

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: 05-10-2024 | 09:36:11 PDT

File #: 240369

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

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
Arata Goto		415-701-5500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
MYR Mayor's Office of Housing and Comm Dev		CommdevRFP@sfgov.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	, , , , ,
5/7/2024		240369
3/1/2021		
DESCRIPTION OF AMOUNT OF CONTRACT		
\$1,075,655		
, ,		
NATURE OF THE CONTRACT (Please describe)		
\$762,114 - HOPWA funds for Residential care f	acility for persons w	ith HIV/AIDS (Project
ID:203991-23)	complete for long town	
\$313,541 - HOPWA funds for Housing stability households (Project ID:203992-23)	services for long-teri	m rental subsidy

7. COMMENTS

Description of the Amount is sum total of two entries reflected in Proposed Expenditure Schedule attachment in file.

8. CONTRACT APPROVAL				
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS			

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.

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Hammerle	Ellen	CEO	
2	Bowen	Thomas	Other Principal Officer	
3	Ewers	Cheryl	CF0	
4	Cordileone	Salvatore	Board of Directors	
5	Boerio	Joe	Board of Directors	
6	Borromeo	Ted	Board of Directors	
7	Grogan	Kathleen	Board of Directors	
8	Bojorquez	Diana	Board of Directors	
9	Clark	Philip	Board of Directors	
10	Dahik	Adriana	Board of Directors	
11	O'Brien Frimel	Susie	Board of Directors	
12	Ghilotti	Michael	Board of Directors	
13	Gonzalez	Eleanor	Board of Directors	
14	Leupp	Jay Paul	Board of Directors	
15	Ikeda	Lisa	Board of Directors	
16	Mirek	Lori	Board of Directors	
17	Nascimento	Daniel	Board of Directors	
18	Pohlman	Jack	Board of Directors	
19	Reyes	Raymund	Board of Directors	

3

con	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
20	Cullinane	Lisa	Board of Directors	
21	Sangiacomo	Jim	Board of Directors	
22	Smith	Barbara	Board of Directors	
23	woody	Patrick	Board of Directors	
24	Kearney	Philip	Board of Directors	
25	Landis	Scott	Board of Directors	
26	Cuadro	Nicole	Board of Directors	
27	Kostelni	Hugo	Board of Directors	
28	Saia	John	Board of Directors	
29	Whelan	Christine	Board of Directors	
30	Aquino	Marc	Board of Directors	
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9. AFFILIATES AND SUBCONTRACTO	DRS
List the names of (A) members of the	a con

COIII	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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	Check this box if you need to include add Select "Supplemental" for filing type.	itional names. Please submit a separate	form with complete information.	

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK DocuSigned by: 988C8F42C3084B5 Angela Calvillo	05-10-2024 09:36:11 PDT	



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

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1

File #: 240369

Bid/RFP #:

Notification of Contract Approval

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1. FILING INFORMATION				
DATE OF ORIGINAL FILING (for amendment only)				

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	
Arata Goto		415-701-5500	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
MYR	Mayor's Office of Housing and Comm Dev	commdevRFP@sfgov.org	

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

6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)		
		240369		
5/7/2024				
DESCRIPTION OF ANALYSIS OF CONTRACT				
DESCRIPTION OF AMOUNT OF CONTRACT				
\$399,481				
, <u> </u>				
NATURE OF THE CONTRACT (Please describe)				
\$399,481 - HOPWA funds for Residential care facility for persons with HIV/AIDS (Project ID:203993-23)				
7. COMMENTS				

7. COMMENTS

Description of the Amount reflected in Proposed Expenditure Schedule attachment in file.

8. C	8. CONTRACT APPROVAL				
This	This contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
	Board of Supervisors				
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS				

contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Valdez	Laura	CEO		
2	Gonzalez Ruiz	Maribel	CF0		
3	Cameron	Anjali	Board of Directors		
4	Hernandez	Pedro	Board of Directors		
5	Lin	Kani	Board of Directors		
6	Tanaka	Chelsey	Board of Directors		
7	Winn	Michael	Board of Directors		
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contract.				
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exec who	the names of (A) members of the contractivitive officer, chief of has an ownership interest of 10 percent caract.	perating officer, or other persons with s	imilar titles; (C) any individual or entity			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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.		

