, Berkeley, CA 94710	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$45,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide consulting services in support of the Pre-Trial Felony Mental Health Diversion (MHD) program.		

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
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**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Tabernik	Tim	CEO
2	Hatchuel	Dina	Other Principal Officer
3	Toussaint	Danielle	Other Principal Officer
4	Allio	Lori	Board of Directors
5	Malat	Randy	Board of Directors
6	Lobar	Russ	CFO
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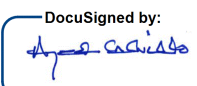
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<b>STREET ADDRESS (including City, State and Zip Code)</b> 2560 Ninth Street, Suite 319A, Berkeley, CA 94710	<b>EMAIL</b>

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<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$80,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide program evaluation services.		

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
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5	Malat	Randy	Board of Directors
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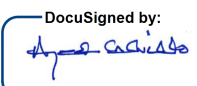
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.		

**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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   13:47:09 PDT</p>
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## 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: 07-23-2021 | 13:47:49 PDT

File #: 210661

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

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#### 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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> HealthRight 360	<b>TELEPHONE NUMBER</b> 415.762.3700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1563 Mission St, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$12,256		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide fiscal intermediary services.		

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.

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2	Duong	Tony	Other Principal Officer
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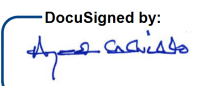
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Received On: 07-23-2021 | 13:48:41 PDT

File #: 210661

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

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
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#### 2. CITY ELECTIVE OFFICE OR BOARD

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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

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<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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> HealthRIGHT 360	<b>TELEPHONE NUMBER</b> (415) 762-3700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1563 Mission St, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$54,079		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide fiscal intermediary check-writing services.		

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

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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.

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19	Pugh	Alex	Board of Directors

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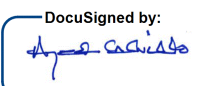
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

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<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   13:48:41 PDT</p>
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Received On: 07-23-2021 | 13:50:23 PDT

File #: 210661

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

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#### 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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> HealthRIGHT 360	<b>TELEPHONE NUMBER</b> (415) 762-3700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1563 Mission St, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$141,932		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides Fiscal Intermediary services.		

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**

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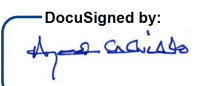
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<b>STREET ADDRESS (including City, State and Zip Code)</b> 1563 Mission St, San Francisco, CA 94103	<b>EMAIL</b>

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<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$141,932		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides Fiscal Intermediary services.		

7. COMMENTS

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

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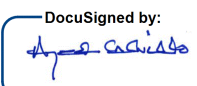
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   13:50:23 PDT</p>
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## 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: 07-23-2021 | 13:52:56 PDT

File #: 210661

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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$73,307		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing program administration and support services in support of Population Health Division - Tuberculosis Prevention and Control Program.		

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	RAMANATHAN	ERIK D.	Board of Directors
2	JENKS	ROBERT R.	Board of Directors
3	JOSEPH	TAMARA	Board of Directors
4	BAKER	ALEX	Board of Directors
5	MARCARCHUK	NICOLE	COO
6	RICH	SARAH MULLEN	Board of Directors
7	VASALLO	VIVIAN	Board of Directors
8	NGUYEN	VON	Board of Directors
9	Casciato	GEORGIA	Board of Directors
10	DE SANTI	SUSAN	Board of Directors
11	EDWARDS	CARLADENISE	Board of Directors
12	FILER	SCOTT	Board of Directors
13	O'CONNOR	JEAN C.	Board of Directors
14	VETTICADEN	SANTOSH	Board of Directors
15	YIP	EDWARD	Board of Directors
16	CUTLER	BLAYNE	CEO
17	SEIFERT	TIM	Other Principal Officer
18	DALE	PETER	Other Principal Officer
19	GIESELER	BRIAN	CFO

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20	YEOMANS	LINDA	Other Principal officer
21	SALUJA	KIRAN	Other Principal officer
22	KLUGE	NICKIE	Other Principal officer
23			
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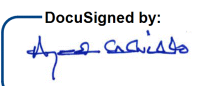
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

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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.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   13:52:56 PDT</p>
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## San Francisco Ethics Commission

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Received On: 07-23-2021 | 13:53:45 PDT

File #: 210661

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

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#### 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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$79,500		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing program administration and support services - Fiscal Intermediary.		

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

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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.

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2	JENKS	ROBERT R.	Board of Directors
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5	Macarchuk	NICOLE J.	COO
6	RICH	SARAH MULLEN	Board of Directors
7	VASALLO	VIVIAN	Board of Directors
8	NGUYEN	VON	Board of Directors
9	CASCIATO	GEORGIA	Board of Directors
10	DE SANTI	SUSAN	Board of Directors
11	EDWARDS	CALADENISE	Board of Directors
12	FILER	SCOTT	Board of Directors
13	O'CONNOR	JEAN C.	Board of Directors
14	VETTICADEN	SANTOSH	Board of Directors
15	YIP	EDWARD	Board of Directors
16	CUTLER	BLAYNE	COO
17	SEIFERT	TIM	Other Principal Officer
18	DALE	PETER	Other Principal Officer
19	Gieseler	BRIAN	CFO



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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	YEOMANS	LINDA	Other Principal officer
21	SALUJA	KIRAN	Other Principal officer
22	KLUGE	NICKIE	Other Principal officer
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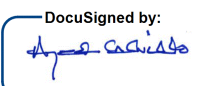
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Received On: 07-23-2021 | 13:51:42 PDT

File #: 210661

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

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#### 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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$222,085		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing program administration and support services - Fiscal Intermediary.		

