

File No. 250618

Committee Item No. 11

Board Item No. 28

## COMMITTEE/BOARD OF SUPERVISORS

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Board of Supervisors Meeting Date July 8, 2025

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Completed by: Brent Jalipa Date June 5, 2025

Completed by: Brent Jalipa Date July 3, 2025

1 [Accept and Expend Grants - Recurring State Grant Funds - Department of Public Health -  
2 FY2025-2026]

3 **Resolution authorizing the acceptance and expenditure of Recurring State grant funds**  
4 **by the San Francisco Department of Public Health for Fiscal Year (FY) 2025-2026.**

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6 WHEREAS, The San Francisco Administrative Code requires City Departments to  
7 obtain Board of Supervisor’s approval in order to accept or expend any grant funds (Section  
8 10.170 et seq.); and

9 WHEREAS, The Board of Supervisors provided in Section 11.1 of the administrative  
10 provisions of the Fiscal Year (FY) 2025-2026 Annual Appropriation Ordinance that approval of  
11 recurring grant funds contained in departmental budget submissions and approved in the  
12 FY2025-2026 budget are deemed to meet the requirements of the San Francisco  
13 Administrative Code regarding grant approvals; and

14 WHEREAS, The agencies of the State of California that provide grant funds to  
15 Department of Public Health (DPH) require documentation of the Board’s approval of their  
16 specific grant funds (State Administrative Manual, Section 1208.2 (a)); and

17 WHEREAS, The City’s budget for FY2025-2026 does not list each State grant but  
18 contains two aggregate items; one indicating all Federal, and one all State grant funds; and

19 WHEREAS, Department of Public Health has prepared a document entitled “Recurring  
20 FY2025-2026 State Grants, Attachment A” that lists the estimated amount of each recurring  
21 grant provided by the State of California for FY2025-2026, the State agency that provides the  
22 grant, and the indirect costs of each grant, which is on file with Clerk of the Board of  
23 Supervisors in File No. 250618; and

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1           WHEREAS, As a result of periodic redistribution of appropriations within the State  
2 budget, Department of Public Health may, in fact, receive more money or less money from  
3 some of the various grants itemized in the attached document that Department of Public  
4 Health estimates at this time; and

5           WHEREAS, This Resolution requires expedited review by the Board of Supervisors to  
6 ensure that documentation of specific grant funds can be provided to the State as early as  
7 possible in the funding year; and

8           WHEREAS, Resolutions authorizing the acceptance and expenditure of grant funds  
9 may be placed automatically on consent agendas in committee, as they are usually  
10 considered to be routine items, and this resolution authorizes the acceptance and expenditure  
11 of grant funding; now, therefore, be it

12           RESOLVED, That the Board of Supervisors hereby approves the acceptance and  
13 expenditure of Department of Public Health of the State of California grants listed in the  
14 “Recurring FY2025-2026 State Grants, Attachment A”; and, be it

15           FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
16 Agreement, and any amendments, invoices, or any other documents related to or required for  
17 the administration of said Agreement on behalf of the City and County; and, be it

18           FURTHER RESOLVED, That the Director of Health is authorized to certify that DPH  
19 has and will comply with all applicable federal and state statutory and regulatory requirements  
20 related to any grant funds received; and, be it

21           FURTHER RESOLVED, That should Department of Public Health receive more money  
22 or less money on any of the grants than is estimated in the “Recurring FY2025-2026 State  
23 Grants, Attachment A”, that the Board of Supervisors hereby approves the acceptance and  
24 expenditure by Department of Public Health of the additional or reduced money.  
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1 Recommended:  
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3 /s/ Jenny Louie  
4 Daniel Tsai  
5 Director of Health

Approved: /s/ Sophia Kittler  
Mayor Daniel Lurie

Approved: /s/ Jocelyn Quintos  
Greg Wagner, Controller

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Program/ Sub-Program	Agency	Grant Type	State Contract Number	FY 25-26 Grant Term	FY 25-26 Grant Amount	FY 25-26 Indirect Costs	Indirect Cost Information	Match	In-kind	Subcontract Amount	Title, Services, FY 25-26	Program Manager	Phone Number	Grant Code	Project code	Staff	Grant Status
Administration	CDPH	Federal Pass-through	22-10678	7/1/25 - 6/30/26	293,004	14,615	5.25% of total direct cost	-	-	68,766	Hospital Preparedness Program Grant funds the planning and coordination of hospital preparedness activities for health care facilities HIV Care Program - SAM	Amanda Kwong	(628) 206-7618	HCAC11-26	10041937	Victoria	Active
AIDS Office - Health Services	CA Dept. of Public Health (CDPH)	Federal Pass-through	23-10980	4/1/26-3/31/27	3,149,750	-	-	-	-	3,011,322	HCP is a Two-tiered approach to service prioritization & delivery based on service categories defined by HRSA. Tier 1 services are outpatient & ambulatory medical care. Tier 2 support access to tier 1.	Bill Blum / Sajid Shaikh	415-255-3512	HCA016-26	10041854	Jeannette	Active
Epidemiology & Disease Control	CDPH-Emergency Preparedness	State	22-10678	7/1/25-6/30/26	87,766	4,402	5.28% of total direct cost	-	-	-	CA Pandemic Influenza Preparedness Prepare for and respond to bioterrorism, infectious disease outbreaks, and other public health threats and emergencies.	Amanda Kwong	628-206-7618	HCD113-26	10041852	Sharon	Active
Center for Learning & Innovation	The Regents of the University of California	Federal Pass-through	13793sc	7/1/25-6/30/26	15,441	2,832	22.46% of tdc	-	-	-	UCSF-Bay Area Center for AIDS Research Provide assistance to UCSF's Mentoring Program.	J. Fuchs / Win See Woo	628-206-7618	HCD134-26	10041882	Jeannette	Pending
HD STD	California Department of Public Health	State	19-10557	07/01/25 - 6/30/26	638,420	28,729	22.462% personnel	-	-	346,037	Local Assistance for Core STD Management Implement evidence-based public health activities to proactively address Sexually Transmitted Diseases (STD) with Local health jurisdiction (LHJ) HC LSYC Calendar Year 2025	Wincy Woo	628-206-7681	HCD142-26	10041909	Victoria	Active
Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	H76HA00163	1/1/25 - 12/31/25	66,530	-	-	-	-	-	Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS	Beth Neary	628-206-7679	HCGLSC-25	10040686	Sean	Active
Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	H76HA00163	1/1/26 - 12/31/26	66,530	-	-	-	-	-	HC LSYC Calendar Year 2026 Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS	Beth Neary	628-206-7679	HCGLSC-26	10041977	Sean	Active
Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	H80CS00049	1/1/25 - 12/31/25	1,094,763	-	-	-	-	-	Funding for the provision of health care services to the homeless	Beth Neary	628-206-7679	HCGMCK-25	10040690	Sean	Active
Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	H80CS00049	1/1/26 - 12/31/26	1,094,763	-	-	-	-	-	HC McKinney Homeless Calendar 2026 Funding for the provision of health care services to the homeless	Beth Neary	628-206-7679	HCGMCK-26	10041976	Sean	Active
Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	H76HA00163	1/1/25 - 12/31/25	81,250	-	-	-	-	-	RWPC Tom Waddell Clinic 2025 Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS	Beth Neary	628-206-7679	HCGTWC-25	10040699	Sean	Active
Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	H76HA00163	1/1/26 - 12/31/26	81,250	-	-	-	-	-	RWPC Tom Waddell Clinic 2026 Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS	Beth Neary	628-206-7679	HCGTWC-26	10041978	Sean	Active
MCH	CDPH-MCH Branch	Federal Pass-through	CHVP 24-38	7/1/25 - 6/30/26	2,825,733.71	204,060	22.462% personnel & benefits	1,396,768	-	-	Nurse Family Partnership Nurses providing home visits with priority given to women with high risk factors to help women break the cycle of poverty and abuse.	Maya Vasquez	415-575-5732	HCMC02-26	10041933	Peter	Pending
Environmental Health	CDPH-CLPPB	Multiple funding sources	23-10277	7/1/25 - 6/30/26	900,640	117,209	15% of personnel costs	-	-	-	Lead Case Management Contract Identify and manage cases of children with elevated lead levels in their blood.	Haroon Ahmad	415-252-3956	HCPB02-26	10041964	Sean	Active
AIDS Office - Health Services	CDPH-OA-ADAP	State	21-10962	7/1/25 - 6/30/26	-	-	-	-	-	-	State AIDS Drug Assistance Program Administration of the AIDS Drug Assistance Program enrollment process provided by SFDPH and/or its subcontractors.	Kevin Hutchcroft/ Sajid Shaikh	415-437-6244	HCPD10 ADAP grant	10026702 10001992 10001810 10001859	Sajid	Active
ARCHES	CDPH-Office of AIDS	State	24-10307	7/1/25-6/30/26	672,178	64,605	22.462% of salaries	-	-	184,003	State AIDS Surveillance Program HIV/AIDS Surveillance program provides precise & timely information necessary to identify ongoing patterns of infection & to measure the burden of the disease.	Stephanie Lam	255-3512	HCPD14-26	10041872	Jeannette	Active
TB Control	CA Department of Public Health	State	2290BASE00 & 2290FSIE00	7/1/25 - 6/30/26	294,753	12,382	5% personnel	-	-	-	Tuberculosis Subvention To provide outreach and housing services for homeless tuberculosis patients and implement the "Directly Observed Therapy Program (DOT) for tuberculosis cases.	Minnie Wong	628-206-7681	HCPD21-26	10041962	Victoria	Active
Epidemiology & Disease Control	CDPH - Immunization Branch	Federal Pass-through	22-11052	7/1/25-6/30/26	275,070	-	-	-	-	-	Immunization Services Grant Administers an immunization program against nine vaccine preventable diseases and prenatal Hepatitis B services.	Amanda Kwong	628-206-7618	HCPD29-26	10041858	Sharon	Active
Epidemiology _PHEPR	CDPH Emergency Preparedness	Federal Pass-through	22-10678	7/1/25 - 6/30/26	515,199	25,699	5.25% of total direct cost	-	-	-	Health Preparedness & Response Prepare for and respond to bioterrorism, infectious disease outbreaks and other public health threats and emergencies.	Amanda Kwong	628-206-7618	HCPD69-26	10041941	Victoria	Active
Epidemiology _PHEPR	CDPH-Emergency Preparedness	Federal Pass-through	22-10678	7/1/25-6/30/26	219,195	10,914	5.24% of total direct cost	-	-	102,959	Cities Readiness Initiative Increase & enhance readiness to make effective use of the Strategic National Stockpile (SNS) in the event of several possible types of catastrophic terrorist attacks.	Amanda Kwong	628-206-7618	HCPD95-26	10041853	Sharon	Active
Health Education-Health Promotion	CDPH-Tobacco Section	State	CTCP-21-38	7/1/25-6/30/26	920,445	93,435	15% of personnel cost	-	-	185,610	Tobacco Free Project Provide Tobacco education in accordance with the State Comprehensive Tobacco Control Plan Guidelines for local lead agencies	Jessica Estrada/Jonath an Ocampo	(628) 206-7645	HCPH01-26	10041856	Sharon	Active
MCH	CDPH - MCH Branch	Federal Pass-through	202438	7/1/25 - 6/30/26	2,570,750	231,730	based on time study, and 22.462% of salary & fringe	1,814,705	-	220,737	Black Infant Health Program Provide outreach and referral services, pediatric care, education and follow-up support to African American pregnant & postpartum women and their infants.	Aline Armstrong	415-420-0980	HCPM02-26	10041934	Peter	Active
MCH	CDPH - MCH Branch	Federal Pass-through	202438	7/1/25 - 6/30/26	3,475,330	427,658	22.462% personnel & benefits	5,523,548	-	265,185	Maternal and Child Health Coordination and advocacy for programs and services targeting women and children and review for fetal infant deaths.	Aline Armstrong	415-420-0980	HCPM03-26	10041935	Peter	Active

