

File No. 160338

Committee Item No. 3

Board Item No. 24

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date April 14, 2016

Board of Supervisors Meeting

Date April 26, 2016

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Legislative Analyst Report
- Youth Commission Report
- Introduction Form (for hearings)
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

- Information Sheet
- Vacancy Notice
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Completed by: Derek Evans Date April 11, 2016

Completed by: Derek Evans Date April 20, 2016

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document can be found in the file.

1 [Appointment, Shelter Monitoring Committee - Patrina Hall]

2

3 **Motion appointing Patrina Hall, term ending November 23, 2016, to the Shelter**
4 **Monitoring Committee.**

5

6 MOVED, That the Board of Supervisors of the City and County of San Francisco does hereby
7 appoint the hereinafter designated person to serve as a member of the Shelter Monitoring
8 Committee, pursuant to the provisions of Administrative Code, Sections 20.300, et seq., for
9 the term specified:

10 Patrina Hall, seat 1, succeeding Mico Rolanda Williams, resigned, must be homeless
11 or formerly homeless within the three years prior to appointment and living with their homeless
12 child under the age of 18, for the unexpired portion of a two-year term ending November 23,
13 2016.

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Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Shelter Monitoring Committee

Seat # or Category (If applicable): 1, 2 District: _____

Name: Patrina Hall

Home Address: [Redacted] Eddy Street [Redacted] Zip: 94109

Home Phone: [Redacted] Occupation: Student

Work Phone: _____ Employer: _____

Business Address: 1849 Geary Street [Redacted] Zip: 94115

Business E-Mail: patrinahall@gmail.com Home E-Mail: [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am the head of household member of a formally homeless family. During the time of experiencing homelessness, my family and I resided in a homeless shelter in San Francisco for 7 months; and shortly thereafter, was ultimately relocated into housing on Treasure Island by the shelter system. There we resided, on Treasure Island for seven years while I studied as an undergraduate student at City College of San Francisco and San Francisco State University. My family was then relocated off Treasure Island, due to adverse reactions caused by the contaminants in the surrounding environment on the Island.

Francisco State University. My family was then relocated off Treasure Island, due to adverse reactions caused by the contaminants in the surrounding environment on the Island.

[2]

Received Time May. 18. 2015 2:05PM No. 3155

Business and/or professional experience:

I am presently a non-profit entrepreneur, in the process of opening and operating a start-up community housing development corporation in San Francisco. Also, I am presently a graduate student majoring in public administration at Golden Gate University, here in the city. I hold a Bachelor degree in criminal justice and possess an Associates of Science Degree in Social and Behavioral Science, as well as, I possess an Associates Degree in General Education. To sum it up, I have worked in the public and non-profit sector for several decades, and is equipped with the necessary skills to advance my public sector endeavors.

Civic Activities:

I enjoy serving on volunteer, local boards, committees and commissions. I also take considerable pride and interest in conducting research and investigative studies on concerns and issues that negatively impact socioeconomic, disadvantaged communities and neighborhoods.

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. (Please submit your application 10 days before the scheduled hearing.)

Date: 05/15/2015 Applicant's Signature: (required)

Patricia L. Hill
(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:
Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Officials Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hall Patrina Rose

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City & County of San Francisco Board of Supervisors
Division, Board, Department, District, if applicable Your Position
Board of Supervisors Committee
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Board of Supervisors Position: Shelter Monitoring Committee

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of San Francisco
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- OR-
 The period covered is _____ through December 31, 2013.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is _____ through the date of leaving office.
- Candidate: Election year 2015 and office sought, if different than Part 1: _____

4. Schedule Summary

- Check applicable schedules or "None." ► Total number of pages including this cover page: _____
- Schedule A-1 - Investments - schedule attached
 - Schedule A-2 - Investments - schedule attached
 - Schedule B - Real Property - schedule attached
 - Schedule C - Income, Loans, & Business Positions - schedule attached
 - Schedule D - Income - Gifts - schedule attached
 - Schedule E - Income - Gifts - Travel Payments - schedule attached
- OR-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1849 Geary Street #15698 San Francisco CA 94109
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(415) 577-3604 patrinahall@gmail.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 05/18/2015
(month, day, year)

Signature
(File the originally signed statement with your filing official.)

