



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
 Phone: 415.252.3100 . Fax: 415.252.3112
ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 250618

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
 (S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
 A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

| 1. FILING INFORMATION | |
|---|---|
| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR 3rd Street Youth Center & Clinic | TELEPHONE NUMBER 415-822-1707 |
| STREET ADDRESS (including City, State and Zip Code) 1728 Bancroft Ave, San Francisco, CA 94124 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$507,892 | | |
| NATURE OF THE CONTRACT (Please describe) Providing STD Evaluation, Screening and Testing for Youth of Color | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
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| 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-Morgan | Joi | CEO |
| 2 | Kunene | Glen | Board of Directors |
| 3 | Davenport | Susan | Board of Directors |
| 4 | Relyea | Jackie | Board of Directors |
| 5 | Tu | Phung | Board of Directors |
| 6 | Eng | Vanessa | Board of Directors |
| 7 | Magee | Michelle | Board of Directors |
| 8 | Savage | Michael | Board of Directors |
| 9 | Davidson | Violetta | Board of Directors |
| 10 | Fallon | Laura | Board of Directors |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Bayview Hunter Point Foundation | TELEPHONE NUMBER 415-468-5100 |
| STREET ADDRESS (including City, State and Zip Code) 150 Executive Park Blvd, Suite 2800, SF CA 94134 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$593,926 | | |
| NATURE OF THE CONTRACT (Please describe) Providing MH/SUD program services | | |

| 7. COMMENTS |
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| 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 | Bouquin | James | CEO |
| 2 | watson | Susan | Board of Directors |
| 3 | Fuller | Wayzel | Board of Directors |
| 4 | Everlart | Claude | Board of Directors |
| 5 | Cray | Adam | Board of Directors |
| 6 | colson | Chuck | Board of Directors |
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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.

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| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Bridge Housing Corporation | TELEPHONE NUMBER 415.989.1111 |
| STREET ADDRESS (including City, State and Zip Code) 350 California St.Suite 1600, SF, CA 94104 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$10,481,403 | | |
| NATURE OF THE CONTRACT (Please describe) Help address housing instability and homelessness by providing support through various "bridge" housing settings, including tiny homes, interim housing, rental assistance models, and assisted living settings. | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
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| This contract was approved by: | |
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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|-------------|--------------------|
| 1 | Lombard | Ken | CEO |
| 2 | Novack | Kenneth M. | Board of Directors |
| 3 | Moore | Connie | Board of Directors |
| 4 | Bibby | Douglas M. | Board of Directors |
| 5 | Carlisle | Ray | Board of Directors |
| 6 | Carter | Daryl J. | Board of Directors |
| 7 | Freed | Robert | Board of Directors |
| 8 | Grodahl | Skip | Board of Directors |
| 9 | Hemmenway | Nancy | Board of Directors |
| 10 | Hernandez | Jennifer L | Board of Directors |
| 11 | Jain | Kiran | Board of Directors |
| 12 | Lombard | Ken | Board of Directors |
| 13 | Quinn | Adrienne E. | Board of Directors |
| 14 | Richardson | Stephen A. | Board of Directors |
| 15 | Sager | Nadia | Board of Directors |
| 16 | Stein | Paul | Board of Directors |
| 17 | Turner | Molly | Board of Directors |
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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.

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| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$50,000 | | |
| NATURE OF THE CONTRACT (Please describe) To restore specified marshes by replanting native cordgrass and marsh gumplant. | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
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| This contract was approved by: | |
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|----|--------------------------------|------------|--------------------|
| 1 | Johnson | Doug | CEO |
| 2 | Ponce | Stephanie | Board of Directors |
| 3 | Kwong | Michael | Board of Directors |
| 4 | Major | Matt | Board of Directors |
| 5 | Arenas | Alys | Board of Directors |
| 6 | Gibson | Doug | Board of Directors |
| 7 | Giessow | Jason | Board of Directors |
| 8 | Godfrey | Sarah | Board of Directors |
| 9 | Kaufman | Alan | Board of Directors |
| 10 | Kerr | Drew | Board of Directors |
| 11 | Klock | Metha | Board of Directors |
| 12 | Meyer | Tanya | Board of Directors |
| 13 | Mila | LeeAnne | Board of Directors |
| 14 | Oneto | Scott | Board of Directors |
| 15 | Nguyen | Lana | Board of Directors |
| 16 | Quon | Laurie | Board of Directors |
| 17 | Reyes | Tom | Board of Directors |
| 18 | Trinidad | Marcos | Board of Directors |
| 19 | Valliere | Justin | Board of Directors |

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|----|--------------------------------|------------|--------------------|
| 20 | wallis | Hannah | Board of Directors |
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| 1. FILING INFORMATION | |
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| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$10,000 | | |
| NATURE OF THE CONTRACT (Please describe) 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 | Dugan-Cuadra | Lariza | CEO |
| 2 | Murillo | Patricia | Board of Directors |
| 3 | Gallegos-Castillo | Angela | Board of Directors |
| 4 | Queen-Johnson | Aisha | Board of Directors |
| 5 | Gutierrez | Raul | Board of Directors |
| 6 | Vargas | Aztaxelli xela | Board of Directors |
| 7 | Dugan-Cuadra | Lariza | 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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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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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
 Phone: 415.252.3100 . Fax: 415.252.3112
ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 250618

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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| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Catholic Charities - Peter Claver | TELEPHONE NUMBER (415) 972-1200 |
| STREET ADDRESS (including City, State and Zip Code) 990 Eddy St San Francisco CA 94109 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$180,336 | | |
| NATURE OF THE CONTRACT (Please describe) 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 | Hammerle | Ellen | CEO |
| 3 | Dahik | Adriana | Board of Directors |
| 4 | Smith | Barbara | Board of Directors |
| 5 | Whelan | Christine | Board of Directors |
| 6 | Bojorquez | Diana | Board of Directors |
| 7 | Hammerle | Ellen | Board of Directors |
| 8 | Gonzalez | Eleanor | Board of Directors |
| 9 | Kostelni Jr | Hugo | Board of Directors |
| 10 | Leupp | Jay Paul | Board of Directors |
| 11 | Sangiaco | Jim | Board of Directors |
| 12 | Boerio | Joe | Board of Directors |
| 13 | Saia | John | Board of Directors |
| 14 | Grogan | Kathleen A | Board of Directors |
| 15 | Cullinane | Lisa | Board of Directors |
| 16 | Ikeda | Lisa | Board of Directors |
| 17 | Mirek | Lori P | Board of Directors |
| 18 | Reynaud | Louis | Board of Directors |
| 19 | Aquino | Marc | Board of Directors |