MCH	CDPH	Federal Pass-through	22-10282	10/1/25-9/30/26	3,026,447	-	-	-	-	WIC Program Nutrition, education, and supplemental foods to pregnant, lactating or post-partum women and to children under 5 years who are receiving on-going medical care	Priti Rane	(415) 575-5716	HCPM08-26	10041939	Peter	Active
MCH	CDPH	Federal Pass-through	23-10341	10/1/25-9/30/26	836,772	-	-	-	150,000	Nutrition Network Project Project to increase nutrition education and physical activity targeted to California's under-served populations.	Priti Rane	(415) 575-5716	HCPM13-26	10041942	Peter	Active
MCH	CA Dept of Health Care Services	Federal Pass-through	24-01	7/1/25-6/30/26	1,292,478	-	-	-	-	Health Care Program Children in Foster Care To provide health care program for children in foster care	Kimberlee Pitters	(415) 575-5764	HCPM14-26	10041945	Peter	Active
CBHS - Mental Health	CA Department of Rehabilitation	Federal Pass-through	32023	7/1/25-6/30/26	263,811	-	-	818,875	-	State Vocational Rehabilitation Services Provide vocational rehabilitation services.	Juan Ibarra	415-255-3496	HMAD04-26	10041916	Thi	Active
CBHS-Mental Health	Regents of The University of California	Federal Pass-through	13788sc	8/01/25-7/31/26	93,393	-	-	-	-	HRSA Title IV HIV Services Center for Special Problems provides professional outpatient mental health services to women who have HIV and their adult family members.	Sajid Shaikh	415-255-3512	HMM005-26	10,041,887	Victoria	Active
CBHS-Mental Health	Dept of Health Care Svcs. Mental Health	Federal Pass-through	Letter sent 8/29/2022	7/01/25-6/30/26	4,579,474	-	-	-	1,370,850	SAMSHA - MHBG, System of Care To provide timely access to appropriate care for severely mentally ill (SMI), dually diagnosed adults and seriously emotionally disturbed (SED) children and youth	Janis Omeara	415-581-3051	HMM007-26	10041864	Victoria	Active
Bridge HIV	The Regents of the University of California	Federal Pass-through	11324sc	4/1/25 - 3/31/26	57,828	11,446	22.462% of tdc	-	-	Evaluation of Doxycycline Post-Exposure Prophylaxis DPH will oversee planning and implementation of the DoxyPrep study at SF City Clinic and supervise recruitment and retention.	S. Buchbinder/ Sajid Shaikh	415-255-3512	PD111-26	10041893	Kimberly	Active
CBHS-Mental Health	Dept of Health Care Svcs. Mental Health	State	22-20456	7/01/25-6/30/26	10,481,403	-	-	-	10,481,403	Behavioral Health Bridge Housing The BHBH Program will 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.	Evenija Jhimb	415-581-3051	HMM114-24	10040050	Victoria	Active
HD STD	California Department of Public Health	State	19-10937	7/01/25 - 6/30/26	200,371	-	-	-	192,486	Hepatitis C Virus (HCV) Prevention and Control Activities Support Hepatitis C (HCV) elimination activities	Amanda Kwong	255-3512	PD126-26	10041951	Victoria	Active
Environmental Health	California Department of Food and Agriculture	State	23-0305-000-SA	7/1/23 - 6/30/25	50,000	-	-	-	50,000	Noxious Weed Program This project works to eradicate invasive sea lavender at all tidal marsh locations in the county.	Cree Morgan/Phil Calhoun	415-252-3950	PD136-26	10040701	Sean	Active
Environmental Health	California Department of Justice	State	DOJ-PROP56-2023-24-1-027	7/1/25 - 6/30/26	1,119,966	53,331	5% of total personnel services	-	-	DOJ Tobacco Grant Program This enforcement grant will allow SFPDPH to increase the Department's capacity for outreach and education; expand police decoy operations; eliminate illegal sales of tobacco; develop a protocol to investigate consumption; and to share data and knowledge.	Michelle Vega	415-252-3872	PD203-26	10041969	Sean	Active
Primary Care	CDPH - Office of Oral Health	State	22-10193	7/1/25 - 6/30/26	308,879	21,177	15.94% of total personnel costs	-	-	Oral Health Program Prop 56 Provide activities that support oral health plan and build capacity for the facilitation and implementation of education, prevention, linkage to treatment, surveillance, and case management services.	Maryna Spiegel	415-420-0980	PM101-26	10041891	Sean	Active
MCH	CDPH	Federal Pass-through	PEI 24-38	7/1/25 - 6/30/26	562,678	42,647	22.462% personnel	-	-	California Perinatal Equity Initiative Deepen understanding of the gaps in services within the Black community contributing to increased infant mortality rates and the promising interventions to reduce Black infant mortality.	Aline Armstrong	415-420-0980	PM102-26	10041946	Peter	Active
MCH	CDPH	Federal Pass-through	CHVP 24-38	7/1/25-6/30/26	4,860,702.84	647,591	22.462% of personnel	2,551,668	-	CHVP Innovation Implementing home visits as a primary intervention strategy for families from pregnancy through kindergarten to promote positive outcomes and family success.	JJ Burch/Maya Vasquez	415-558-4037	PM103-26	10041947	Peter	Pending
MCH	CDPH	Federal Pass-through	CHVP 24-38	7/1/25-6/30/26	1,544,121	283,222	22.462% of personnel	-	-	CHVP SGF EBHV Grant expands Nurse Family Partnership (NFP) program.	JJ Burch/Maya Vasquez	415-558-4037	PM104-26	10041948	Peter	Pending
MCH	CDPH	Federal Pass-through	21-10791	7/1/25 - 6/30/26	395,500	-	-	-	395,500	Children & Youth with Special Health Care Needs - CYSHCN To support families of children with disabilities that will bring together the community agencies that serve children and youth with special health care needs in San Francisco independently of one another along with the families they are serving.	Ben Meisel / JJ Burch	628-217-6711	PM105-26	10042277	Peter	Active
Health Education-Health Promotion	CDPH	Federal Pass-through	25-38-90899-00	10/1/25 - 9/30/26	265,619	-	-	-	192,403.00	Refugee Health Assessment Program (RHAP), provide health assessment services to refugees, asylees, entrants from Haiti and Cuba, special visa immigrants, federally certified victims of human trafficking, eligible Afghan and Ukrainian parolees, and other eligible entrants, as required per the 2022-23 ORH Policy and Procedure Manual.	Cristy Dieterich	(628) 206-7629	HCCH11-26	10041855	Sharon	Active
Health Education-Health Promotion	CDPH	Federal Pass-through	22-38-90234-00	7/1/25 - 6/30/26	226,000	-	-	-	-	Asylum Seeker Health Surveillance and Linkage to Care, Provide case management services to a minimum of 150 asylum seekers annually to ensure patient enrollment in Medi-Cal or other health insurance when eligible, and conduct an initial health screener to assess for immediate healthcare needs.	Patricia Erwin / Cristy Dieterich	(628) 206-7629	HCCH12-26	10041895	Victoria	Active
Health Education-Health Promotion	CDPH	Federal Pass-through	22-38-90893-00	10/1/25 - 9/30/26	50,000	-	-	-	34,684	REFUGEE HEALTH PROMOTION PROJECT (RHPP), UKRAINIAN REFUGEE HEALTH PROMOTION (URHP) SUPPLEMENT, to improve the health of newly arrived Ukrainians and other non-Ukrainian individuals through outreach, education, and support services.	Sammi Truong	(628) 206-7629	HCCH13-26	10041954	Victoria	Active
Administration	CDPH	State	FoPH-041	7/1/25 - 6/30/26	3,580,496	626,417	22.462% personnel	-	-	Future of Public Health Spending (FoPH), to supplement local health jurisdictions for public health workforce and infrastructure	Adriana Argueta / Minnie Wonz	628-217-6051	PD180-26	10041950	Victoria	Active