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	Ramanathan	Erik D.	Board of Directors
2	Jenks	Robert R.	Board of Directors
3	Joseph	Tamara	Board of Directors
4	Baker	Alex	Board of Directors
5	Macarchuk	Nicole J.	COO
6	RICHRich	Sarah Mullen	Board of Directors
7	Vasallo	Vivian	Board of Directors
8	Nguyen	Von	Board of Directors
9	Casciato	Georgia	Board of Directors
10	De Santi	Susan	Board of Directors
11	Edwards	Carladenise	Board of Directors
12	Filer	Scott	Board of Directors
13	O'Connor	Jean C.	Board of Directors
14	Vetticaden	Santosh	Board of Directors
15	Yip	Edward	Board of Directors
16	Cutler	Blayne	CEO
17	Seifert	Tim	Other Principal Officer
18	Dale	Peter	Other Principal Officer
19	Gieseler	Brian	CFO

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Yeomans	Linda	Other Principal Officer
21	Saluja	Kiran	Other Principal Officer
22	Kluge	Nickie	Other Principal Officer
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**9. AFFILIATES AND SUBCONTRACTORS**

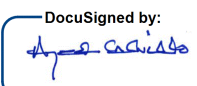
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## San Francisco Ethics Commission

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Received On: 07-23-2021 | 14:03:10 PDT

File #: 210661

Bid/RFP #:

### Notification of Contract Approval

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#### 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

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Board of Supervisors	Members

#### 3. FILER'S CONTACT

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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

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<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG



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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$225,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing program administration and support services - Fiscal Intermediary.		

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	RAMANATHAN	Erik D.	Board of Directors
2	JENKS	ROBERT R.	Board of Directors
3	JOSEPH	TAMARA	Board of Directors
4	BAKER	ALEX	Board of Directors
5	MACARCHUK	NICOLE J.	COO
6	RICH	SARAH	Board of Directors
7	VASALLO	VIVIAN	Board of Directors
8	NGUYEN	VON	Board of Directors
9	CASCIATO	GEORGIA	Board of Directors
10	DE SANTI	SUSAN	Board of Directors
11	EDWARDS	CARLADENISE	Board of Directors
12	FILER	SCOTT	Board of Directors
13	O'CONNOR	JEAN C.	Board of Directors
14	Vetticaden	SANTOSH	Board of Directors
15	YIP	EDWARD	Board of Directors
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20	YEOMANS	LINDA	Other Principal officer
21	SALUJA	KIRAN	Other Principal officer
22	KLUGE	NICKIE	Other Principal officer
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**9. AFFILIATES AND SUBCONTRACTORS**

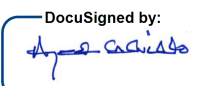
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.		

**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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   14:03:10 PDT</p>
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## 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: 07-23-2021 | 13:54:31 PDT

File #: 210661

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

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#### 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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$271,989		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing program administration and support services - Fiscal Intermediary.		

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.

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2	JENKS	ROBERT R.	Board of Directors
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4	BAKER	ALEX	Board of Directors
5	MACARCHUK	NICOLE J.	COO
6	RICH	SARAH MULLEN	Board of Directors
7	VASALLO	VIVIAN	Board of Directors
8	NGUYEN	VON	Board of Directors
9	CASCIATO	GEORGIA	Board of Directors
10	DE SANTI	SUSAN	Board of Directors
11	EDWARDS	CARLADENISE	Board of Directors
12	FILER	SCOTT	Board of Directors
13	O'CONNOR	JEAN C.	Board of Directors
14	VETTICADEN	SANTOSH	Board of Directors
15	YIP	EDWARD	Board of Directors
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17	SEIFERT	TIM	Other Principal Officer
18	DALE	PETER	Other Principal Officer
19	GIESELER	BRIAN	CFO

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**9. AFFILIATES AND SUBCONTRACTORS**

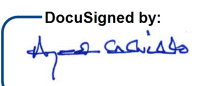
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**10. VERIFICATION**

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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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Received On: 07-23-2021 | 14:01:41 PDT

File #: 210661

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

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#### 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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$604,458		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide support for Expecting Justice Program		

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

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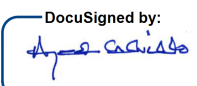
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Received On: 07-23-2021 | 14:08:29 PDT

File #: 210661

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

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Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

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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

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Maitri Compassionate Care	<b>TELEPHONE NUMBER</b> (415) 558-3000
<b>STREET ADDRESS (including City, State and Zip Code)</b> 401 Duboce Avenue, San Francisco, CA 94117	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$507,476		
<b>NATURE OF THE CONTRACT (Please describe)</b> To provide safe housing, medical care and nutrition supports for those with HIV at end of life and those needing respite to return to independence as defined by the resident.		