9. AFFILIATES AND SUBCONTRACTORS

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|---------------|--------------------|
| 20 | Ghilotti | Michael M | Board of Directors |
| 21 | Cuadro | Nicole | Board of Directors |
| 22 | woody | Patrick | Board of Directors |
| 23 | Clark | Philip | Board of Directors |
| 24 | Kearney | Philip | Board of Directors |
| 25 | Nascimento | Daniel | Board of Directors |
| 26 | Reyes | Raymund | Board of Directors |
| 27 | Landis | Scott | Board of Directors |
| 28 | McInerney | Maureen | Board of Directors |
| 29 | Frime1 | Susie O'Brien | Board of Directors |
| 30 | Lauber | Debbie Dizon | Board of Directors |
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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|



San Francisco Ethics Commission

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ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 250618

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

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Children's Council of San Francisco | TELEPHONE NUMBER 415.276.2900 |
| STREET ADDRESS (including City, State and Zip Code) 445 Church Street San Francisco, CA 94114 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$150,000 | | |
| NATURE OF THE CONTRACT (Please describe) 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

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|---------------------|--------------------|
| 1 | Carlson | Barbara Coccodrilli | CEO |
| 2 | Abbas | Rehana | Board of Directors |
| 3 | Renschler | Amanda | Board of Directors |
| 4 | Dusedau | Marga | Board of Directors |
| 5 | Behr | Sarah | Board of Directors |
| 6 | Butler | Omar | Board of Directors |
| 7 | Cato | Thandiwe | Board of Directors |
| 8 | Hilberman | Jessica | Board of Directors |
| 9 | Jacobson | Amanda | Board of Directors |
| 10 | Lacob | Molly | Board of Directors |
| 11 | Levinson | Jake | Board of Directors |
| 12 | Page | Farris | Board of Directors |
| 13 | Sims | Deborah | Board of Directors |
| 14 | Warehouse | Maegan | Board of Directors |
| 15 | Shinkai | Kanade | Board of Directors |
| 16 | Watkins | Elizabeth | Board of Directors |
| 17 | | | |
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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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| <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.

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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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| 3. FILER'S CONTACT | |
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| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Curry Senior Center | TELEPHONE NUMBER (415) 917-3410 |
| STREET ADDRESS (including City, State and Zip Code) 333 Turk Street, San Francisco, CA 94102 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$114,273 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |
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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 |
|----|--------------------------------|--------------|--------------------|
| 1 | Knego | David | CEO |
| 2 | Quitugua | Shirley | Board of Directors |
| 3 | Illig | Jim | Board of Directors |
| 4 | Sklar | Diane | Board of Directors |
| 5 | Bickham | David | Board of Directors |
| 6 | Davila | Jonrie | Board of Directors |
| 7 | Dwyer | Diane | Board of Directors |
| 8 | Kotwal | Ashwin | Board of Directors |
| 9 | Lincecum | Hannah | Board of Directors |
| 10 | Norton | Alycia | Board of Directors |
| 11 | wong | Connie Perez | Board of Directors |
| 12 | Spring | Kealy | Board of Directors |
| 13 | Sullivan | Richard | Board of Directors |
| 14 | wong | Harry | Board of Directors |
| 15 | McKinnon | John | Board of Directors |
| 16 | Schwartz | Isis Spinola | Board of Directors |
| 17 | Razzo | Rob | 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

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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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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Dental Robin Hood | TELEPHONE NUMBER (415) 760-4762 |
| STREET ADDRESS (including City, State and Zip Code) 1739 Revere Ave San Francisco, CA 94124 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$10,000 | | |
| NATURE OF THE CONTRACT (Please describe) Provide support for oral health program | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
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| 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 | Sorrell II | Rubin | CEO |
| 2 | Sorrell II | Rubin | Board of Directors |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
 Phone: 415.252.3100 . Fax: 415.252.3112
ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 250618

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

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$330,014 | | |
| NATURE OF THE CONTRACT (Please describe) Provides services First Episode Psychosis, families suffering from signs & 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

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 | Gilbert | Al | CEO |
| 2 | Woods | George | Board of Directors |
| 3 | Steele | Tamara | Board of Directors |
| 4 | Neal | Kathy | Board of Directors |
| 5 | Brooks | Oliver | Board of Directors |
| 6 | Costello | Daniel | Board of Directors |
| 7 | Harris Jr | Elihu Mason | Board of Directors |
| 8 | Nalls | Clifford | Board of Directors |
| 9 | Rojo | Peter | Board of Directors |
| 10 | Vinson | Sarah | Board of Directors |
| 11 | wafer | Deborah | Board of Directors |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|



San Francisco Ethics Commission

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Received On:

File #: 250618

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

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$20,000 | | |
| NATURE OF THE CONTRACT (Please describe) Provides mental health technical assistance to community based MH crisis response to trauma | | |

| 7. COMMENTS |
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| |

| 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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| 1 | Woods | George | Board of Directors |
| 2 | Gilbert | Al | CEO |
| 3 | Steele | Tamara | Board of Directors |
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| 6 | Costello | Daniel | Board of Directors |
| 7 | Harris, Jr | Elihu Mason | Board of Directors |
| 8 | Nalls | Clifford | Board of Directors |
| 9 | Rojo | Peter | Board of Directors |
| 10 | Vinson | Sarah | Board of Directors |
| 11 | wafer | Deborah | 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.