HD STD	CDPH	State	22-10889	7/1/25 - 6/30/26	720,551	115,206	22.462%	personnel	59,881	SYPHILIS OUTBREAK STRATEGY (SOS), to support innovative and impactful syphilis and CS prevention and control activities, with a focus on disproportionately impacted populations as determined by local or regional syphilis and CS epidemiology, which may include, but are not limited to, African American/Black people, Latinx people, American Indians/Alaska Native people, trans women, pregnant people experiencing homelessness or who use drugs, (e.g., people who exchange sex for money, drugs, or a place to stay), and gay, bisexual, and other men who have sex with men (MSM).	Anthony Taylor	628-206-7681	PD185-26	10041956	Victoria	Active
Center for Research	The Regents of the University of California	Federal Pass-through	13250sc	9/1/25 - 8/31/26	6,673	1,321	22.462%	of tdc		One Ballroom, Dr. McFarland will serve as Co-Investigator and will design and analyze the proposed project. He will also participate in dissemination activities, manuscript writing, and will be responsible for sampling and RDS methodology.	W. McFarland / Sajid Shaikh	415-255-3512	PD169-26	10041897	Kimberly	Active
Bridge HIV	The Regents of the University of California	Federal Pass-through	13800sc	7/1/25 - 6/30/26	15,143	2,778	22.462%	of tdc		UCSF Bay Area Center for AIDS Research, to support the recruitment, enrollment, specimen collection, and processing for the CFAR PrEP Cohort based at Bridge HIV.	H. Scott / Sajid Shaikh	415-255-3512	PD189-26	10041907	Kimberly	Active
Substance Abuse	CA Dept of Health Care Services	Federal Pass-through	Letter dated 6/20/22	7/1/25 - 6/30/26	8,913,363	-	-	-	8,913,363	SABG Block Grant Alcohol and Other Drug Programs utilize SABG funding to provide a broad array of alcohol and other drug program treatment and prevention services within the system of care (SOC) programs.	Laurel Snead	(415) 255-3717	SA104-26	10041953	Thi	Active
Center for Research	The Regents of the University of California	Federal Pass-through	14171sc	6/1/25 - 5/31/26	30,085	3,223	12%	of tdc		Short Trainings on Methods for Recruiting, Sampling, and Counting Hard to Reach Populations: The H2R Training Program. Dr. McFarland will lead the development of a course called "Sampling Methods and Statistical Data Analysis for Research on Hard-to-Reach Populations."	W. McFarland / Sajid Shaikh	415-255-3512	PD198-26	10041986	Kimberly	Active
Center for Research	The Regents of the University of California	Federal Pass-through	14429sc	7/1/25 - 6/30/26	7,065	1,296	22.462%	of tdc		Staged Low-Barrier and Mobile Care to Improve Retention and Viral Suppression in Hard-To-Reach Vulnerable People Living With HIV. The City and County of San Francisco site will collaborate with Dr. Christopoulos and team to implement the proposed project.	P. Coffin / Sajid Shaikh	415-255-3512	PD201-26	10041910	Kimberly	Active
Bridge HIV	The Regents of the University of California	Federal Pass-through	14832sc	9/1/25 - 8/31/26	17,983	3,559	22.462%	of tdc		Center for AIDS Prevention Studies (CAPS). The scope of work included in the participation of the City and County of San Francisco in the 2022 EHE ARC Supplement entitled "Mission Wellness: Developing and Piloting a Pharmacy-Delivered Long-Acting PrEP Program Tailored for the Latinx Community"	A. Liu / Sajid Shaikh	415-255-3512	PD204-26	10041919	Kimberly	Active
Pure Tone Audiometry	UCSF - PCORI (Patient-Centered Outcomes Research Institute)	State	CER-2022C2-27634	7/1/25 - 6/30/26	166,486	41,089	24.68%	personnel & benefits		Pure-tone audiometry versus otoacoustic emissions for preschool hearing screening	Hayley Kriss	628-217-6789	PM107-26	10041975	Sean	Active
Substance Abuse	CDPH	State	23-10573	3/1/26 - 2/28/27	427,000	-	-	-	250,000	Fentanyl Overdose Prevention Grant Implement an innovative program entitled Advancing Racial Equity and Data-Driven Responses (AREDDR). Through the AREDDR program, SFDPH will take a multi-pronged approach to addressing racial disparities in overdose-related fatalities.	Mimi Fung/Emily Raganold	(415) 255-3667	SA107-26	10041902	Thi	Pending
Laboratory	CDPH	Federal Pass-through	SHARP-2	5/1/25 - 7/31/27	79,550	-	-	-	-	ELC - Strengthening HAI/AR Program Grant will support continuation of AR surveillance in California via identification and screening activities for carbapenemase-producing organisms (CPOs) and Candida auris, and antimicrobial susceptibility testing for Neisseria gonorrhoeae.	Lina Castro / Wincy Woo	628-206-7100	PD184	10042384	Sharon	Pending
MCH	CDPH	Federal Pass-through	24-10419	10/01/25 - 09/30/26	88,000	-	-	-	-	State Physical Activity and Nutrition work with local Recreation and Park sites to develop and implement nutrition guidelines in afterschool and summer programs, and other activities as outlined in the scope of work. This work will address the SPAN required strategy to implement state level policies and activities that promote food service and nutrition guidelines and associated healthy food procurement in facilities, programs, or organizations where food is sold, served, and distributed.	Priti Rane	(415) 575-5716	PM109-26	10042402	Peter	Active
Bridge HIV	The Regents of the University of California	Federal Pass-through	15500sc	7/1/25 - 6/30/26	48,240	9,348	22.462%	of tdc		The Doxy-PEP Impact Study: a multi-city US longitudinal cohort to evaluate doxy-PEP field effectiveness, investigate associated antimicrobial resistance, and establish doxy-PEP to need ratios.	S. Buchbinder/ Sajid Shaikh	415-255-3512	PD218-26	10041924	Kimberly	Active
CBHS-Mental Health	Mental Health Services Oversight & Accountability	State	21MH50ACD 28	10/1/25 - 9/30/26	1,128,550	147,202	15%	of total program cost	778,392	Mental Health Student Act of 2019 Improve Mental Health services in the schools Mental Health Service Oversight and Accountability Commission	Mimi Fung	415-255-3667	HM109-26	10040684	Thi	Active
Center for Research	The Regents of the University of California	Federal Pass-through	15694sc	9/30/25 - 9/29/26	15,000	2,751	22.462%	of tdc		Alliance for Country-led Control of the HIV Epidemic by Leveraging Efficient Resource Allocation To achieve Equity (ACCELERATE). Support the development of a training and mentorship program for governmental public health authorities in Vietnam, including VAAC and the regional institutes, to enhance capacity.	W. McFarland / Sajid Shaikh	415-255-3512	PD220-26	10042401	Kimberly	Active
					57,111,952	3,251,874			28,314,250							