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
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**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	SMITH	RUSTY	Other Principal Officer
2	RUSSELL	CRYSTAL	Other Principal Officer
3	MORENO	TOMAS	Other Principal Officer
4	RICHARDSON	JUSTIN	Other Principal Officer
5	KONG	ANN	Other Principal Officer
6	VALENTINE	DAVID	Other Principal Officer
7	JOHNSON	ROB	Other Principal Officer
8	PALMEA	RHOME	Other Principal Officer
9	KING	JIM	Board of Directors
10	WONG	JANE	Board of Directors
11	WILLIAMS	PATRICK	Board of Directors
12	LAPOINTE	RAY	Board of Directors
13	ARANA	JOAQUIN CASTILLO	Board of Directors
14	CASADOS	JOHANNES	Board of Directors
15	CUMMINGS	DONNA	Board of Directors
16	CUMMINGS	GREGG	Board of Directors
17	DILAWRI	NAMITA	Board of Directors
18	MILLER	AUSTIN	Board of Directors
19	MISHRA	BISMAY	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	RAJE	RISHI	Board of Directors
21	RANA	SAMEERA	Board of Directors
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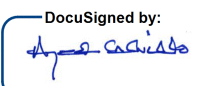
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Received On: 07-23-2021 | 14:03:59 PDT

File #: 210661

Bid/RFP #:

### Notification of Contract Approval

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Board of Supervisors	Members

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<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Napa County	<b>TELEPHONE NUMBER</b> 707-253-4421
<b>STREET ADDRESS (including City, State and Zip Code)</b> 2751 Napa Valley Corporate Drive Bldg B, Napa CA 94558	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$200,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Co-recipient of grant funds.		

7. COMMENTS

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	WAGENKNECHT	BRAD	Board of Directors
2	GREGORY	RYAN	Board of Directors
3	DILLON	DIANE	Board of Directors
4	PEDROZA	ALFREDO	Board of Directors
5	RAMOS	BELIA	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.

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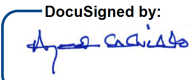
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**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>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   14:03:59 PDT</p>
---	--





## 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: 07-23-2021 | 14:04:38 PDT

File #: 210661

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

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#### 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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> NICOS Chinese Health Coalition	<b>TELEPHONE NUMBER</b> (415) 788 - 6426
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1208 Mason Street, San Francisco, CA 94108	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$8,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide support for oral health program.		

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	LUI	BEN	Board of Directors
2	LEONG	MAY	Board of Directors
3	CHAN	CATHY	Board of Directors
4	LIM-YEE	NANCY	Board of Directors
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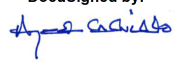
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**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

DocuSigned by:  
  
 988C8F42C3084B5  
 Angela Calvillo

**DATE SIGNED**

07-23-2021 | 14:04:38 PDT



## San Francisco Ethics Commission

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Received On: 07-23-2021 | 14:05:51 PDT

File #: 210661

Bid/RFP #:

### Notification of Contract Approval

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Board of Supervisors	Members

#### 3. FILER'S CONTACT

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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

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Project Open Hand San Francisco	<b>TELEPHONE NUMBER</b> (415) 447-2300
<b>STREET ADDRESS (including City, State and Zip Code)</b> 730 Polk Street San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$1,472,875		
<b>NATURE OF THE CONTRACT (Please describe)</b> To improve the nutritional health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments and other food and nutrition services.		

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
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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	HENRY	MIKE	Board of Directors
2	YANKOUPE	RUTH	Board of Directors
3	KING	PATRICIA	Board of Directors
4	COLTON	JOHN	Board of Directors
5	CHANG	ANDREW	Board of Directors
6	CHANDRA	VISHWA	Board of Directors
7	MARING	PRESTON	Board of Directors
8	MCSWINE	GINNY	Board of Directors
9	WAKANKAR	ADITYA	Board of Directors
10	PETRAGLIA	JENNIFER WIEMAN	Board of Directors
11	WILKINSON	ANDREA	Board of Directors
12	YORK	HELENE	Board of Directors
13	CHANG	THERESA	Board of Directors
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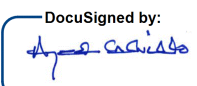
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Received On: 07-23-2021 | 15:23:41 PDT

File #: 210661

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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Board of Supervisors	Members

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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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b>  RAMS	<b>TELEPHONE NUMBER</b>  (415) 668-5955
<b>STREET ADDRESS (including City, State and Zip Code)</b>  3626 Balboa Street, San Francisco, CA 94121	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>  07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b>  \$5,000		
<b>NATURE OF THE CONTRACT (Please describe)</b>  Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic - Job training wages.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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1	Shea	Christina	Other Principal Officer
2	Tang	Angela	Other Principal Officer
3	De Joya	Trina	Other Principal Officer
4	Inoue	Sachi	Other Principal Officer
5	Castorena-O'Keefe	Carmen	Other Principal Officer
6	Sinaga	Hasian	Other Principal Officer
7	Volovich	Alla	Other Principal Officer
8	Kronenberg	Dennielle C.	Other Principal Officer
9	Zozulinsky	Anna	Other Principal Officer
10	wong	Janny	Other Principal Officer
11	Chun	Kristin	Other Principal Officer
12	Vong	Vivian	Other Principal Officer
13	Peng	Rebecca	Other Principal Officer
14	Huie	Cynthia	Board of Directors
15	Scholtz	Marjorie	Board of Directors
16	Chaudhuri	Anoshua	Board of Directors
17	Hsu	Lee	Board of Directors
18	Roberts	Maggie	Board of Directors
19	Yeh	Tom	Board of Directors