SCHEDULE A-1
Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Patrina Hall

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/13 ____/____/13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/13 ____/____/13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/13 ____/____/13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/13 ____/____/13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/13 ____/____/13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/13 ____/____/13
 ACQUIRED DISPOSED

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
 Patrina Hall

1. BUSINESS ENTITY OR TRUST

Name _____
 Address (Business Address Acceptable) _____
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/13 ____/____/13
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other _____

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/13 ____/____/13
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name _____
 Address (Business Address Acceptable) _____
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/13 ____/____/13
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other _____

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/13 ____/____/13
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Patrina Hall	

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 13 / / 13

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Ownership/Deed of Trust Easement

Leasehold Other

Yrs. remaining _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 / / 13 / / 13

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Ownership/Deed of Trust Easement

Leasehold Other

Yrs. remaining _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% None

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% None

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Patrina Hall

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income	<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income
<input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership	<input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership
<input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i>	<input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i>
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental income, list each source of \$10,000 or more	<input type="checkbox"/> Commission or <input type="checkbox"/> Rental income, list each source of \$10,000 or more
<input type="checkbox"/> Other _____ <i>(Describe)</i>	<input type="checkbox"/> Other _____ <i>(Describe)</i>

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____ % <input checked="" type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Real Property _____ <i>Street address</i>	
<input type="checkbox"/> \$1,001 - \$10,000	_____ <i>City</i>	
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____ <i>(Describe)</i>	

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Patrina Hall

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

San Francisco
BOARD OF SUPERVISORS

Date Printed: March 20, 2015

Date Established: November 23, 2004

Active

SHELTER MONITORING COMMITTEE

Contact and Address:

Jeff Simbe
Shelter Monitoring Committee
1380 Howard Street, 2nd Floor
San Francisco, CA 94103

Phone: (415) 255-3647

Fax: (415) 252-3629

Email: jeff.simbe@sfdph.org

Authority:

Administrative Code, Section 20.300 et seq. (Ordinance Nos. 283-04, 123-07, 150-07, 51-08, and 131-10)

Board Qualifications:

The purpose of the Committee is to provide the Mayor, the Board of Supervisors, the Local Homeless Coordinating Board, the public, and any other appropriate agency with accurate, comprehensive information about the conditions in and operations of shelters, as well as City policies in place that affect operations of shelters or their impact on shelter clients. The Department of Public Health shall provide administrative support for the Committee.

The Committee shall consist of 13 members, one (1) of whom shall be a homeless person (or homeless within the three (3) years prior to appointment) with a disability, and one (1) of whom shall be a homeless person (or homeless within the three (3) years prior to appointment) living with their homeless child who is under the age of 18.

(Administrative changes to seats 1 and 2 made for clarification to meet mandated positions in Ordinance Nos. 283-04 and 150-07.)

The 13 members of the Committee shall be appointed as follows:

- > Three (3) members shall be appointed by the Mayor, including: one (1) member from the Department of Human Services, one (1) member from the Department of Public Health, and one (1) member who is homeless or formerly homeless and who has experience providing direct services to the homeless through a community setting;
- > Six (6) members shall be appointed by the Board of Supervisors including: two (2) homeless

"R Board Description" (Screen Print)

San Francisco
BOARD OF SUPERVISORS

or formerly homeless (within the three (3) years prior to appointment) individuals, one (1) with a disability, and one (1) living with their homeless child under age 18; one (1) member who has experience providing direct services to the homeless through a community setting; one (1) member selected from a list of candidates that are nominated by community agencies that provide behavioral health, housing placement, or other services to the homeless; and two (2) members selected from a list of candidates that are nominated by non-profit agencies that provide advocacy or organizing services to homeless people, one (1) of which is homeless or formerly homeless.

> Four (4) members shall be appointed by the Local Homeless Coordinating Board, including: one (1) member selected from a list of candidates that are nominated by non-profit agencies that provide advocacy or organizing services to homeless people; two (2) members who have experience providing direct services to the homeless through a community setting, one (1) of which is formerly homeless; and one (1) member shall be homeless or formerly homeless and selected from a list of candidates that are nominated by community agencies that provide behavioral health, housing placement, or other services to homeless individuals.

In making their appointments to the Committee, the appointing authorities are encouraged to select people who are bilingual.

The term of office of each Committee member shall be two years. In the event that a vacancy occurs during the term of office of any Committee member, a successor shall be appointed to complete the expired term of office. The interim appointment shall be made in the same or similar manner that governed the initial appointment of the departing member.