State Recurring Grants Subcontractors FY25-26

Item	Title, Services, FY 2024-25	Subcontract Amount	Contractor Name Nature of the Contract	Address	Executive Director	Board Member Name
1	<b>Hospital Preparedness Program</b> Grant funds the planning and coordination of hospital preparedness activities for health care facilities	68,766	San Francisco Public Health Foundation Fiscal Intermediary	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	Jennifer Harrington	PRESIDENT: Allison White; VICE-PRESIDENT: Tracey Parker.; TREASURER/SECRETARY: Rand Takeuchi; Melissa Moore, Katina Ancar, Katie McCall, Adam Sharma, Jess Thacher
2	<b>HIV Care Program - SAM</b> HCP is a Two-tiered approach to service prioritization & delivery based on service categories defined by HRSA. Tier 1 services are outpatient & ambulatory medical care. Tier 2 support access to tier 1.	240,656	a) Mission Action To improve and maintain the health of our residents through the provision of facility-based health care and other supportive services.	938 Valencia Street, San Francisco, CA 94110	Laura Valdez	PRESIDENT: Anjali Cameron; VICE-PRESIDENT: Pedro Hernandez, Jr.; TREASURER: Kani Lin; SECRETARY: Chelsey Tanaka; Kevin Lo, Sam Chehab
		180,336	b) Catholic Charities - Peter Claver 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 RCFI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.	990 Eddy St San Francisco CA 94109	Ellen Hammerle, Ph.D. LMFT	Most Reverend Salvatore Cordileone, Chairman; Adriana Dahik; Barbara Smith; Christine Whelan; Dr. Diana I. Bojorquez; Dr. Ellen Hammerle, Ph.D., LMFT, Chief Executive Officer; Eleanor Gonzalez; Hugo Kostelni Jr.; Jay Paul Leupp; Jim Sangiacomo; Joe Boerio, President; John Slat.; Kathleen A. Grogan, CPA, Treasurer; Lisa Cullinane; Lisa Ikeda; Lori P. Mirek; Louis Reynaud; Marc Aquino; Michael M. Ghilotti; Nicole Cusdro; Patrick Woody; Philip Clark; Philip Kearney; Reverend Daniel Nascimento; Reverend Raymond Reyes; Scott Landis; Sister Maureen McInerney, O.P.; Susie O'Brien Frimel; Debbie Dizon Lauber
		1,347,885	c) Project Open Hand To improve the nutritional health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments and other food and nutrition services.	730 Polk St, SF, CA 94109	Paul Hepfer	Mike Dillon, Board Chair; Arielle Anderson, Vice Board Chair; Susanna Holt, Secretary; Richard Long, Finance Chair; Mike Henry; Dr. Preston Maring, M.D.; Andrew Chang; Theresa Chang; Jason Wei; Vishwa Chandra; Drew Alley; Claire Horton
		752,053	d) Maitri AIDS Hospice 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.	401 Duboce Ave, SF, CA 94117	Michael Armentrout	Ray Lapointe, President Emeritus; Jane Wong, President; Austin Miller, Vice President; David Ludlow, Treasurer; Jim King, President Emeritus; Gary Hilbert, Secretary; Alvin Ling; Amy Morgenstern, Esq; Ryan Schoenfeld; Jun Yang; Sioane Buckley; Erika Fraas; Andrew Bright
		321,555	e) PRC Providing Equal Access to Health Care Program Services	170 9th St, San Francisco, CA 94103	Chuan Teng, Esq.	Brian Schneider, President; Darren Smith, Vice-President; Josh Frieman, Treasurer; Nicole Wiley, Secretary; LukeJohn Day; Colin Hartke; Ahmad Henry; Phillip Keeling; Michael Kyle; Jacques Michaels; Michael Niczypruk; Camella Ngo Peabody, J.D.; John Peabody, MD, PhD, FACP; Tamara Prevost; Jacob Schaaf, CEBS; Michael F. Bell; Michael S. Bernick, Esq.; James Carter; Karl H. Christiansen, Esq.; Ryan McKeel; David Stith; Daryl Walker; Gary Virginia; Donna Sachet
		168,837	f) UCSF Alliance Health Project 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.	1855 Folsom St, San Francisco, CA 94103	William Hua, PhD	Susan M. Breall, Chair; Kelly Lake, Vice-Chair; Michelle Porche, Secretary; Alex Barra; Vanni Carapetian, MPH; Rhodri Dierst-Davies, PhD, MPH; Juan Garcia; Jean Gibson; Anne Glowinski, MD; Brad Hare, MD; Ashley Munro; Bart Shulman, LPCC; Runjhun Srivastava; Majenta Strongheart; Sophia Toh
5	<b>Local Assistance for Core STD Management</b> To provide local assistance funding to local health jurisdictions to build local infrastructure and workforce capacity to conduct STD surveillance and implement evidence-based, effective interventions to reduce the transmission and negative health effects of sexually transmitted infections	43,242	Harm Reduction Therapy Center Provide Clinical Consultation Services to LINC frontline staff	21 Merlin St San Francisco CA 94107	Anna Berg, LCSW	Eilileen Norman, President; Suki Jones, Secretary; Esker-D Ligon, Treasurer; Deborah Borne; Justin J. Castello, PhD; Ale Del Pinal; Sara Hofverberg; Anat Leonard-Wooley
		118,818	3rd Street Youth Center and Clinic Providing STD Evaluation, Screening and Testing for Youth of Color	1728 Bancroft Avenue San Francisco, CA 94124	Joi Jackson-Morgan	Glen Kunene, Co-Chair; Susan Davenport, Co-Chair; Jackie Relyea, Treasurer; Phung Tu; Vanessa Eng, Secretary; Michelle Magee; Michael Savage; Violetta Davidson; Laura Fallon
		183,977	University of California, San Francisco Technical Assistance: HIV Global Health	550 16th Street, 7th Floor, San Francisco, CA 94143	Payam Nahid, MD, MPH	Andrea DelLuca; Melissa Bacina; Kimberly Baltzell; Elizabeth Fair; Heidi Frank; Nicole Hobbs; Susan Hsieh; Teresa Kozl; Susie Wally; Paul Wesson; Elynn Woo; Elizabeth Fair; Eric Goosby; Triveni DeFries; Michelle Hsiang; Allison Tatarsky; Dlyis Walker; Rebecca Silvers; Gaele Rutherford; Karen Horn; Fiti Weissglas; Doruk Ozgediz; Kelly Taylor; Wanjiun Waruiri