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Chow	Wade	Board of Directors
21	Quinn	Maire	Board of Directors
22	Muhammad	Jayvonn	CEO
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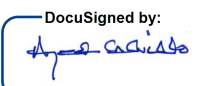
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Received On: 07-23-2021 | 14:06:46 PDT

File #: 210661

Bid/RFP #:

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5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b>  RAMS	<b>TELEPHONE NUMBER</b>  (415) 668-5955
<b>STREET ADDRESS (including City, State and Zip Code)</b>  3626 Balboa Street, San Francisco CA 94121	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>  07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b>  \$150,266		
<b>NATURE OF THE CONTRACT (Please describe)</b>  Provides support of consumer-run centers serving manu dually-diagnosed individuals.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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13	Peng	Rebecca	Other Principal Officer
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15	Scholtz	Marjorie	Board of Directors
16	Chaudhuri	Anoshua	Board of Directors
17	Hsu	Lee	Board of Directors
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**9. AFFILIATES AND SUBCONTRACTORS**

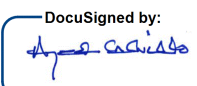
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   14:06:46 PDT</p>
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## 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: 07-23-2021 | 14:09:11 PDT

File #: 210661

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

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#### 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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b>  RAMS	<b>TELEPHONE NUMBER</b>  (415) 668-5955
<b>STREET ADDRESS (including City, State and Zip Code)</b>  3626 Balboa Street San Francisco CA 94121	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>  07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b>  \$249,691		
<b>NATURE OF THE CONTRACT (Please describe)</b>  Provides Peer Internship Program that prepares clients for employment in peer support and counseling.		

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.

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2	Tang	Angela	Other Principal Officer
3	De Joya	Trina	Other Principal Officer
4	Inoue	Sachi	Other Principal Officer
5	Castorena-O'Keefe	Carmen	Other Principal Officer
6	Sinaga	Hasian	Other Principal Officer
7	Volovich	Alla	Other Principal Officer
8	Kronenberg	Dennielle C.	Other Principal Officer
9	Zozulinsky	Anna	Other Principal Officer
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11	Chun	Kristin	Other Principal Officer
12	Vong	Vivian	Other Principal Officer
13	Peng	Rebecca	Other Principal Officer
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15	Scholtz	Marjorie	Board of Directors
16	Chaudhuri	Anoshua	Board of Directors
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18	Roberts	Maggie	Board of Directors
19	Yeh	Tom	Board of Directors

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20	Chow	Wade	Board of Directors
21	Quinn	Maire	Board of Directors
22	Muhammad	Jayvonn	CEO
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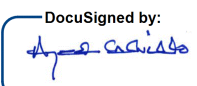
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**10. VERIFICATION**

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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.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   14:09:11 PDT</p>
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## San Francisco Ethics Commission

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Received On: 07-23-2021 | 14:10:02 PDT

File #: 210661

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

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
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#### 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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b>  RAMS	<b>TELEPHONE NUMBER</b>  (415) 668-5955
<b>STREET ADDRESS (including City, State and Zip Code)</b>  3626 Balboa Street San Francisco CA 94121	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>  07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b>  \$273,182		
<b>NATURE OF THE CONTRACT (Please describe)</b>  Provides bilingual-designated counselor positions.		

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
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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.

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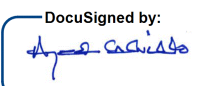
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Received On: 07-23-2021 | 14:10:45 PDT

File #: 210661

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

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#### 1. FILING INFORMATION

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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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Richmond Area Multi-Services	<b>TELEPHONE NUMBER</b> (415) 668-5955
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3626 Balboa Street, San Francisco CA 94121	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$428,439		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide Peer Internship Program that prepares clients for employment in peer support and counseling positions.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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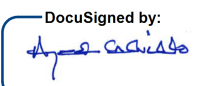
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Received On: 07-23-2021 | 15:16:16 PDT

File #: 210661

Bid/RFP #:

### Notification of Contract Approval

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Board of Supervisors	Members

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office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> The Salvation Army, San Francisco Harbor Light Center	<b>TELEPHONE NUMBER</b> (415) 503-3000
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1275 Harrison St, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$1,766,385		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide client support services.		