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| 1. FILING INFORMATION | |
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| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$265,185 | | |
| NATURE OF THE CONTRACT (Please describe) Teen Pregnancy & Parenting Program | | |

| 7. COMMENTS |
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| 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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| 6 | Costello | Daniel | Board of Directors |
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| 1. FILING INFORMATION | |
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| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Harm Reduction Therapy Center | TELEPHONE NUMBER (415) 863-4282 |
| STREET ADDRESS (including City, State and Zip Code) 21 Merlin St San Francisco CA 94107 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$43,242 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |
| <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 | Berg | Anna | CEO |
| 2 | Norman | Elileen | Board of Directors |
| 3 | Jones | Suki | Board of Directors |
| 4 | Ligon | Esker-D | Board of Directors |
| 5 | Borne | Deborah | Board of Directors |
| 6 | Castello | Justin J. | Board of Directors |
| 7 | Pinal | Ale Del | Board of Directors |
| 8 | Hofverberg | Sara | Board of Directors |
| 9 | Leonard-wookey | Anat | Board of Directors |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
 Phone: 415.252.3100 . Fax: 415.252.3112
ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 250618

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
 (S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
 A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

| 1. FILING INFORMATION | |
|---|---|
| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR HealthRight 360 | TELEPHONE NUMBER 800-200-7181 |
| STREET ADDRESS (including City, State and Zip Code) 1563 Mission St, SF, CA 94103 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$220,737 | | |
| NATURE OF THE CONTRACT (Please describe) 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 | Eisen | Vitka | CEO |
| 2 | Pierluissi | Talia | Board of Directors |
| 3 | Beaulieu | Natalie | Board of Directors |
| 4 | Huhn | Kristina | Board of Directors |
| 5 | Binder | Daniel | Board of Directors |
| 6 | Balan | Yener | Board of Directors |
| 7 | Boulos | Rodrigo | Board of Directors |
| 8 | Holmes | Kathryn | Board of Directors |
| 9 | Ireland | Diane | Board of Directors |
| 10 | Lusk | Lawrence | Board of Directors |
| 11 | Pointer | Karen E. | Board of Directors |
| 12 | Pugh | Alex | Board of Directors |
| 13 | Thomas | Ahmad | Board of Directors |
| 14 | Torres | Timothy | Board of Directors |
| 15 | Venkatraman | Sankar | Board of Directors |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|



San Francisco Ethics Commission

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Received On:

File #: 250618

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

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Healthright 360 | TELEPHONE NUMBER 800-200-7181 |
| STREET ADDRESS (including City, State and Zip Code) 1563 Mission St, SF, CA 94103 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$4,828,200 | | |
| NATURE OF THE CONTRACT (Please describe) Providing MH/SUD program services | | |

| 7. COMMENTS |
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| 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

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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| 1 | Eisen | Vitka | CEO |
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| 4 | Huhn | Kristina | Board of Directors |
| 5 | Binder | Daniel | Board of Directors |
| 6 | Balan | Yener | Board of Directors |
| 7 | Boulos | Rodrigo | Board of Directors |
| 8 | Holmes | Kathryn | Board of Directors |
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| 10 | Lusk | Lawrence | Board of Directors |
| 11 | Pointer | Karen E | Board of Directors |
| 12 | Pugh | Alex | Board of Directors |
| 13 | Thomas | Ahmad | Board of Directors |
| 14 | Torres | Timothy | Board of Directors |
| 15 | Venkatraman | Sankar | Board of Directors |
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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.

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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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Received On:

File #: 250618

Bid/RFP #:

Notification of Contract Approval

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| 1. FILING INFORMATION | |
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|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR HealthRight 360 | TELEPHONE NUMBER 800-200-7181 |
| STREET ADDRESS (including City, State and Zip Code) 1563 Mission St, San Francisco, CA 94103 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$152,000 | | |
| NATURE OF THE CONTRACT (Please describe) Provides Fiscal Intermediary services | | |

| 7. COMMENTS |
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| |

| 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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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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| 1. FILING INFORMATION | |
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| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$92,300 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |
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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|-----------------|--------------------|
| 1 | Cutler | Blayne | CEO |
| 2 | Vetticaden | Santosh | Board of Directors |
| 3 | Edwards | Carladenise | Board of Directors |
| 4 | Lazzarin | Alessandro | Board of Directors |
| 5 | Macarchuk | Nicole J | Board of Directors |
| 6 | Anyaoku | Nwando | Board of Directors |
| 7 | Bordenick | Jennifer Covich | Board of Directors |
| 8 | Garrido | Terhilda | Board of Directors |
| 9 | Gorre | Celina | Board of Directors |
| 10 | Mago | Hope Tarirai | Board of Directors |
| 11 | Midura | Bonnie | Board of Directors |
| 12 | Vasallo | Vivian | 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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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
 Phone: 415.252.3100 . Fax: 415.252.3112
ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 250618

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

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$175,000 | | |
| NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary | | |

| 7. COMMENTS |
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| |

| 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 |
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| 1 | Cutler | Blayne | CEO |
| 2 | Vetticaden | Santosh | Board of Directors |
| 3 | Edwards | Carladenise | 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.

| | |
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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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File #: 250618

Bid/RFP #:

Notification of Contract Approval

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| 1. FILING INFORMATION | |
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| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$184,003 | | |
| NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
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| 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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| 1 | Vetticaden | Santosh | Board of Directors |
| 2 | Cutler | Blayne | CEO |
| 3 | Edwards | Carladenise | Board of Directors |
| 4 | Lazzarin | Alessandro | Board of Directors |
| 5 | Macarchuk | Nicole J. | Board of Directors |
| 6 | Anyaku | Nwando | Board of Directors |
| 7 | Bordenick | Jennifer Covich | Board of Directors |
| 8 | Garrido | Terhilda | Board of Directors |
| 9 | Gorre | Celina | Board of Directors |
| 10 | Mago | Hope Tarirai | Board of Directors |
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| 12 | Vasallo | Vivian | 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

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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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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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Received On:

File #: 250618

Bid/RFP #:

Notification of Contract Approval

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| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$192,403 | | |
| NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary | | |

| 7. COMMENTS |
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| |

| 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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| 4 | Lazzarin | Alessandro | Board of Directors |
| 5 | Macarchuk | Nicole J. | Board of Directors |
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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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| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$34,684 | | |
| NATURE OF THE CONTRACT (Please describe) 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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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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| <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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</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 . www.sfethics.org

Received On:

File #: 250618

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
 (S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
 A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

| 1. FILING INFORMATION | |
|---|---|
| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Horizons Unlimited | TELEPHONE NUMBER (415) 487-6700 |
| STREET ADDRESS (including City, State and Zip Code) 440 Potrero Avenue, San Francisco 94110 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$557,109 | | |
| NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services | | |

| 7. COMMENTS |
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| |

| 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 | Lucero | Celina | CEO |
| 2 | Moretti | Matthew | Board of Directors |
| 3 | Johnson | Zachary | Board of Directors |
| 4 | Gallardo | Steven | Board of Directors |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|



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File #: 250618

Bid/RFP #:

Notification of Contract Approval

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 A Public Document

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| 1. FILING INFORMATION | |
|---|---|
| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Jamestown Community Center | TELEPHONE NUMBER 415-647-4709 |
| STREET ADDRESS (including City, State and Zip Code) 2929 19th St, San Francisco, CA 94110 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$415,967 | | |
| NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
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| 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 | Sapinski | Nelly | CEO |
| 2 | Barahona | Luis | Board of Directors |
| 3 | Gross | Rich | Board of Directors |
| 4 | Barrera | Efrain | Board of Directors |
| 5 | Brackenridge | Katie | Board of Directors |
| 6 | Bransten | Lisa | Board of Directors |
| 7 | Fung | Lisa | Board of Directors |
| 8 | Ruiz | Gabby | Board of Directors |
| 9 | Valdez | Matt | Board of Directors |
| 10 | Vega | Paul | Board of Directors |
| 11 | Furney | Gary | Board of Directors |
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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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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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|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Japanese Community Youth Council | TELEPHONE NUMBER (415) 202-7900 |
| STREET ADDRESS (including City, State and Zip Code) 2012 Pine Street, San Francisco 94109 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$478,998 | | |
| NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services | | |

| 7. COMMENTS |
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| |

| 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 | Osaki | Jon | CEO |
| 2 | Wayne | Evan | Board of Directors |
| 3 | Carroll | Louise | Board of Directors |
| 4 | Mah | Max | Board of Directors |
| 5 | Nagree | Shah | Board of Directors |
| 6 | MacDonald | Angus | Board of Directors |
| 7 | Dunlap | Oliver | Board of Directors |
| 8 | Harrigan | Asia | Board of Directors |
| 9 | Abantao | Darryl | Board of Directors |
| 10 | C | Dinesh | Board of Directors |
| 11 | Littleton | Heather | Board of Directors |
| 12 | Anderson | Jerome | Board of Directors |
| 13 | Rawat | Gitanjali | Board of Directors |
| 14 | Tada | Makiko | Board of Directors |
| 15 | Shah | Gautam | Board of Directors |
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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 |
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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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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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| 1. FILING INFORMATION | |
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| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Maitri AIDS Hospice | TELEPHONE NUMBER (415) 558-3000 |
| STREET ADDRESS (including City, State and Zip Code) 401 Duboce Ave, SF, CA 94117 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$752,053 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |
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| 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 | Armentrout | Michael | CEO |
| 2 | Lapointe | Ray | Board of Directors |
| 3 | Wong | Jane | Board of Directors |
| 4 | Miller | Austin | Board of Directors |
| 5 | Ludlow | David | Board of Directors |
| 6 | King | Jim | Board of Directors |
| 7 | Hilbert | Gary | Board of Directors |
| 8 | Ling | Alvin | Board of Directors |
| 9 | Morgenstern | Amy | Board of Directors |
| 10 | Schoenefeld | Ryan | Board of Directors |
| 11 | Yang | Jun | Board of Directors |
| 12 | Buckley | Sloane | Board of Directors |
| 13 | Fraas | Erika | Board of Directors |
| 14 | Bright | Andrew | Board of Directors |
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9. AFFILIATES AND SUBCONTRACTORS

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

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
 Phone: 415.252.3100 . Fax: 415.252.3112
ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 250618

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
 (S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
 A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

| 1. FILING INFORMATION | |
|---|---|
| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Mission Action | TELEPHONE NUMBER (415) 282-6209 |
| STREET ADDRESS (including City, State and Zip Code) 938 Valencia Street, San Francisco, CA 94110 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$240,656 | | |
| NATURE OF THE CONTRACT (Please describe) 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 | |
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| 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 | Valdez | Laura | CEO |
| 2 | Cameron | Anjali | Board of Directors |
| 3 | Hernandez, Jr | Pedro | Board of Directors |
| 4 | Lin | Kani | Board of Directors |
| 5 | Tanaka | Chelsey | Board of Directors |
| 6 | Lo | Kevin | Board of Directors |
| 7 | Chehab | Sam | Board of Directors |
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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.

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| 1. FILING INFORMATION | |
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| Original | |
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| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Mount Saint Joseph Saint Elizabeth's | TELEPHONE NUMBER (415) 567-8370 |
| STREET ADDRESS (including City, State and Zip Code) 100 Masonic Avenue, San Francisco, CA 94118 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$856,481 | | |
| NATURE OF THE CONTRACT (Please describe) Providing MH/SUD program services | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
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| 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 | Dunkel | Betty Marie | CEO |
| 2 | Baez | Marjory Ann | Board of Directors |
| 3 | MacLean | Brenda | Board of Directors |
| 4 | Vista | Frances | Board of Directors |
| 5 | Ahn | Tina | Board of Directors |
| 6 | Chatmon | Larry | Board of Directors |
| 7 | Hernandez | Trinitas | Board of Directors |
| 8 | Lindh | Frank | Board of Directors |
| 9 | Lozano | Maria | Board of Directors |
| 10 | Morales | Estela | Board of Directors |
| 11 | Smith | Gene | Board of Directors |
| 12 | Dunkel | Betty Marie | 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.

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Received On:

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Bid/RFP #:

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| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Napa County | TELEPHONE NUMBER 707-253-4540 |
| STREET ADDRESS (including City, State and Zip Code) 1195 Third St Napa CA 94559 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$194,750 | | |
| NATURE OF THE CONTRACT (Please describe) Co-recipient of grant funds. | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
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| 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 | Gallagher | Joelle | Board of Directors |
| 2 | Alessio | Liz | Board of Directors |
| 3 | Cottrell | Anne | Board of Directors |
| 4 | Manfree | Amber | Board of Directors |
| 5 | Ramos | Belia | Board of Directors |
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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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| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR NICOS Chinese Health Coalition | TELEPHONE NUMBER (415) 788-6426 |
| STREET ADDRESS (including City, State and Zip Code) 945 Clay Street San Francisco, CA 94108 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$10,000 | | |
| NATURE OF THE CONTRACT (Please describe) Provide support for oral health program | | |

| 7. COMMENTS |
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| 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 | Woo | Kent | CEO |
| 2 | Liao | Michael | Board of Directors |
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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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File #: 250618