15	<b>State AIDS Surveillance Program</b> HIV/AIDS Surveillance program provides precise & timely information necessary to identify ongoing patterns of infection & to measure the burden of the disease	184,003	Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Santosh Veticaden, MD, Chair; Carladnise Edwards, PhD, Vice Chair; Alessandro Lazzarin, Treasurer; Nicole J. Macarchuk, JD, Secretary; Nwando Anyaoku, MD; Jennifer Covich Bordenick; Terhilda Garrido; Celina Gorre; Hope Tarinal Mago; Bonnie Midura; Vivian Vasallo
19	<b>Cities Readiness Initiative</b> Increase & enhance readiness to make effective use of the Strategic National Stockpile (SNS) in the event of several possible types of catastrophic terrorist attacks	102,959	San Francisco Public Health Foundation Fiscal Intermediary	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	Jennifer Harrington	PRESIDENT: Allison White; VICE-PRESIDENT: Tracey Parker.; TREASURER/SECRETARY: Rand Takeuchi; Melissa Moore, Katina Ancar, Katie McCall, Adam Sharma, Jess Thacher
20	<b>Tobacco Free Project</b> Provide tobacco education in accordance with the State Comprehensive Tobacco Control Plan Guidelines for local lead agencies	185,610	San Francisco Public Health Foundation Providing program administration in support of SF Tobacco Free Project.	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	Jennifer Harrington	PRESIDENT: Allison White; VICE-PRESIDENT: Tracey Parker.; TREASURER/SECRETARY: Rand Takeuchi; Melissa Moore, Katina Ancar, Katie McCall, Adam Sharma, Jess Thacher
21	<b>Black Infant Health Program</b> Provide outreach and referral services, pediatric care, education and follow-up support to African American pregnant & postpartum women and their infants	220,737	HealthRight 360 Fiscal Intermediary	1563 Mission St, SF, CA 94103	Dr. Vitka Eisen	Talia Pierluissi, Chair; Natalie Beaulieu, Vice-Chair; Kristina Huhn, Secretary; Daniel Binder, Treasurer; Yener Balan, MD, DFAPA; Rodrigo Boulos; Kathryn Holmes; Diane Ireland; Dr. Lawrence Lusk; Karen E. Pointer; Alex Pugh; Ahmad Thomas; Timothy Torres; Sankar Venkatraman
22	<b>Maternal and Child Health</b> Coordination and advocacy for programs and services targeting women and children and review of fetal infant deaths.	265,185	Felton Institute Teen Pregnancy & Parenting Program	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Dr. George Woods; Chair; Tamara Steele; Vice-Chair; Kathy Neal; Secretary; Dr. Oliver Brooks; Daniel Costello; Elihu Mason Harris; Jr.; Clifford Nalls; Peter Rojo; Dr. Sarah Vinson; Deborah Wafer
24	<b>Nutrition Network Project</b> Project to increase nutrition education and physical activity targeted to California's under-served populations	150,000	Children's Council of San Francisco Provide outreach to targeted populations	445 Church Street, San Francisco, CA 94114	Barbara Coccodrilli Carlson	Rehana Abbas, Chair; Amanda Renschler, Secretary; Marga Dusedau, Treasurer; Sarah Behr; Omar Butler; Thandiwe Cato; Jessica Hilberman; Amanda Jacobson; Molly Lacob; Jake Levinson; Farris Page; Deborah Sims; Maegan Warehouse; Kanade Shinkai; Elizabeth Watkins
28	<b>SAMSHA - MHBC, System of Care</b> To provide timely access to appropriate care for severely mentally ill (SMI), dually diagnosed adults and seriously emotionally disturbed (SEB) children and youth	65,080	a) Richmond Area Multi-Services Provide Peer Internship Program that prepares clients for employment in peer support and counseling positions	4355 Geary Blvd. San Francisco, CA 94118	Angela Tang	Tom Yeh, Chair; Maggie Roberts, Vice-Chair; Summer Lee, Treasurer; Wade Chow, Secretary
		20,000	b) Felton Institute Provides mental health technical assistance to community based MH crisisresponse to trauma	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Dr. George Woods; Chair; Tamara Steele; Vice-Chair; Kathy Neal; Secretary; Dr. Oliver Brooks; Daniel Costello; Elihu Mason Harris; Jr.; Clifford Nalls; Peter Rojo; Dr. Sarah Vinson; Deborah Wafer
		13,732	c) San Francisco Study Center Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic	1663 Mission Street, Suite 310, San Francisco, CA 94103	Geoffrey Link	Richard Livingston; President; Reiko Homma True; Vice-President; Hazim Elbgal; Treasurer; Masami Kobayashi; Jeanne Kwong; Stas Margaronis; Jim McWilliams
		114,273	d) Curry Senior Center Provides support for older adults with mental health issues and are homeless or risk of losing their houses	333 Turk Street, San Francisco, CA 94102	David Knego	Shirley Qullugua, President; Jim Illig, Vice-President; Diane Sklar, Secretary; David Bickham, Treasurer; Jonnie Davila; Diane Dwyer; Ashwin Kotwal; Hannah Linecum; Alycia Norton; Connie Perez Wong; Kealy Spring; Richard Sullivan; Harry Wong; John McInnon; Isis Spinola Schwartz; Rob Razzo
		152,000	e) HealthRight 360 Provides Fiscal Intermediary services	1563 Mission St, SF, CA 94103	Dr. Vitka Eisen	Talia Pierluissi, Chair; Natalie Beaulieu, Vice-Chair; Kristina Huhn, Secretary; Daniel Binder, Treasurer; Yener Balan, MD, DFAPA; Rodrigo Boulos; Kathryn Holmes; Diane Ireland; Dr. Lawrence Lusk; Karen E. Pointer; Alex Pugh; Ahmad Thomas; Timothy Torres; Sankar Venkatraman
		150,266	f) RAMS Provides support of consumer-run centers serving many dually-diagnosed individuals	4355 Geary Blvd. San Francisco, CA 94118	Angela Tang	Tom Yeh, Chair; Maggie Roberts, Vice-Chair; Summer Lee, Treasurer; Wade Chow, Secretary