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
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	PEDDLE	BRIAN	Board of Directors
2	PEDDLE	ROSALIE	Board of Directors
3	BUCKINGHAM	LYNDON	Board of Directors
4	BUCKINGHAM	BRONWYN	Board of Directors
5	BREKKE-CLIFTON	BIRGITTE	Board of Directors
6	DIAZ	EVIE	Board of Directors
7	HEATWOLE	MERLE	Board of Directors
8	HUDSON	DAVID	Board of Directors
9	HUDSON	SHARON	Board of Directors
10	BAILEY	BRADFORD	Board of Directors
11	BAILEY	HEIDI	Board of Directors
12	BAMFORD	WILLIAM	Board of Directors
13	BAMFORD	LORRAINE	Board of Directors
14	HOWELL	WILLIS	Board of Directors
15	HOWELL	BARBARA	Board of Directors
16	HODDER	KENNETH	Board of Directors
17	HODDER	JOLENE	Board of Directors
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**9. AFFILIATES AND SUBCONTRACTORS**

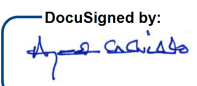
List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent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

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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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   15:16:16 PDT</p>
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## 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: 07-23-2021 | 15:00:55 PDT

File #: 210661

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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Public Health Foundation	<b>TELEPHONE NUMBER</b> (415) 504-6738
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$2,853		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal intermediary.		

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	EARDLEY	PENNY	Other Principal Officer
2	PETROSOVA	ANASTASIJA	Other Principal Officer
3	TOATELEGESE	KELLSA	Other Principal Officer
4	THORNTON	KITTY	Other Principal Officer
5	CAMPOS	LAURA	Other Principal Officer
6	MIKALACKI- SUBLETT	JEHNIFER	Other Principal Officer
7	FALK	NICOLE	Board of Directors
8	BENNETT	AYANNA	Board of Directors
9	LONGSTRETH	ELIZABETH	Board of Directors
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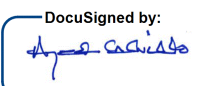
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**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   15:00:55 PDT</p>
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## San Francisco Ethics Commission

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

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Received On: 07-23-2021 | 15:02:32 PDT

File #: 210661

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

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
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#### 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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Public Health Foundation	<b>TELEPHONE NUMBER</b> (415) 504-6738
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$14,161		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal intermediary.		

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.

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2	PETROSOVA	ANASTASIJA	Other Principal Officer
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5	CAMPOS	LAURA	Other Principal Officer
6	MIKALACKI- SUBLETT	JEHNIFER	Other Principal Officer
7	FALK	NICOLE	Board of Directors
8	BENNETT	AYANNA	Board of Directors
9	LONGSTRETH	ELIZABETH	Board of Directors
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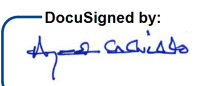
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<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   15:02:32 PDT</p>
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## San Francisco Ethics Commission

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Received On: 07-23-2021 | 15:01:40 PDT

File #: 210661

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

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#### 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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Public Health Foundation	<b>TELEPHONE NUMBER</b> (415) 504-6738
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$57,639		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal intermediary.		

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.

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2	PETROSOVA	ANASTASIJA	Other Principal Officer
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5	CAMPOS	LAURA	Other Principal Officer
6	MIKALACKI- SUBLETT	JEHNIFER	Other Principal officer
7	FALK	NICOLE	Board of Directors
8	BENNETT	AYANNA	Board of Directors
9	LONGSTRETH	ELIZABETH	Board of Directors
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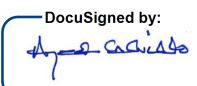
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Received On: 07-23-2021 | 15:00:13 PDT

File #: 210661

Bid/RFP #:

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#### 1. FILING INFORMATION

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DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Public Health Foundation	<b>TELEPHONE NUMBER</b> (415) 504-6738
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$73,818		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal intermediary.		

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

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**9. AFFILIATES AND SUBCONTRACTORS**

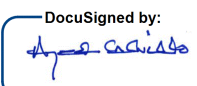
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   15:00:13 PDT</p>
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## 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: 07-23-2021 | 15:13:03 PDT

File #: 210661

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

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#### 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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Public Health Foundation	<b>TELEPHONE NUMBER</b> (415) 504-6738
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$132,990		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary.		

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**

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4	THORNTON	KITTY	Other Principal Officer
5	CAMPOS	LAURA	Other Principal Officer
6	MIKALACKI- SUBLETT	JEHNIFER	Other Principal Officer
7	FALK	NICOLE	Board of Directors
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9	LONGSTRETH	ELIZABETH	Board of Directors
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11	MOORE	MELISSA	Board of Directors
12	VILLAGOMEZ	ALICE	Board of Directors
13	SHARMA	Adam	Board of Directors
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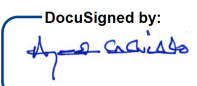
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Received On: 07-23-2021 | 15:11:28 PDT

File #: 210661

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

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#### 2. CITY ELECTIVE OFFICE OR BOARD

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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

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Public Health Foundation	<b>TELEPHONE NUMBER</b> (415) 504-6738
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$196,122		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary services for California TB Controller's Association.		

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
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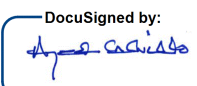
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Received On: 07-23-2021 | 14:48:10 PDT

File #: 210661

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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Board of Supervisors	Members

#### 3. FILER'S CONTACT

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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

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Public Health Foundation	<b>TELEPHONE NUMBER</b> (415) 504-6738
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1 Hallidie Plz, Ste 808, San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$332,163		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing program administration in support of SF Tobacco Free Project.		