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
 (S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
 A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

| 1. FILING INFORMATION | |
|---|---|
| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR PRC | TELEPHONE NUMBER 415.777.0333 |
| STREET ADDRESS (including City, State and Zip Code) 170 9th St, San Francisco, CA 94103 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$321,555 | | |
| NATURE OF THE CONTRACT (Please describe) Providing Equal Access to Health Care Program 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 | Teng | Chuan | CEO |
| 2 | Schneider | Brian | Board of Directors |
| 3 | Smith | Darren | Board of Directors |
| 4 | Frieman | Josh | Board of Directors |
| 5 | wiley | Nicole | Board of Directors |
| 6 | Day | Lukejohn | Board of Directors |
| 7 | Hartke | colin | Board of Directors |
| 8 | Henry | Ahmad | Board of Directors |
| 9 | Keeling | Phillip | Board of Directors |
| 10 | Kyle | Michael | Board of Directors |
| 11 | Michaels | Jacques | Board of Directors |
| 12 | Niczyporuk | Michael | Board of Directors |
| 13 | Peabody | Camellia Ngo | Board of Directors |
| 14 | Peabody | John | Board of Directors |
| 15 | Prevost | Tamarah | Board of Directors |
| 16 | Schaaf | Jacob | Board of Directors |
| 17 | Bell | Michael F | Board of Directors |
| 18 | Bernick | Michael S | Board of Directors |
| 19 | Carter | James | Board of Directors |

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 20 | Christiansen | Karl H | Board of Directors |
| 21 | McKee | Ryan | Board of Directors |
| 22 | Stith | David | Board of Directors |
| 23 | walker | Daryl | Board of Directors |
| 24 | Virginia | Gary | Board of Directors |
| 25 | Sachet | Donna | Board of Directors |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
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| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Project Open Hand | TELEPHONE NUMBER (415) 447-2326 |
| STREET ADDRESS (including City, State and Zip Code) 730 Polk St, SF, CA 94109 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$1,347,885 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |
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| |

| 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

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 | Hepfer | Paul | CEO |
| 2 | Dillon | MIke | Board of Directors |
| 3 | Anderson | Arielle | Board of Directors |
| 4 | Holt | Susanna | Board of Directors |
| 5 | Long | Richard | Board of Directors |
| 6 | Henry | Mike | Board of Directors |
| 7 | Maring | Preston | Board of Directors |
| 8 | Chang | Andrew | Board of Directors |
| 9 | Chang | Theresa | Board of Directors |
| 10 | wei | Jason | Board of Directors |
| 11 | Chandra | Vishwa | Board of Directors |
| 12 | Alley | Drew | Board of Directors |
| 13 | Horton | Claire | Board of Directors |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR RAMS | TELEPHONE NUMBER (415) 800-0699 |
| STREET ADDRESS (including City, State and Zip Code) 4355 Geary Blvd. San Francisco, CA 94118 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$247,303 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |
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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 1 | Tang | Angela | CEO |
| 2 | Yeh | Tom | Board of Directors |
| 3 | Roberts | Maggie | Board of Directors |
| 4 | Lee | Summer | Board of Directors |
| 5 | Chow | wade | Board of Directors |
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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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| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$150,266 | | |
| NATURE OF THE CONTRACT (Please describe) Provides support of consumer-run centers serving many 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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| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR RAMS | TELEPHONE NUMBER (415) 800-0699 |
| STREET ADDRESS (including City, State and Zip Code) 4355 Geary Blvd. San Francisco, CA 94118 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$5,000 | | |
| NATURE OF THE CONTRACT (Please describe) Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic - Job training wages | | |

| 7. COMMENTS |
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| |

| 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 | Tang | Angela | CEO |
| 2 | Yeh | Tom | Board of Directors |
| 3 | Roberts | Maggie | Board of Directors |
| 4 | Lee | Summer | Board of Directors |
| 5 | Chow | wade | Board of Directors |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
 Phone: 415.252.3100 . Fax: 415.252.3112
ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 250618

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

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR RAMS | TELEPHONE NUMBER (415) 800-0699 |
| STREET ADDRESS (including City, State and Zip Code) 4355 Geary Blvd. San Francisco, CA 94118 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$273,182 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |
| <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 |
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| 1 | Tang | Angela | CEO |
| 2 | Yeh | Tom | Board of Directors |
| 3 | Roberts | Maggie | Board of Directors |
| 4 | Lee | Summer | Board of Directors |
| 5 | Chow | wade | Board of Directors |
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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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| <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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|



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Received On:

File #: 250618

Bid/RFP #:

Notification of Contract Approval

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

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| 1. FILING INFORMATION | |
|---|---|
| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Richmond Area Multi-Services | TELEPHONE NUMBER (415) 800-0699 |
| STREET ADDRESS (including City, State and Zip Code) 4355 Geary Blvd. San Francisco, CA 94118 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$65,080 | | |
| NATURE OF THE CONTRACT (Please describe) Provide Peer Internship Program that prepares clients for employment in peer support and counseling positions | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
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| 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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| 1 | Tang | Angela | CEO |
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| 5 | Chow | wade | Board of Directors |
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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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Notification of Contract Approval

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| 1. FILING INFORMATION | |
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| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
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| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR San Francisco African American Faith-Based Coalition | TELEPHONE NUMBER (415) 822-4566 - Ext 4 |
| STREET ADDRESS (including City, State and Zip Code) 1595 Shafter Ave., San Francisco, CA 94124 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$250,000 | | |
| NATURE OF THE CONTRACT (Please describe) Services. | | |

| 7. COMMENTS |
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| 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 | Jackson | Ernest L | CEO |
| 2 | Butler | Jonathan | Board of Directors |
| 3 | Shepard | Veronica | Board of Directors |
| 4 | Reece | Guillermo | Board of Directors |
| 5 | McNight | John | Board of Directors |
| 6 | Bryant, Jr | Joseph | Board of Directors |
| 7 | Brunswick | Sonya | Board of Directors |
| 8 | Gittens | Roderick | Board of Directors |
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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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| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR San Francisco Public Health Foundation | TELEPHONE NUMBER 415-504-6738 |
| STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$100,000 | | |
| NATURE OF THE CONTRACT (Please describe) 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 | Harrington | Jennifer | CEO |
| 2 | white | Allison | Board of Directors |
| 3 | Parker | Tracey | Board of Directors |
| 4 | Takecuchi | Rand | Board of Directors |
| 5 | Moore | Melissa | Board of Directors |
| 6 | Ancar | Katina | Board of Directors |
| 7 | McCall | Katie | Board of Directors |
| 8 | Sharma | Adam | Board of Directors |
| 9 | Thacher | Jess | Board of Directors |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
 Phone: 415.252.3100 . Fax: 415.252.3112
ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 250618

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
 (S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
 A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

| 1. FILING INFORMATION | |
|---|---|
| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR San Francisco Public Health Foundation | TELEPHONE NUMBER 415-504-6738 |
| STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$68,766 | | |
| NATURE OF THE CONTRACT (Please describe) 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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|----|--------------------------------|------------|--------------------|
| 1 | Harrington | Jennifer | CEO |
| 2 | white | Allison | Board of Directors |
| 3 | Parker | Tracey | Board of Directors |
| 4 | Takecuchi | Rand | Board of Directors |
| 5 | Moore | Melissa | Board of Directors |
| 6 | Ancar | Katina | Board of Directors |
| 7 | McCall | Katie | Board of Directors |
| 8 | Sharma | Adam | Board of Directors |
| 9 | Thacher | Jess | 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.