State Recurring Grants Subcontractors FY25-26

		330,014	g) Family Services Agency Provides services First Episode Psychosis, families suffering from signs & symptoms of schizophrenia	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Dr. George Woods; Chair; Tamara Steele; Vice-Chair; Kathy Neal; Secretary; Dr. Oliver Brooks; Daniel Costello; Elihu Mason Harris, Jr.; Clifford Nalls; Peter Rojo; Dr. Sarah Vinson; Deborah Wafer
		247,303	h) RAMS Provides Peer Internship Program that prepares clients for employment in peer support and counseling	4355 Geary Blvd. San Francisco, CA 94118	Angela Tang	Tom Yeh, Chair; Maggie Roberts, Vice-Chair; Summer Lee, Treasurer; Wade Chow, Secretary
		273,182	i) RAMS Provides Bilingual-designated counselor positions	4355 Geary Blvd. San Francisco, CA 94118	Angela Tang	Tom Yeh, Chair; Maggie Roberts, Vice-Chair; Summer Lee, Treasurer; Wade Chow, Secretary
		5,000	j) RAMS Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic - Job training wages	4355 Geary Blvd. San Francisco, CA 94118	Angela Tang	Tom Yeh, Chair; Maggie Roberts, Vice-Chair; Summer Lee, Treasurer; Wade Chow, Secretary
30	<b>Behavioral Health Bridge Housing</b> The BHBH Program will 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.	10,481,403	Bridge Housing Corporation 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.	350 California St., Suite 1600, San Francisco, CA 94104	Ken Lombard	Kenneth M. Novack, Connie Moore, Douglas M. Bibby, Ray Carlisle, Daryl J. Carter, Robert Freed, Skip Grodahl, Nancy Hemmenway, Jennifer L. Hernandez, Kiran Jain, Ken Lombard, Adrienne E. Quinn, Stephen A. Richardson, Nadia Sager, Paul Stein, Molly Turner
31	<b>Hepatitis C Virus (HCV) Prevention and Control Activities</b> Support hepatitis C (HCV) elimination activities for populations at risk of forward transmission.	92,300	a) Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Santosh Vetticaden, MD, Chair; Carliandise Edwards, PhD, Vice Chair; Alessandro Lazzarin, Treasurer; Nicole J. Macarchuk, JD, Secretary; Nwando Anyaoku, MD; Jennifer Covich Bordenick; Terhilda Garrido; Celina Gorre; Hope Tarirai Mago; Bonnie Midura; Vivian Vasallo
		100,186	b) Shanti Provides Hepatitis C prevention services	730 Polk Street, 3rd Floor San Francisco, CA 94109	Kimberly Scrafano	Josh Weinstein, Chair; Jamie Ennis, Chair; Jerry Francone, Treasurer; Sheila Fischer Kiernan; Micki Klearman; Ethan Sullivan; Marc Vincent; Stanley Yee
32	<b>Noxious Weed Program</b> This project works to eradicate invasive sea lavender at all tidal marsh locations in the county.	50,000	California Invasive Plant Council To restore specified marshes by replanting native cordgrass and marsh gamplant.	1442-A Walnut St. #462, Berkeley, CA 94709	Doug Johnson	Stephanie Ponce, President; Michael Kwong, Vice President; Matt Major, Treasurer; Alys Arenas, Secretary; Doug Gibson; Jason Giessow; Sarah Godfrey; Alan Kaufman; Drew Kerr; Metha Klock; Tanya Meyer; LeeAnne Mila; Scott Oneto; Lana Nguyen; Laurie Quon; Tom Reyes; Marcos Trinidad; Justin Valliere; Hannah Wallis
34	<b>Oral Health Program Prop 56</b> Provide activities that support oral health plan and build capacity for the facilitation and implementation of education, prevention, linkage to treatment, surveillance, and case management services.	10,000	d) Dental Robin Hood Provide support for oral health program	1739 Revere Ave, San Francisco, CA 94124	Rubin Sorrell II	Rubin Sorrell II
		10,000	b) CARECEN Provide support for oral health program	3101 Mission St Suite #101, San Francisco, CA 94110	Lariza Dugan-Cuadra	Jose Artiga, Executive Director; Elena Asturias, Finance Director; Kathleen Coli; Honorable Carmen Flores
		5,000	c) University of California, San Francisco Provide support for oral health program	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philip Hammarshkjold, Chair; Dana Emery, Vice Chair; Andrew Ballard; Allison Bhusri; Susan Bloch; Pete Briger; Todd Carter; Hulien Chan; Connie E. Chen; Fred Cohen; JP Conte; Phyllis Coulter; Dipanjan Deb; Stephanie DiMarco; Dana Emery; Kathryn Hall; Kenneth Hsu; Andrea Igudala; Richard Kimball; Nellie Levcchin; Divesh Makan; Meyer Malka; Ian McKinnon; Diane Morris; Joyce Newst; Ruchi Sanghvi; Lydia Shorestein; Shahan Soghikian;
		10,000	d) NICOS Chinese Health Coalition Provide support for oral health program	1208 Mason St, San Francisco, CA 94108	Kent Woo	Michael Liao
35	<b>California Perinatal Equity Initiative</b> Deepen understanding of the gaps in services within the Black community contributing to increased infant mortality rates and the promising interventions to reduce Black infant mortality	140,169	a) San Francisco Study Center Develop a racial equity hospital quality improvement plan to improve health outcomes	1663 Mission Street, Suite 310, San Francisco, CA 94103	Geoffrey Link	Richard Livingston; President; Reiko Homma True, Vice-President; Hazim Elbagi; Treasurer; Masami Kobayashi; Jeanne Kwong; Stas Margaronis; Jim McWilliams
		175,000	b) Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Santosh Vetticaden, MD, Chair; Carliandise Edwards, PhD, Vice Chair; Alessandro Lazzarin, Treasurer; Nicole J. Macarchuk, JD, Secretary; Nwando Anyaoku, MD; Jennifer Covich Bordenick; Terhilda Garrido; Celina Gorre; Hope Tarirai Mago; Bonnie Midura; Vivian Vasallo
36	<b>CHVP Innovation</b> Implementing home visits as a primary intervention strategy for families from pregnancy through kindergarten to promote positive outcomes and family success.	415,750	a) Sonoma County co-recipient of grant funds	625 5th Street Santa Rosa, CA 95404	Not applicable	Rebecca Hermsillo; David Rabbit; Chris Coursey; James Gore; Lynda Hopkins
		194,750	b) Napa County co-recipient of grant funds	1195 Third St Napa CA 94559	Not applicable	Joelle Gallagher, Liz Alessio, Anne Cottrell, Amber Manfree, Belia Ramos
38	<b>Children &amp; Youth with Special Health Care Needs - CYSHCN</b> To support families of children with disabilities that will bring together the community agencies that serve children and youth with special health care needs in San Francisco independently of one another along with the families they are serving.	395,500	Support for Families of Children with Disabilities (SFCD) provide services and support for children and youth with special health care needs.	832 Folsom St # 1001, San Francisco, CA 94107	Wendy Neikirk Rhodes	Amelia Eddleman, President; Dave Stringer Calvert, Treasurer; Amy Hollyfield, Secretary; Eileen Bousinna; Tiffani Castillo-Lartigue; Sally Coghlan McDonald; Elizabeth (Beths) de la Garza; Fatema Akhund; Lisa Lam; Jacqueline Taves; Tiffany Lin; Lee Filner
39	<b>Refugee Health Assessment Program (RHAP)</b> , provide health assessment services to refugees, asylees, entrants from Haiti and Cuba, special visa immigrants, federally certified victims of human trafficking, eligible Afghan and Ukrainian parolees, and other eligible entrants, as required per the 2022-23 ORH Policy and Procedure Manual.	192,403	Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Santosh Vetticaden, MD, Chair; Carliandise Edwards, PhD, Vice Chair; Alessandro Lazzarin, Treasurer; Nicole J. Macarchuk, JD, Secretary; Nwando Anyaoku, MD; Jennifer Covich Bordenick; Terhilda Garrido; Celina Gorre; Hope Tarirai Mago; Bonnie Midura; Vivian Vasallo
41	<b>REFUGEE HEALTH PROMOTION PROJECT (RHPP), UKRAINIAN REFUGEE HEALTH PROMOTION (URHP) SUPPLEMENT</b> , to improve the health of newly arrived Ukrainians and other non-Ukrainian individuals through outreach, education, and support services.	34,684	Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Santosh Vetticaden, MD, Chair; Carliandise Edwards, PhD, Vice Chair; Alessandro Lazzarin, Treasurer; Nicole J. Macarchuk, JD, Secretary; Nwando Anyaoku, MD; Jennifer Covich Bordenick; Terhilda Garrido; Celina Gorre; Hope Tarirai Mago; Bonnie Midura; Vivian Vasallo
43	<b>SYPHILIS OUTBREAK STRATEGY (SOS)</b> , to support innovative and impactful syphilis and CS prevention and control activities, with a focus on disproportionately impacted populations as determined by local or regional syphilis and CS epidemiology, which may include, but are not limited to, African American/Black people, Latinx people, American Indians/Alaska Native people, trans women, pregnant people experiencing homelessness or who use drugs, (e.g., people who exchange sex for money, drugs, or a place to stay), and gay, bisexual, and other men who have sex with men (MSM).	59,881	a) University of California, San Francisco Team Lily, Fiscal Intermediary b) University of California, San Francisco Clinical Champion, provide syphilis screening for ZSFGH patients	550 16th Street, 7th Floor, San Francisco, CA 94143	Dr. Andrea Jackson	Dr. Andrea Jackson, Chair; Connie Yu; Mary Beth Blasnek; Dianna Jouan; Brenda Kittredge; Dr. Marcelle Cedars; Dr. Cynthia Harper; Dr. Rebecca Jackson; Dr. LaMisha Hill Weller; Dr. Daniel Grossman; Dr. Mary Norton; Veronica Alvarez;
46	<b>SABG Block Grant</b> Alcohol and Other Drug Programs utilize SABG funding to provide a broad array of alcohol and other drug program treatment and prevention services within the system of care (SOC) programs.	398,915	a) Contractor TBD pending RFP Providing MH/SUD program services			
		593,926	b) Bayview Hunter Point Foundation Providing MH/SUD program services	150 Executive Park Blvd, Suite 2800, San Francisco, CA 94134	James Bouquin	Susan Watson; Wayzel Fuller; Claude Everhart; Adam Cray; Chuck Colson
		4,828,200	c) Healthright 360 Providing MH/SUD program services	1563 Mission St. SF, CA 94103	Dr. Vitka Eisen	Talia Pierluissi, Chair; Natalie Beaulieu, Vice-Chair; Kristina Huhn, Secretary; Daniel Binder, Treasurer; Yener Balan, MD, DFAPA; Rodrigo Boulos; Kathryn Holmes; Diane Ireland; Dr. Lawrence Lusk; Karen E. Pointer; Alex Pugh; Ahmad Thomas; Timothy Torres; Sankar Venkatraman
		856,481	d) Mount Saint Joseph Saint Elizabeth's Providing MH/SUD program services	100 Masonic Avenue, San Francisco, CA 94118	Sister Betty Marie Dunkel	Sister Marjory Ann Baez, Chair; Brenda MacLean, Vice-Chair; Sister Frances Vista, Secretary/Treasurer; Tina Ahn; Deacon Larry Chatman; Sister Trinitas Hernandez; Frank Lindh; Maria Lozano; Sister Estela Morales; Deacon Gene Smith; Sister Betty Marie Dunkel