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
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**9. AFFILIATES AND SUBCONTRACTORS**

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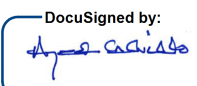
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Received On: 07-23-2021 | 15:12:19 PDT

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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Study Center	<b>TELEPHONE NUMBER</b> 415-626-1650
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1663 Mission Street, Suite 310 San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$13,732		
<b>NATURE OF THE CONTRACT (Please describe)</b> Support administrative oversight of system-of-care fiscal intermediary funding in order to maintain level of finding for training.		

7. COMMENTS

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	LIVINGSTON	RICHARD	Board of Directors
2	TRUE	REIKO HOMMA	Board of Directors
3	YEE	TINA TONG	Board of Directors
4	KUTNICK	BEN	Board of Directors
5	EIbgaI	HAZIM	Board of Directors
6	ELDON	ERIC	Board of Directors
7	KWONG	JEANNE	Board of Directors
8	MARGARONIS	STAS	Board of Directors
9	MCWILLIAMS	JIM	Board of Directors
10	LINK	GEOFFREY	Other Principal Officer
11	CHEN	JADEN	Other Principal Officer
12	NUNEZ	JOHN	Other Principal Officer
13	VERA	LEONOR	Other Principal Officer
14	KUO	LINDA	Other Principal Officer
15	SORIANO	IRENE	Other Principal Officer
16	BEGGS	MARJORIE	Other Principal Officer
17	STAMPFLI	LISE	Other Principal Officer
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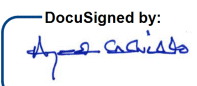
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   15:12:19 PDT</p>
---	--





## 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: 07-23-2021 | 15:13:51 PDT

File #: 210661

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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Unified School District	<b>TELEPHONE NUMBER</b> 415-241-6000
<b>STREET ADDRESS (including City, State and Zip Code)</b> 555 Franklin Street San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$205,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide outreach to targeted populations.		

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	SANCHEZ	MARK	Board of Directors
2	LOPEZ	GABRIEL	Board of Directors
3	COLLINS	ALISON M.	Board of Directors
4	LAM	JENNY	Board of Directors
5	MOLIGA	FAAUUGA	Board of Directors
6	ALEXANDER	MATT	Board of Directors
7	BOGGESS	KEVINE	Board of Directors
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**9. AFFILIATES AND SUBCONTRACTORS**

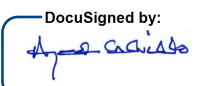
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**10. VERIFICATION**

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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.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   15:13:51 PDT</p>
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## San Francisco Ethics Commission

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Received On: 07-23-2021 | 15:14:39 PDT

File #: 210661

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

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#### 1. FILING INFORMATION

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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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Shanti	<b>TELEPHONE NUMBER</b> 415.674.4700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 730 Polk Street, 3rd Floor, San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$95,203		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides Hepatitis C prevention services.		

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	ROY	KAUSHIK	Other Principal Officer
2	BRYAN	MELISSA	Other Principal Officer
3	MEADE	CHARLIE	Other Principal Officer
4	Schnedar	PATRICIA J.	CFO
5	DAWES	WILLIAM	Board of Directors
6	ENNIS	JAMIE	Board of Directors
7	FRANCONE	JERRY	Board of Directors
8	KIERNAN	SHIELA FISCHER	Board of Directors
9	KLEARMAN	MICKI	Board of Directors
10	LAWLOR	CATHERINE	Board of Directors
11	MCCARTHY	COLLEEN	Board of Directors
12	SELL	JOHN	Board of Directors
13	SULLIVAN	ETHAN M.	Board of Directors
14	SUPANICH	CHIP	Board of Directors
15	WEINSTEIN	JOSH	Board of Directors
16	YEE	STANLEY	Board of Directors
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**9. AFFILIATES AND SUBCONTRACTORS**

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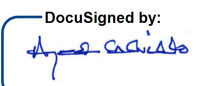
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Received On: 07-23-2021 | 15:24:52 PDT

File #: 210661

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

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
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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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Sonoma County	<b>TELEPHONE NUMBER</b> (707) 565-2241
<b>STREET ADDRESS (including City, State and Zip Code)</b> 625 5th Street Santa Rosa, CA 95404	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$400,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Co-recipient of grant funds.		

7. COMMENTS

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

**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	GORIN	SUSAN	Board of Directors
2	RABBITT	DAVID	Board of Directors
3	COURSEY	CHRIS	Board of Directors
4	GORE	JAMES	Board of Directors
5	HOPKINS	LYNDA	Board of Directors
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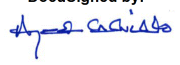
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**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

DocuSigned by:  
  
 988C8F42C3084B5  
 Angela Calvillo

**DATE SIGNED**

07-23-2021 | 15:24:52 PDT



## San Francisco Ethics Commission

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#### 3. FILER'S CONTACT

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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

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



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> University of California, San Francisco	<b>TELEPHONE NUMBER</b> (415) 476-6922
<b>STREET ADDRESS (including City, State and Zip Code)</b> PO Box 45339, San Francisco, CA 94145	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$10,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide support for oral health program.		