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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File #: 250618

Bid/RFP #:

Notification of Contract Approval

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| 1. FILING INFORMATION | |
|---|---|
| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR San Francisco Public Health Foundation | TELEPHONE NUMBER 415-504-6738 |
| STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$102,959 | | |
| NATURE OF THE CONTRACT (Please describe) Fiscal intermediary | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
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| 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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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.

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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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Received On:

File #: 250618

Bid/RFP #:

Notification of Contract Approval

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| 1. FILING INFORMATION | |
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| Board of Supervisors | Members |

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|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR San Francisco Public Health Foundation | TELEPHONE NUMBER 415-504-6738 |
| STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$185,610 | | |
| NATURE OF THE CONTRACT (Please describe) Providing program administration in support of SF Tobacco Free Project. | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
| <input type="checkbox"/> | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM |
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| <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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| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$13,732 | | |
| NATURE OF THE CONTRACT (Please describe) Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic | | |

| 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 | Link | Geoffrey | CEO |
| 2 | Livingston | Richard | Board of Directors |
| 3 | Homma | Reiko | Board of Directors |
| 4 | Elbga1 | Hazim | Board of Directors |
| 5 | Kobayashi | Masami | Board of Directors |
| 6 | Kwong | Jeanne | Board of Directors |
| 7 | Margaronis | Stas | Board of Directors |
| 8 | McWilliams | Jim | 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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</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 . www.sfethics.org

Received On:

File #: 250618

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

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$140,169 | | |
| NATURE OF THE CONTRACT (Please describe) Develop a racial equity hospital quality improvement plan to improve health outcomes | | |

| 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 | Link | Geoffrey | CEO |
| 2 | Livingston | Richard | Board of Directors |
| 3 | Homma | Reiko | Board of Directors |
| 4 | Elbga1 | Hazim | Board of Directors |
| 5 | Kobayashi | Masami | Board of Directors |
| 6 | Kwong | Jeanne | Board of Directors |
| 7 | Margaronis | Stas | Board of Directors |
| 8 | McWilliams | Jim | Board of Directors |
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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.

| | |
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| 1. FILING INFORMATION | |
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| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Seneca Family of Agencies | TELEPHONE NUMBER 510-654-4004 |
| STREET ADDRESS (including City, State and Zip Code) 8945 Golf Links Rd, Oakland, CA 94605 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$270,500 | | |
| NATURE OF THE CONTRACT (Please describe) Services. | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
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| 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 | Galyean | Leticia | CEO |
| 2 | Fretwell | Amber | Board of Directors |
| 3 | Henson | Dawn | Board of Directors |
| 4 | Kellenbach | Erica | Board of Directors |
| 5 | Donohue | Jessica | Board of Directors |
| 6 | walker | Kate | Board of Directors |
| 7 | Ciancutti | Lily | Board of Directors |
| 8 | Crutsinger | Lauren | Board of Directors |
| 9 | Cammann | Matt | Board of Directors |
| 10 | Padaychee | Melissa | Board of Directors |
| 11 | Howard | Shelby | Board of Directors |
| 12 | Hromnik | Sama | Board of Directors |
| 13 | Cooper | Toshia | Board of Directors |
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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.

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| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
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| AMENDMENT DESCRIPTION – Explain reason for amendment | |
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| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR Shanti | TELEPHONE NUMBER (415) 674-4700 |
| STREET ADDRESS (including City, State and Zip Code) 730 Polk Street, 3rd Floor San Francisco, CA 94109 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$100,186 | | |
| NATURE OF THE CONTRACT (Please describe) Provides Hepatitis C prevention services | | |

| 7. COMMENTS |
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| |

| 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 | Scrafano | Kimberly | CEO |
| 2 | Weinstein | Josh | Board of Directors |
| 3 | Ennis | Jamie | Board of Directors |
| 4 | Francone | Jerry | Board of Directors |
| 5 | Kiernan | Sheila Fischer | Board of Directors |
| 6 | Klearman | Micki | Board of Directors |
| 7 | Sullivan | Ethan | Board of Directors |
| 8 | Vincent | Marc | Board of Directors |
| 9 | Yee | Stanley | Board of Directors |
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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.

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| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Sonoma County | TELEPHONE NUMBER 877-699-6868 |
| STREET ADDRESS (including City, State and Zip Code) 625 5th Street Santa Rosa, CA 95404 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$415,750 | | |
| NATURE OF THE CONTRACT (Please describe) Co-recipient of grant funds. | | |

| 7. COMMENTS |
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| 8. CONTRACT APPROVAL | |
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| 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 | Hermosillo | Rebecca | 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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| <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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</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 . www.sfethics.org

Received On:

File #:

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
 (S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
 A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

| 1. FILING INFORMATION | |
|---|---|
| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Legislative Clerks Division | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Support for Families of Children with Disabilities | TELEPHONE NUMBER (415) 282-7494 |
| STREET ADDRESS (including City, State and Zip Code) 832 Folsom St # 1001, San Francisco, CA 94107 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|------------------------------------|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) |
| DESCRIPTION OF AMOUNT OF CONTRACT 395,500 | | |
| NATURE OF THE CONTRACT (Please describe) Provide services and support for children and youth with special health care needs. | | |

| 7. COMMENTS |
|--------------------------|
| Empty space for comments |

| 8. CONTRACT APPROVAL | |
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| 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 | Rhodes | Wendy Neikirk | CEO |
| 2 | Eddleman | Amelia | Board of Directors |
| 3 | Calvert | Dave Stringer | Board of Directors |
| 4 | Hollyfield | Amy | Board of Directors |
| 5 | Boussina | Eileen | Board of Directors |
| 6 | Castillo-Lartigue | Tiffani | Board of Directors |
| 7 | McDonald | Sally Coghlan | Board of Directors |
| 8 | de la Garza | Elizabeth (Betsy) | Board of Directors |
| 9 | Akhund | Fatema | Board of Directors |
| 10 | Lam | Lisa | Board of Directors |
| 11 | Tavs | Jacqueline | Board of Directors |
| 12 | Lin | Tiffany | Board of Directors |
| 13 | Filner | Lee | Board of Directors |
| 14 | | | |
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| # | 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.