**State Recurring Grants Subcontractors FY25-26**

		557,109	e) Horizons Unlimited provide MH/SUD program services	440 Potrero Avenue, San Francisco 94110	Celina Lucero	Matthew Moretti; Zachary Johnson; Steven Gallardo
		415,967	f) Jamestown Community Center provide MH/SUD program services	2929 19th St, San Francisco, CA 94110	Nelly Sapinski	Luis Barahona, President; Rich Gross, Treasurer; Efrain Barrera; Katie Brackenridge; Lisa Bransten; Lisa Fung; Gabby Ruiz; Matt Valdez; Paul Vega; Gary Furney
		478,998	g) Japanese Community Youth Council provide MH/SUD program services	2012 Pine Street, San Francisco 94109	Jon Osaki	Evan Wayne, Chair; Louise Carroll, Vice-Chair; Max Mah, Secretary; Shah Nagree, Treasurer; Angus MacDonald; Oliver Dunlap; Asia Harrigan; Darryl Abantao; Dinesh C; Heather Littleton; Jerome Anderson; Gitanjali Rawat; Makiko Tada; Gautam Shah;
		411,921	h) Youth Leadership Institute provide MH/SUD program services	198 Potrero Avenue San Francisco CA 94103	Patricia Barahona	Kristin Belden, Chair; Bailey Douglass, VP, Joshua Espulgar Rowe; John Gonzalez; Laura Harmon; Kaitlin Ketchum; Ashens Limon; Richard A. Perez; Elizabeth Romero, Luke Torres; Lisa Ligon
		371,846	j) YMCA Urban Services provide MH/SUD program services	1426 Fillmore Street, Suite 204, San Francisco 94115	Suzanne McCormick	Rhonda Anderson; Wendy Bart; Sarah Brayton; Sharon Cates-Williams; Hon. J. Michelle Childs; Jimmy Chow; John G. Conley; Karen Debleux; Mark Dibble; Craig Fenneman; Ian Holder; Eric Huffman; Dan Kraemer; George Leis; Scott Lewis; Kathy Lonowski; John Mikos; Julie Sitts Molock; Bryan Preston; CICI Rojas; Maggie Rosenbach; Jim Sandgren; Joanna Diaz Soffer; Ruben Dario Taborda; Troy Vincent; Jeremy Welland, Ph.D.; George Wilson II; Christiana J. Lee; Eli Cooper
51	<b>Fentanyl Overdose Prevention Grant</b> Implement an innovative program entitled Advancing Racial Equity and Data-Driven Responses (AREDDR). Through the AREDDR program, SFDPH will take a multi-pronged approach to addressing racial disparities in overdose-related fatalities.	250,000	San Francisco African American Faith-Based Coalition	1595 Shafter Ave., San Francisco, CA 94124	Bishop Ernest L. Jackson	Dr. Jonathan Butler; Veronica Shepard; Guillermo Reece; John McNight; Dr. Joseph Bryant, Jr.; Rev. Sonya Brunswick; Rev. Roderick Gittens
55	<b>Mental Health Student Act of 2019</b> Improve Mental Health services in the schools To improve mental health services for students and propose services include	270,500	a) Seneca Family of Agencies	8945 Golf Links Rd, Oakland, CA 94605	Leticia Galjean	Amber Fretwell; Dawn Henson; Erica Kellenbach; Jessica Donohue; Kate Walker; Lily Ciancutti; Lauren Crutsinger; Matt Cammann; Melissa Padaychee; Shelby Howard; Sama Hromnik; Toshia Cooper
		507,892	b) 3rd Street Youth Center & Clinic	1728 Bancroft Ave, San Francisco, CA 94124	Joi Jackson-Morgan	Glen Kunene, Co-Chair; Susan Davenport, Co-Chair, Jackie Relyea, Treasurer; Phung Tu; Vanessa Eng, Secretary; Michelle Magee; Michael Savage; Violetta Davidson; Laura Fallon

<b>Total</b>	<b>28,314,250</b>
<b>Per State Recurring Grants List</b>	<b>28,314,250</b>
<b>Difference</b>	<b>(0)</b>

**City and County of San Francisco**

**Department of Public Health**



**Daniel Lurie**  
Mayor

**Daniel Tsai**  
Director of Health

**TO: Angela Calvillo, Clerk of the Board of Supervisors**  
**FROM: Daniel Tsai**  
**Director of Health**  
**DATE: Monday, March 24, 2025**  
**SUBJECT: Accept & Expend Resolution for State Grants**  
**TITLE: FY 2025-2026 Recurring State Grants**

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Attached please find the original and 1 copy of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist (*Not required, these are recurring grants which are included in the FY 2025-2026 budget.*)
- Other (Explain): List of State grants (Attachment A)

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Gregory Wong

Phone: 554-2521

Interoffice Mail Address: 101 Grove, Ste. 110

Certified copy required Yes

No



To: Angela Calvillo, Clerk of the Board of Supervisors  
From: Sophia Kittler, Mayor's Budget Director  
Date: May 30, 2025  
Re: Mayor's FY 2025-26 and FY 2026-27 Budget Submission

RECEIVED AK  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2025 MAY 30 PM04:18

Madam Clerk,

In accordance with City and County of San Francisco Charter, Article IX, Section 9.100, the Mayor's Office hereby submits the Mayor's proposed budget by May 30<sup>th</sup>, corresponding legislation, and related materials for Fiscal Year (FY) 2025-26 and FY 2026-27.

In addition to the Mayor's Proposed FY 2025-26 and FY 2026-27 Budget Book, the following items are included in the Mayor's submission:

- Proposed *Interim* Budget and Annual Appropriation Ordinance (AAO)
- Proposed *Interim* Annual Salary Ordinance (ASO)
- Proposed Budget and Annual Appropriation Ordinance (AAO)
- Proposed Annual Salary Ordinance (ASO)
- Administrative Provisions for both, but separate documents of the AAO and ASO, in tracked changes, and on pleading paper
- Proposed Budget for the Office of Community Investment and Infrastructure
- A Transfer of Function letter detailing the transfer of positions from one City department to another
- An Interim Exception letter to the ASO
- PUC Capital Amendment and Debt Authorization
- Prop J Certification Letters
- A letter addressing funding levels for consumer price index increases for nonprofit corporations or public entities for the coming two fiscal years
- 40 pieces of trailing legislation
- Memo to the Board President requesting for 30-day rule waivers on ordinances

Please note the following:

- Technical adjustments to the June 1 budget are being prepared, but are not submitted with this set of materials.

Sincerely,

A handwritten signature in green ink, appearing to read "SK", with a horizontal line extending to the right.

Sophia Kittler  
Mayor's Budget Director

cc: Members of the Board of Supervisors  
Budget & Legislative Analyst's Office  
Controller

			provision of charity care and other discounted <b>payment programs</b>		cont'd 250607
20	DPH	Continuing Prop J	Healthcare Security at Primary Care Clinics	Resolution	250615
21	DPW	DPW Fee Changes	Public Works, Subdivision Codes - Fee Modification and Waiver	Ordinance	250608
22	DPW	Continuing Prop J	Yard Operations and Street Tree Nursery	Resolution	250615
23	HOM	Continuing Prop J	Security Services	Resolution	250615
24	HOM	Continuing Prop J	Homelessness and Supportive Housing security services	Resolution	250615
25	HOM	Homelessness and Supportive Housing Fund	Approving the FYs 2025-2026 and 2026-2027 Expenditure Plan for the Department of Homelessness and Supportive Housing Fund	Resolution	250613
26	HOM	Our City, Our Home Homelessness Gross Receipts Tax	Funding Reallocation - Our City, Our Home Homelessness Gross Receipts Tax - Services to Address Homelessness - \$88,495,000 Plus Future Revenue Through FY 2027-28	Ordinance	250609
27	LIB	Friends of the Library A&E	Annual Accept & Expend legislation for the SFPL's Friends of the Library Fund	Resolution	250614
28	MOHCD	Continuing Prop J	Treeline Security Inc services for City-owned properties in predevelopment for affordable housing sites	Resolution	250615
29	OCII	OCII Budget Resolution	Office of Community Investment and Infrastructure, operating as Successor Agency to the San Francisco Redevelopment Agency, Fiscal Year 2025-26 Budget	Resolution	250611
30	OCII	OCII Interim Budget Resolution	Office of Community Investment and Infrastructure, operating as Successor Agency to the San Francisco Redevelopment Agency, Fiscal Year 2025-26 Interim Budget	Resolution	250610
31	PDR	Crankstart Foundation Grant A&E	Accept and Expend Grant - Retroactive - Immigration Defense Unit - Crankstart Foundation - Amendment to the Annual Salary Ordinance for FYs 2024-25 and 2025-26 - \$3,400,000	Ordinance	250598
32	POL	Code Amendment	Registration Fees and Fingerprint ID Fund	Ordinance	250599
33	PUC	Fixed Budget Amendment	Continues waiving certain small business first-year permit, license, and business registration fees	Ordinance	250602

34	REC	<b>Bobo Estate A&amp;E</b>	Accept and Expend Bequest - Estate of William Benjamin Bobo - Benches, Park Furnishings and Park Improvements Across San Francisco - \$3,600,000	Resolution	250616
35	REC	<b>Code Amendment</b>	Amending the Park Code to authorize the Recreation and Park Department to charge fees for reserving tennis/pickleball courts at locations other than the Golden Gate Park Tennis Center; and affirming the Planning Department's determination under the California Environmental Quality Act	Ordinance	250603
36	REC	<b>Authorizing Paid Parking in Golden Gate Park</b>	Authorizing the Municipal Transportation Agency (SFMTA) to set parking rates in Golden Gate Park in accordance with Park Code provisions that authorize SFMTA rate-setting on park property; and affirming the Planning Department's determination under the California Environmental Quality Act	Resolution	250617
37	REC	<b>Code Amendment</b>	PUC Cost Recovery Fee	Ordinance	250604
38	REC	<b>Code Amendment</b>	Scholarship Recovery Fee	Ordinance	250605
39	REG	<b>Continuing Prop J</b>	Assembly and mailing of vote-by-mail ballot packets	Resolution	250615
40	SHF	<b>Continuing Prop J</b>	Jail Food Service	Resolution	250615



**San Francisco Ethics Commission**

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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	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$507,892		
<b>NATURE OF THE CONTRACT (Please describe)</b> 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**

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

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2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$593,926		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing MH/SUD 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	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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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

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

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

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

File #: 250618

Bid/RFP #:

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1. FILING INFORMATION	
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2. CITY ELECTIVE OFFICE OR BOARD	
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Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$10,481,403		
<b>NATURE OF THE CONTRACT (Please describe)</b> 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

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

**10. VERIFICATION**

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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Angela Calvillo	415-554-5184
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Gregory Wong	628-217-7608
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

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

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

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<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	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

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	wallis	Hannah	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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



**San Francisco Ethics Commission**

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102  
 Phone: 415.252.3100 . Fax: 415.252.3112  
[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

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	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

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

7. COMMENTS

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

**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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Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$180,336		
<b>NATURE OF THE CONTRACT (Please describe)</b> To provide attendant care services in compliance with the standard of care for Client Centered Services to multiply diagnosed individuals at Peter Claver Community an RCFCI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.		