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Hammarskjold	Philip	Board of Directors
2	Bechtle	Nancy Hellman	Board of Directors
3	Ach	Andrew	Board of Directors
4	Ballard	Andrew	Board of Directors
5	Briger	Peter	Board of Directors
6	Carter	Todd	Board of Directors
7	Chen	Connie	Board of Directors
8	Cohen	Fred	Board of Directors
9	Donohoe	Robin Richards	Board of Directors
10	Emery	Dana	Board of Directors
11	Fisher	William S.	Board of Directors
12	Gandhi	Sameer	Board of Directors
13	Grossman	Brain	Board of Directors
14	Hall	Kathryn	Board of Directors
15	Hao	Kenneth	Board of Directors
16	Hartz	Julia	Board of Directors
17	Kawaja	Carl	Board of Directors
18	Kahn	Michael	Board of Directors
19	Kimball	Richard	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Marcus	George	Board of Directors
21	McKnight	Amy	Board of Directors
22	Moment	Jason	Board of Directors
23	Morris	Diane	Board of Directors
24	Pritzker	Lisa	Board of Directors
25	Read	Steven	Board of Directors
26	Scangos	George	Board of Directors
27	Soghikian	Shahan	Board of Directors
28	Weill	Joan	Board of Directors
29	Bakar	Barbara	Board of Directors
30	Benioff	Lynne	Board of Directors
31	Davidow	William H.	Board of Directors
32	Kern	Arthur H.	Board of Directors
33	Polcy	Carmen	Board of Directors
34	Rosenberg	Richard M.	Board of Directors
35	Safier	Jaclyn	Board of Directors
36	Byers	Brook H.	Board of Directors
37	Derr	Kenneth T.	Board of Directors
38	Fisher	Doris F.	Board of Directors

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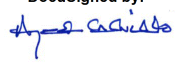
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Friend	Robert B.	Board of Directors
40	Newman	Ellen Magnin	Board of Directors
41	Oberndorf	William E.	Board of Directors
42	wilsey	Diane B.	Board of Directors
43	Deb	Dipanjan	Board of Directors
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<input 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.**

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

DocuSigned by:  
  
 988C8F42C3084B5  
 Angela Calvillo

**DATE SIGNED**

07-23-2021 | 15:19:02 PDT



## 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: 07-23-2021 | 15:21:04 PDT

File #: 210661

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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> University of California, San Francisco	<b>TELEPHONE NUMBER</b> (415) 476-6922
<b>STREET ADDRESS (including City, State and Zip Code)</b> PO Box 45339, San Francisco, CA 94145	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$150,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Technical Assistance: HIV Global Health.		

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	HAMMARSKJOLD	PHILIP	Board of Directors
2	BECHTLE	NANCY HELLMAN	Board of Directors
3	ACH	ANDREW	Board of Directors
4	BALLARD	ANDREW	Board of Directors
5	BRIGER	PETER	Board of Directors
6	CARTER	TODD	Board of Directors
7	CHEN	CONNIE	Board of Directors
8	COHEN	FRED	Board of Directors
9	DEB	DIPANJAN	Board of Directors
10	DONOHUE	ROBIN RICHARDS	Board of Directors
11	EMERY	DANA	Board of Directors
12	FISHER	WILLIAM S.	Board of Directors
13	GANDHI	SAMEER	Board of Directors
14	GROSSMAN	BRIAN	Board of Directors
15	HALL	KATHRYN	Board of Directors
16	HAO	KENNETH	Board of Directors
17	HARTZ	JULIA	Board of Directors
18	KAWAJA	CARL	Board of Directors
19	KAHN	MICHAEL	Board of Directors

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	KIMBALL	RICHARD	Board of Directors
21	MARCUS	GEORGE	Board of Directors
22	MCKNIGHT	AMY	Board of Directors
23	MOMENT	JASON	Board of Directors
24	MORRIS	DIANE	Board of Directors
25	PRITZKER	LISA	Board of Directors
26	READ	STEVEN	Board of Directors
27	SCANGOS	GEORGE	Board of Directors
28	SOGHIKIAN	SHAHAN	Board of Directors
29	WEILL	JOAN	Board of Directors
30	BAKAR	BARBARA BASS	Board of Directors
31	BENIOFF	LYNNE	Board of Directors
32	DAVIDOW	WILLIAM H.	Board of Directors
33	KERN	ARTHUR H.	Board of Directors
34	POLICY	CARMEN	Board of Directors
35	ROSENBERG	RICHARD M.	Board of Directors
36	SAFIER	JACLYN	Board of Directors
37	BYERS	BROOK H.	Board of Directors
38	DERR	KENNETH T.	Board of Directors



**9. AFFILIATES AND SUBCONTRACTORS**

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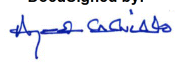
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	FISHER	DORIS F.	Board of Directors
40	FRIEND	ROBERT B.	Board of Directors
41	NEWMAN	ELLEN MAGNIN	Board of Directors
42	OBERNDORF	WILLIAM E.	Board of Directors
43	WILSEY	DIANE B.	Board of Directors
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<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.**

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

DocuSigned by:  
  
 988C8F42C3084B5  
 Angela Calvillo

**DATE SIGNED**

07-23-2021 | 15:21:04 PDT



## 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: 07-23-2021 | 15:22:13 PDT

File #: 210661

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

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#### 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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> University of California, San Francisco	<b>TELEPHONE NUMBER</b> (415) 476-6922
<b>STREET ADDRESS (including City, State and Zip Code)</b> PO Box 45339 San Francisco, CA 94145	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$437,926		
<b>NATURE OF THE CONTRACT (Please describe)</b> Conduct a new comprehensive client assessment and produce a modified Treatment Plan.		