The Committee shall meet a minimum of once per quarter, at such times and places as the Committee shall designate. The location of the meetings shall be accessible to the public and the meetings shall comply with applicable public meeting requirements under state and local law. The Committee shall monitor the attendance of Committee members. In the event that any Committee member misses three regularly scheduled meetings in a six-month period, without prior notice to the Committee, the Committee shall certify in writing that the member missed three meetings in a six-month period of time. On the date of such certification, the member shall be deemed to have resigned from the Committee. The Committee shall notify the appointing authority accordingly and request the appointment of a new member.

Reports: The Committee shall prepare and submit quarterly reports that shall include, but not be limited to, information on the following: safety in the shelter, cleanliness in the shelter, disability access to and within the shelter, family life in the shelter, a review of policies and procedures in place at the shelter and any information received regarding the treatment and personal experiences of shelter residents. In order to enable the Committee to prepare reports required under this subsection, City departments that contract for services at a shelter that is under review must respond within 15 days to any reasonable request for information submitted

"R Board Description" (Screen Print)

San Francisco
BOARD OF SUPERVISORS

by the Committee relative to the shelter or to City policies that affect operations of shelters or their impact on shelter clients. The reports shall also include recommended action steps for the shelter and for the City department that contracts for services at the shelter. City departments and the reports referenced in this subsection shall not identify shelter residents or disclose any confidential information concerning shelter residents consistent with State and Federal law. The Committee may issue emergency reports at any time it deems necessary. The reports shall be provided to: 1) the Mayor, 2) the Board of Supervisors, 3) the Local Homeless Coordinating Board, 4) the appropriate city department responsible to take action, 5) the city department that contracts for services at the shelter, 6) the shelter under review, and 7) the public. These reports shall be public documents. Any city department identified in the reports as responsible to take action recommended in the reports shall, within 30 days of issuance of the reports, provide to the Board of Supervisors a departmental report setting forth how the department intends to respond to the Committee's recommendations.

Sunset Date: None specified.

"R Board Description" (Screen Print)

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

VACANCY NOTICE

SHELTER MONITORING COMMITTEE

Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following vacancy:

Vacant seat 1, succeeding Mico Rolanda Williams, resigned, must be homeless or formerly homeless within the three years prior to appointment and living with their homeless child under the age of 18, for the unexpired portion of a two-year term ending November 23, 2016.

Vacant seat 3, succeeding Nicholas Kimura, resigned, must be a member who has experience providing direct services to the homeless through a community setting, for the unexpired portion of a two-year term ending November 23, 2016.

Reports: The Committee shall prepare and submit quarterly reports that shall include, but not be limited to, information on the following: safety in the shelter, cleanliness in the shelter, disability access to and within the shelter, family life in the shelter, a review of policies and procedures in place at the shelter, and any information received regarding the treatment and personal experiences of shelter residents. The reports shall also include recommended action steps for the shelter and for the City department that contracts for services at the shelter. The reports shall not identify shelter residents or disclose any confidential information concerning shelter residents consistent with State and Federal law. The Committee may issue emergency reports at any time it deems necessary. The reports shall be provided to: 1) the Mayor, 2) the Board of Supervisors, 3) the Local Homeless Coordinating Board, 4) the appropriate City department responsible to take action, 5) the City department that contracts for services at the shelter, 6) the shelter under review, and 7) the public. These reports shall be public documents. Any City department identified in the reports as responsible to take action shall, within 30 days of issuance of the reports, provide to the Board of Supervisors a departmental report setting forth how the department intends to respond to the Committee's recommendations.

Sunset Date: None.

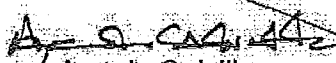
Additional information relating to the Shelter Monitoring Committee may be obtained by reviewing Administrative Code, Section 20.300, et seq., at

<http://www.sfbos.org/sfunicodes> or visiting the Committee's website at <http://www.sfgov.org/sheltermonitoring>.

Interested persons may obtain an application from the Board of Supervisors website at <http://www.sfbos.org/vacancy> application or from the Rules Committee Clerk, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689. Completed applications should be submitted to the Clerk of the Board. All applicants must be residents of San Francisco, unless otherwise stated.

Next Steps: Applicants who meet minimum qualifications will be contacted by the Rules Committee Clerk once the Rules Committee Chair determines the date of the hearing. Members of the Rules Committee will consider the appointment(s) at the meeting, and applicants may be asked to state their qualifications. The appointment(s) of the individual(s) who are recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

Please Note: Depending upon the posting date, these vacancies may have already been filled. To determine if vacancies for this Committee are still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-7702.


Angela Calvillo
Clerk of the Board

DATED/POSTED: March 1, 2016