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.			
DATE SIGNED			
DocuSigned by: 05-10-2024 09:37:29 PDT 0988C8F42C3084B5 100 0988C8F42C3084B5 100 0988C8F42C3084B5 100 0988C8B5 100 0988C8B5 0988C8B5 100 0988C8B5			



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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 DE	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Arata Go	oto	415-701-5500
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
MYR	Mayor's Office of Housing and Comm Dev	CommdevRFP@sfgov.org

5	ONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Maitri Compassionate Care		(415) 558-3000		
Martin Compassionate Care		(413) 33	0 3000	
STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
40	1 Duboce Ave, San Francisco, CA 94117			
	DNTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 240369
5/	7/2024			
DESC	RIPTION OF AMOUNT OF CONTRACT			
\$4	92,167			
NATU	JRE OF THE CONTRACT (Please describe)			
	92,167 - HOPWA funds for Residential care f :203995-23)	acility for	persons w	ith HIV/AIDS (Project
7. CC	DMMENTS			
		d Evnenditu	ca Schadul	a attachment in file
	DMMENTS scription of the Amount reflected in Propose	d Expenditu	re Schedule	e attachment in file.
		d Expenditu	re Schedule	e attachment in file.
		d Expenditu	re Schedule	e attachment in file.
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De	scription of the Amount reflected in Propose	d Expenditu	re Schedule	e attachment in file.
De. 8. CC	scription of the Amount reflected in Propose ONTRACT APPROVAL	d Expenditu	re Schedule	e attachment in file.
De. 8. CC	Scription of the Amount reflected in Propose ONTRACT APPROVAL contract was approved by:	d Expenditu	re Schedule	e attachment in file.
De. 8. CC	scription of the Amount reflected in Propose ONTRACT APPROVAL	d Expenditu	re Schedule	e attachment in file.
De. 8. CC	ONTRACT APPROVAL contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM	d Expenditu	re Schedule	e attachment in file.
8. CC This	ONTRACT APPROVAL contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES	d Expenditu	re Schedule	e attachment in file.
De. 8. CC	ONTRACT APPROVAL contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM	d Expenditu	re Schedule	e attachment in file.
8. CC This	ONTRACT APPROVAL contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES	d Expenditu	re Schedule	e attachment in file.
8. CC This	ONTRACT APPROVAL contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Armentrout	Michael	CEO
2	Wong	Jane	Board of Directors
3	Miller	Austin	Board of Directors
4	Cummings	Gregg	Board of Directors
5	Hilbert	Gary	Board of Directors
6	King	Jim	Board of Directors
7	Lapointe	Ray	Board of Directors
8	Casados	Johannes	Board of Directors
9	Cummings	Donna	Board of Directors
10	Dilawri	Namita	Board of Directors
11	Fraas	Erika	Board of Directors
12	Ling	Alvin	Board of Directors
13	Ludlow	David	Board of Directors
14	Morgenstern	Amy	Board of Directors
15	Rana	Sameera	Board of Directors
16	Schoenefeld	Ryan	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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DocuSign Envelope ID: AFD7DCBD-B8D3-4DF0-98ED-CF5A5C49DDE4 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45

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

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
CLERK Docusigned by: 988C8F42C3084B5 Angela Calvillo	05-10-2024 09:42:25 PDT	



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1

File #: 240369

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

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
Arata Got	to	415-701-5500
FULL DEPARTN	MENT NAME	DEPARTMENT CONTACT EMAIL
MYR	Mayor's Office of Housing and Comm Dev	commdevRFP@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
PRC	415-777-0333
STREET ADDRESS (including City, State and Zip Code)	EMAIL
170 9th Street, San Francisco, CA 94103	

6. CONTRACT				
DATE CONTRACT WAS APPRO	VED BY THE CITY ELECTIVE OF	FICER(S) ORIGIN	IAL BID/RFP NUMBER	FILE NUMBER (If applicable)
			,	240369
5/7/2024				
DESCRIPTION OF AMOUNT OF	CONTRACT			
\$4,565,000				
NATURE OF THE CONTRACT (F	lease describe)			
\$1.565.000 - HOPWA	funds for Residenti	al care facil	ity for persons	with HIV/AIDS (Project
ID:203997-23)				
\$3,000,000 - HOPWA	funds for Leland Ho	use Rehabilit	ation (Project	ID:207926-23)

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/ •	N 4 I	PA I	176	

Description of the Amount sum of two entries reflected in Proposed Expenditure Schedule attachment in file.