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	Hammarskjold	Philip	Board of Directors
2	Bechtle	Nancy Hellman	Board of Directors
3	Ach	Andrew	Board of Directors
4	Ballard	Andrew	Board of Directors
5	Briger	Peter	Board of Directors
6	Carter	Todd	Board of Directors
7	Chen	Connie	Board of Directors
8	Cohen	Fred	Board of Directors
9	Deb	Dipanjan	Board of Directors
10	Donohoe	Robin Richards	Board of Directors
11	Emery	Dana	Board of Directors
12	Fisher	William S.	Board of Directors
13	Gandhi	Sameer	Board of Directors
14	Grossman	Brian	Board of Directors
15	Hall	Kathryn	Board of Directors
16	Hao	Kenneth	Board of Directors
17	Hartz	Julia	Board of Directors
18	Kawaja	Carl	Board of Directors
19	Kahn	Michael	Board of Directors

**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
20	Kimball	Richard	Board of Directors
21	Marcus	George	Board of Directors
22	McKnight	Amy	Board of Directors
23	Moment	Jason	Board of Directors
24	Morris	Diane	Board of Directors
25	Pritzker	Lisa	Board of Directors
26	Read	Steven	Board of Directors
27	Scangos	George	Board of Directors
28	Soghikian	Shahan	Board of Directors
29	Weill	Joan	Board of Directors
30	Bakar	Barbara Bass	Board of Directors
31	Benioff	Lynne	Board of Directors
32	Davido	William H.	Board of Directors
33	Kern	Arthur H.	Board of Directors
34	Policy	Carmen	Board of Directors
35	Rosenberg	Richard M.	Board of Directors
36	Safier	Jaclyn	Board of Directors
37	Byers	Brook H.	Board of Directors
38	Derr	Kenneth T.	Board of Directors

**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.

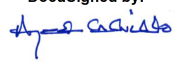
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Fisher	Doris F.	Board of Directors
40	Friend	Robert B.	Board of Directors
41	Newman	Ellen Magnin	Board of Directors
42	Oberndorf	William E.	Board of Directors
43	Wilsey	Diane B.	Board of Directors
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<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.		

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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.**

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

DocuSigned by:  
  
 988C8F42C3084B5  
 Angela Calvillo

**DATE SIGNED**

07-23-2021 | 15:22:13 PDT



## 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: 07-23-2021 | 15:17:28 PDT

File #: 210661

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

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#### 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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> UCSF Alliance Health Project	<b>TELEPHONE NUMBER</b> 415-476-3902
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1930 Market Street, San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$34,829		
<b>NATURE OF THE CONTRACT (Please describe)</b> The program goal is to provide outpatient mental health services to people living with HIV - including Long-Term Survivors - to reduce symptoms and functional impairments resulting from mental health and/or substance use disorders.		

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	SHUMATE	KATE	Board of Directors
2	BREALL	SUSAN M.	Board of Directors
3	DE CARLO	PHIL	Board of Directors
4	HAKIMI	MAHSA	Board of Directors
5	HARE	BRAD	Board of Directors
6	HILMON	REGINALD	Board of Directors
7	LIU	ENCHI	Board of Directors
8	METTLER	BERENICE	Board of Directors
9	PEARCE	KEN	Board of Directors
10	PRADO	UZZIEL	Board of Directors
11	SARAH	GABRIEL	Board of Directors
12	TOH	SOPHIA	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**

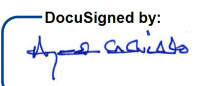
List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
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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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-23-2021   15:17:28 PDT</p>
---	--



## 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: 07-26-2021 | 16:40:43 PDT

File #: 210661

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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

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#### 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 PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> BEHAVIORAL HEALTH COMMISSION	<b>TELEPHONE NUMBER</b> (415) 255-3474
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1380 Howard Street, 2nd Floor San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/20/2021	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 210661
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$61,488		
<b>NATURE OF THE CONTRACT (Please describe)</b> Support Administrative oversight of system-of-care fiscal intermediary funding in order to maintain level of finding for training.		

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	Jackson-Lane	Carletta	Board of Directors
2	Slota	Richelle Lee	Board of Directors
3	Vigil	Bahlam Javier	Board of Directors
4	Banuelos	Stephen	Board of Directors
5	Drummond	Judy Zalazar	Board of Directors
6	Klain	Judith	Board of Directors
7	Parks	Toni	Board of Directors
8	Stevens	Harriette Stallworth	Board of Directors
9	Thakore-Dunlap	Ulash	Board of Directors
10	wilson	Idell	Board of Directors
11	Bohrer	Terezie	Board of Directors
12	Sempel	Ashe1	Board of Directors
13	Safai	Ahsha	Board of Directors
14			
15			
16			
17			
18			
19			

**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
20			
21			
22			
23			
24			
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26			
27			
28			
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33			
34			
35			
36			
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**9. AFFILIATES AND SUBCONTRACTORS**

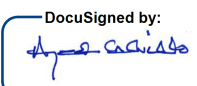
List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
<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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-26-2021   16:40:43 PDT</p>
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