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

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|



San Francisco Ethics Commission

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 Phone: 415.252.3100 . Fax: 415.252.3112
ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 250618

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

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR UCSF Alliance Health Project | TELEPHONE NUMBER 415-476-3902 |
| STREET ADDRESS (including City, State and Zip Code) 1855 Folsom St, San Francisco, CA 94103 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$168,837 | | |
| NATURE OF THE CONTRACT (Please describe) 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 |
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| |

| 8. CONTRACT APPROVAL | |
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| 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 | Hua | William | CEO |
| 2 | Breall | Susan M | Board of Directors |
| 3 | Lake | Kelly | Board of Directors |
| 4 | Porche | Michelle | Board of Directors |
| 5 | Barra | Alex | Board of Directors |
| 6 | Carapetian | Vanni | Board of Directors |
| 7 | Dierst-Davies | Rhodri | Board of Directors |
| 8 | Gibson | Jean | Board of Directors |
| 9 | Glowinski | Anne | Board of Directors |
| 10 | Hare | Brad | Board of Directors |
| 11 | Munro | Ashley | Board of Directors |
| 12 | Shulman | Bart | Board of Directors |
| 13 | Srivastava | Runjhun | Board of Directors |
| 14 | Strongheart | Majenta | Board of Directors |
| 15 | Toh | Sophia | Board of Directors |
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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.

| | |
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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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Received On:

File #: 250618

Bid/RFP #:

Notification of Contract Approval

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

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR University of California, San Francisco | TELEPHONE NUMBER (415) 476-1000 |
| STREET ADDRESS (including City, State and Zip Code) 550 16th Street, 7th Floor, San Francisco, CA 94143 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$59,881 | | |
| NATURE OF THE CONTRACT (Please describe) Fiscal Intermediary, provide syphilis screening for ZSFGH patients. | | |

| 7. COMMENTS |
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| 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 | Hawgood | Sam | CEO |
| 2 | Hammarskjold | Philip | Board of Directors |
| 3 | Emery | Dana | Board of Directors |
| 4 | Arora | Neeraj | Board of Directors |
| 5 | Ballard | Andrew | Board of Directors |
| 6 | Bhusri | Allison | Board of Directors |
| 7 | Bloch | Susan | Board of Directors |
| 8 | Briger | Pete | Board of Directors |
| 9 | Chan | Huifen | Board of Directors |
| 10 | Chen | Connie E | Board of Directors |
| 11 | Cohen | Fred | Board of Directors |
| 12 | Conte | JP | Board of Directors |
| 13 | Coulter | Phyllis | Board of Directors |
| 14 | Deb | Dipanjan | Board of Directors |
| 15 | DiMarco | Stephanie | Board of Directors |
| 16 | Hall | Kathryn | Board of Directors |
| 17 | Hao | Kenneth | Board of Directors |
| 18 | Iguodala | Andre | Board of Directors |
| 19 | Kuo | Roger | Board of Directors |

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 20 | Levchin | Nellie | Board of Directors |
| 21 | Lin | Rebecca | Board of Directors |
| 22 | Makan | Divesh | Board of Directors |
| 23 | Malika | Meyer | Board of Directors |
| 24 | McKinnon | Ian | Board of Directors |
| 25 | Morris | Diane | Board of Directors |
| 26 | Newstat | Joyce | Board of Directors |
| 27 | Paradis | Paul | Board of Directors |
| 28 | Sanghvi | Ruchi | Board of Directors |
| 29 | Shorenstein | Lydia | Board of Directors |
| 30 | Soghikian | Shahan | Board of Directors |
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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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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR University of California, San Francisco Tech Asst | TELEPHONE NUMBER (415) 476-1000 |
| STREET ADDRESS (including City, State and Zip Code) 550 16th Street, 7th Floor, San Francisco, CA 94143 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$183,977 | | |
| NATURE OF THE CONTRACT (Please describe) 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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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 1 | Nahid | Payam | CEO |
| 2 | DeLuca | Andrea | Board of Directors |
| 3 | Bacina | Melissa | Board of Directors |
| 4 | Baltzell | Kimberly | Board of Directors |
| 5 | Fair | Elizabeth | Board of Directors |
| 6 | Frank | Heidi | Board of Directors |
| 7 | Hobbs | Nicole | Board of Directors |
| 8 | Hsieh | Susan | Board of Directors |
| 9 | Kortz | Teresa | Board of Directors |
| 10 | welty | Susie | Board of Directors |
| 11 | wesson | Paul | Board of Directors |
| 12 | Woo | Ellyn | Board of Directors |
| 13 | Fair | Elizabeth | Board of Directors |
| 14 | Goosby | Eric | Board of Directors |
| 15 | DeFries | Triveni | Board of Directors |
| 16 | Hsiang | Michelle | Board of Directors |
| 17 | Tatarsky | Allison | Board of Directors |
| 18 | walker | Dilys | Board of Directors |
| 19 | Silvers | Rebecca | Board of Directors |

9. AFFILIATES AND SUBCONTRACTORS

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 20 | Rutherford | George | Board of Directors |
| 21 | Horn | Karen | Board of Directors |
| 22 | weissglas | Fitti | Board of Directors |
| 23 | Ozgediz | Doruk | Board of Directors |
| 24 | Taylor | Kelly | Board of Directors |
| 25 | waruiru | wanjiru | Board of Directors |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
 Phone: 415.252.3100 . Fax: 415.252.3112
ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 250618