8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES
	Board of Supervisors
l —	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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cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
1	Teng	Chuan	CEO	
2	Gannon	Marc	C00	
3	Levenson	Leo	CF0	
4	Mazie	Beth	Other Principal Officer	
5	Schneider	Brian	Board of Directors	
6	Wiley	Nichole	Board of Directors	
7	Smith	Darren	Board of Directors	
8	Frieman	Josh	Board of Directors	
9	GOnzalez	Nelson	Board of Directors	
10	Hartke	Colin	Board of Directors	
11	Ishida	Ryo	Board of Directors	
12	Kyle	Michael	Board of Directors	
13	Michaels	Jacques	Board of Directors	
14	Niczyporuk	Michael	Board of Directors	
15	Papillo	Zack	Board of Directors	
16	Prevost	Tamarah	Board of Directors	
17	Schroeder	Tim	Board of Directors	
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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 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 com	nplete.	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK DocuSigned by: 988C8F42C3084B5 Angela Calvillo	05-10-2024 09:38:56 PDT	



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Bid/RFP #:

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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	
Arata Go	oto	415-701-5500	
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL	
MYR	Mayor's Office of Housing and Comm Dev	commdevRFP@sfgov.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Larkin Street Youth Services		415-673-0911	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
134 Golden Gate Ave, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 240369
5/7/2024			
DESCRIPTION OF AMOUNT OF CONTRACT	<u> </u>		
\$197,044			
NATURE OF THE CONTRACT (Please describe)			
\$197,044 - HOPWA funds for Residential care f ID:203994-23)	acility for	persons w	ith HIV/AIDS (Project
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Roos	Eric	Board of Directors
2	Elias	Marcie	Board of Directors
3	Shapiro	Sally	Board of Directors
4	Valentine	D.	Board of Directors
5	Cameron	Cecily	Board of Directors
6	F00	Catherine	Board of Directors
7	Grossman	вlake	Board of Directors
8	Obaro	Bambo	Board of Directors
9	Adams	Sherilyn	CEO
10	Thomas	Candice	Other Principal Officer
11	Roberts	Gayle	Other Principal Officer
12	Lund	Ilsa	Other Principal Officer
13	VanAlstyne	Bryn	C00
14	Middlebrooks	Al	CF0
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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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I have used all reasonable diligence in preparing this statement.	. I have reviewed this statement and to the best of my	
knowledge the information I have provided here is true and con	nplete.	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
Docusigned by: 988C8F42C3084B5 Angela Calvillo	05-10-2024 09:40:03 PDT	



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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	
Arata Go	oto	415-701-5500	
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL	
MYR	Mayor's Office of Housing and Comm Dev	commdevRFP@sfgov.org	

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Rafiki Coalition for Health and Wellness	(415) 615-9945		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
601 Cesar Chavez St, San Francisco, CA 94124			

601	L Cesar Chavez St, San Francisco, CA 94124			
	NTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable) 240369
5/7	7/2024			
DESCI	RIPTION OF AMOUNT OF CONTRACT	<u> </u>		
\$15	50,000			
NATU	RE OF THE CONTRACT (Please describe)			
	50,000 - HOPWA funds for Transitional housi o:203998-23)	ng facility	for person	ns with HIV/AIDS (Project
7. CO	MMENTS			
Des	scription of the Amount reflected in Propose	d Expenditur	re Schedul	e attachment in file.
8. CO	NTRACT APPROVAL			
	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Williams	Shanell	CEO
2	Seng	Tina	CF0
3	Aikins	Andre	Other Principal Officer
4	Gaines	Mark	Board of Directors
5	Random-Scott	Carolyn	Board of Directors
6	williams	Lisa	Board of Directors
7			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTOR	9	. AFF	FILI/	ATES	AND	SUE	COL	NTRA	CTO	RS
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COIII	contract.						
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ				
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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.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
DocuSigned by:	05-10-2024 09:41:12 PDT		