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
 (S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
 A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

| 1. FILING INFORMATION | |
|---|---|
| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR University of California, San Francisco | TELEPHONE NUMBER (415) 476-1000 |
| STREET ADDRESS (including City, State and Zip Code) 550 16th Street, 7th Floor, San Francisco, CA 94143 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$5,000 | | |
| NATURE OF THE CONTRACT (Please describe) 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 | Hawgood | Sam | CEO |
| 2 | Hammarskjold | Philip | Board of Directors |
| 3 | Emery | Dana | Board of Directors |
| 4 | Arora | Neeraj | Board of Directors |
| 5 | Ballard | Andrew | Board of Directors |
| 6 | Bhusri | Allison | Board of Directors |
| 7 | Bloch | Susan | Board of Directors |
| 8 | Briger | Pete | Board of Directors |
| 9 | Chan | Huifen | Board of Directors |
| 10 | Chen | Connie E | Board of Directors |
| 11 | Cohen | Fred | Board of Directors |
| 12 | Conte | JP | Board of Directors |
| 13 | Coulter | Phyllis | Board of Directors |
| 14 | Deb | Dipanjan | Board of Directors |
| 15 | DiMarco | Stephanie | Board of Directors |
| 16 | Hall | Kathryn | Board of Directors |
| 17 | Hao | Kenneth | Board of Directors |
| 18 | Iguodala | Andre | Board of Directors |
| 19 | Kuo | Roger | 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 | Levchin | Nellie | Board of Directors |
| 21 | Lin | Rebecca | Board of Directors |
| 22 | Makan | Divesh | Board of Directors |
| 23 | Malka | Meyer | Board of Directors |
| 24 | McKinnon | Ian | Board of Directors |
| 25 | Morris | Diane | Board of Directors |
| 26 | Newstat | Joyce | Board of Directors |
| 27 | Paradis | Paul | Board of Directors |
| 28 | Sanghvi | Ruchi | Board of Directors |
| 29 | Shorenstein | Lydia | Board of Directors |
| 30 | Soghikian | Shahan | Board of Directors |
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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 |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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Notification of Contract Approval

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| 1. FILING INFORMATION | |
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| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR YMCA Urban Services | TELEPHONE NUMBER 415-561-0631 |
| STREET ADDRESS (including City, State and Zip Code) 1426 Fillmore Street, Suite 204, San Francisco 94115 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$371,846 | | |
| NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services | | |

| 7. COMMENTS |
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| |

| 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 | McCormick | Suzanne | CEO |
| 2 | Anderson | Rhonda | Board of Directors |
| 3 | Bart | Wendy | Board of Directors |
| 4 | Brayton | Sarah | Board of Directors |
| 5 | Cates-Williams | Sharon | Board of Directors |
| 6 | Childs | Michelle | Board of Directors |
| 7 | Chow | Jimmy | Board of Directors |
| 8 | Conley | John G | Board of Directors |
| 9 | Deblieux | Karen | Board of Directors |
| 10 | Dibble | Mark | Board of Directors |
| 11 | Fenneman | Craig | Board of Directors |
| 12 | Holder | Ian | Board of Directors |
| 13 | Huffman | Eric | Board of Directors |
| 14 | Kraemer | Dan | Board of Directors |
| 15 | Leis | George | Board of Directors |
| 16 | Lewis | Scott | Board of Directors |
| 17 | Lonowski | Kathy | Board of Directors |
| 18 | Mikos | John | Board of Directors |
| 19 | Molock | Julie Sills | 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 | Preston | Bryan | Board of Directors |
| 21 | Rojas | Cici | Board of Directors |
| 22 | Rosenbach | Maggie | Board of Directors |
| 23 | Sandgren | Jim | Board of Directors |
| 24 | Soffer | Joanna Diaz | Board of Directors |
| 25 | Taborda | Ruben Dario | Board of Directors |
| 26 | Vincent | Troy | Board of Directors |
| 27 | Welland | Jeremy | Board of Directors |
| 28 | Wilson II | George | Board of Directors |
| 29 | Lee | Christiana J | Board of Directors |
| 30 | Cooper | Eli | Board of Directors |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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| 1. FILING INFORMATION | |
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| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|---|---|
| NAME OF CONTRACTOR Youth Leadership Institute | TELEPHONE NUMBER (628) 400-9252 |
| STREET ADDRESS (including City, State and Zip Code) 198 Potrero Avenue San Francisco CA 94103 | EMAIL |

| 6. CONTRACT | | |
|--|--------------------------------|--|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 250618 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$411,921 | | |
| NATURE OF THE CONTRACT (Please describe) Provide MH/SUD program services | | |

| 7. COMMENTS |
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| |

| 8. CONTRACT APPROVAL | |
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| 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 | Barahona | Patricia | CEO |
| 2 | Belden | Kristin | Board of Directors |
| 3 | Douglass | Bailey | Board of Directors |
| 4 | Rowe | Joshua Espulgar | Board of Directors |
| 5 | Gonzalez | John | Board of Directors |
| 6 | Harmon | Laura | Board of Directors |
| 7 | Ketchum | Kaitlin | Board of Directors |
| 8 | Limon | Ashens | Board of Directors |
| 9 | Perez | Richard A | Board of Directors |
| 10 | Romero | Elizabeth | Board of Directors |
| 11 | Torres | Luke | Board of Directors |
| 12 | Ligon | Lisa | 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.

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| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
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|----------------------------------|--------------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Legislative Clerks Division | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-------------------------------------|--|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| Gregory Wong | 628-217-7608 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
|--|---|
| NAME OF CONTRACTOR 3rd Street Youth Center & Clinic | TELEPHONE NUMBER 415-822-1707 |
| STREET ADDRESS (including City, State and Zip Code) 1728 Bancroft Ave, San Francisco, CA 94124 | EMAIL |

| 6. CONTRACT | | |
|---|--------------------------------|------------------------------------|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) |
| DESCRIPTION OF AMOUNT OF CONTRACT 118,818 | | |
| NATURE OF THE CONTRACT (Please describe) Providing STD Evaluation, Screening and Testing for Youth of Color | | |

| 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 | Jackson-Morgan | Joi | CEO |
| 2 | Kunene | Glen | Board of Directors |
| 3 | Davenport | Susan | Board of Directors |
| 4 | Relyea | Jackie | Board of Directors |
| 5 | Tu | Phung | Board of Directors |
| 6 | Eng | Vanessa | Board of Directors |
| 7 | Magee | Michelle | Board of Directors |
| 8 | Savage | Michael | Board of Directors |
| 9 | Davidson | Violetta | Board of Directors |
| 10 | Fallon | Laura | Board of Directors |
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p> | <p>DATE SIGNED</p> |
|---|---------------------------|