7. COMMENTS

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

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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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Received On:

File #: 250618

Bid/RFP #:

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Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$150,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide outreach to targeted populations		

7. COMMENTS

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

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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
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3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
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Gregory Wong	628-217-7608
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$114,273		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides support for older adults with mental health issues and are homeless or risk of losing their houses.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
<input checked="" type="checkbox"/>	<b>A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES</b> Board of Supervisors
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#	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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2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

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

7. COMMENTS

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

**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
3			
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**10. VERIFICATION**

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

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

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



**San Francisco Ethics Commission**

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102  
 Phone: 415.252.3100 . Fax: 415.252.3112  
[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

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	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$330,014		
<b>NATURE OF THE CONTRACT (Please describe)</b> 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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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**10. VERIFICATION**

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

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

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

File #: 250618

Bid/RFP #:

**Notification of Contract Approval**

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1. FILING INFORMATION	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

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

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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**9. AFFILIATES AND SUBCONTRACTORS**

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2	Gilbert	Al	CEO
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5	Brooks	Oliver	Board of Directors
6	Costello	Daniel	Board of Directors
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

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

File #: 250618

Bid/RFP #:

**Notification of Contract Approval**

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1. FILING INFORMATION	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
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<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

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

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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5	Brooks	Oliver	Board of Directors
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Received On:

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1. FILING INFORMATION	
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2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$43,242		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide Clinical Consultation Services to LINC frontline staff		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	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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**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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



**San Francisco Ethics Commission**

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102  
 Phone: 415.252.3100 . Fax: 415.252.3112  
[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

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	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$220,737		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary		

7. COMMENTS

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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
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<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

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

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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
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Received On:

File #: 250618

Bid/RFP #:

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Board of Supervisors	Members

3. FILER'S CONTACT	
<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
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<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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DPH Department of Public Health	greg.wong@sfdph.org

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

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

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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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
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**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

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

File #: 250618

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1. FILING INFORMATION	
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Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$92,300		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing program administration and support services - Fiscal Intermediary		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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**9. AFFILIATES AND SUBCONTRACTORS**

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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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Gregory Wong	628-217-7608
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

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

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

7. COMMENTS

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

**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	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	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**

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

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

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



**San Francisco Ethics Commission**

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102  
 Phone: 415.252.3100 . Fax: 415.252.3112  
[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

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	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

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

7. COMMENTS

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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	Anyaoku	Nwando	Board of Directors
7	Bordenick	Jennifer Covich	Board of Directors
8	Garrido	Terhilda	Board of Directors
9	Gorre	Celina	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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></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)  
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1. FILING INFORMATION	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

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

7. COMMENTS

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Cutler	Blayne	CEO
2	Vetticaden	Santosh	Board of Directors
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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
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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**

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

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

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

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$34,684		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing program administration and support services - Fiscal Intermediary		

7. COMMENTS

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

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

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

File #: 250618

Bid/RFP #:

**Notification of Contract Approval**

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1. FILING INFORMATION	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$557,109		
<b>NATURE OF THE CONTRACT (Please describe)</b> provide MH/SUD 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
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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	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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



**San Francisco Ethics Commission**

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102  
 Phone: 415.252.3100 . Fax: 415.252.3112  
[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

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	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$415,967		
<b>NATURE OF THE CONTRACT (Please describe)</b> provide MH/SUD 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	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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<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$478,998		
<b>NATURE OF THE CONTRACT (Please describe)</b> provide MH/SUD 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	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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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

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

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

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2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$752,053		
<b>NATURE OF THE CONTRACT (Please describe)</b> To provide safe housing, medical care and nutrition supports for those with HIV at end of life and those needing respite to return to independence as defined by the resident.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<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	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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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

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

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

File #: 250618

Bid/RFP #:

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1. FILING INFORMATION	
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<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$240,656		
<b>NATURE OF THE CONTRACT (Please describe)</b> To improve and maintain the health of our residents through the provision of facility-based health care and other supportive services.		

7. COMMENTS

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

3. FILER'S CONTACT	
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Gregory Wong	628-217-7608
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$856,481		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing MH/SUD 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	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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**9. AFFILIATES AND SUBCONTRACTORS**

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

**10. VERIFICATION**

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

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

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



**San Francisco Ethics Commission**

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102  
 Phone: 415.252.3100 . Fax: 415.252.3112  
[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

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	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

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

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<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.

**10. VERIFICATION**

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

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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**San Francisco Ethics Commission**

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Received On:

File #: 250618

Bid/RFP #:

**Notification of Contract Approval**

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1. FILING INFORMATION	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

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

7. COMMENTS

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

**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	Woo	Kent	CEO
2	Liao	Michael	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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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Received On:

File #: 250618

Bid/RFP #:

**Notification of Contract Approval**

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1. FILING INFORMATION	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$321,555		
<b>NATURE OF THE CONTRACT (Please describe)</b> 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

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#	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

**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	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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#	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**

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

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**Notification of Contract Approval**

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1. FILING INFORMATION	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$1,347,885		
<b>NATURE OF THE CONTRACT (Please describe)</b> To improve the nutritional health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments and other food and nutrition services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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**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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**9. AFFILIATES AND SUBCONTRACTORS**

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

**10. VERIFICATION**

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

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

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



**San Francisco Ethics Commission**

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102  
 Phone: 415.252.3100 . Fax: 415.252.3112  
[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

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	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$247,303		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides Peer Internship Program that prepares clients for employment in peer support and counseling		

7. COMMENTS

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

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Received On:

File #: 250618

Bid/RFP #:

**Notification of Contract Approval**

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1. FILING INFORMATION	
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2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$150,266		
<b>NATURE OF THE CONTRACT (Please describe)</b> 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
<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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Received On:

File #: 250618

Bid/RFP #:

**Notification of Contract Approval**

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1. FILING INFORMATION	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
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2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

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

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
<input checked="" type="checkbox"/>	<b>A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES</b> Board of Supervisors
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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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2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$273,182		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides Bilingual-designated counselor positions		

7. COMMENTS

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

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<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
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Gregory Wong	628-217-7608
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

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

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

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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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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**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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



**San Francisco Ethics Commission**

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102  
 Phone: 415.252.3100 . Fax: 415.252.3112  
[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

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	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$250,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> 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	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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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

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Received On:

File #: 250618

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<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$100,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary		

7. COMMENTS

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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Received On:

File #: 250618

Bid/RFP #:

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1. FILING INFORMATION	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$68,766		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal intermediary		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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2	white	Allison	Board of Directors
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5	Moore	Melissa	Board of Directors
6	Ancar	Katina	Board of Directors
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**10. VERIFICATION**

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Received On:

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Board of Supervisors	Members

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

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

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

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

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Board of Supervisors	Members

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

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

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

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

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<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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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**10. VERIFICATION**

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

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

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



**San Francisco Ethics Commission**

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102  
 Phone: 415.252.3100 . Fax: 415.252.3112  
[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

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	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$13,732		
<b>NATURE OF THE CONTRACT (Please describe)</b> 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

**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.**

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

File #: 250618

Bid/RFP #:

**Notification of Contract Approval**

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1. FILING INFORMATION	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$140,169		
<b>NATURE OF THE CONTRACT (Please describe)</b> 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
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**9. AFFILIATES AND SUBCONTRACTORS**

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1	Link	Geoffrey	CEO
2	Livingston	Richard	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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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Received On:

File #: 250618

Bid/RFP #:

**Notification of Contract Approval**

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1. FILING INFORMATION	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

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

7. COMMENTS

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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.

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Received On:

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1. FILING INFORMATION	
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2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

7. COMMENTS

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

**10. VERIFICATION**

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

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

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



**San Francisco Ethics Commission**

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102  
 Phone: 415.252.3100 . Fax: 415.252.3112  
[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

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	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

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

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<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	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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Board of Supervisors	Members

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

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

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

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

7. COMMENTS
Empty space for comments

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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
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Received On:

File #: 250618

Bid/RFP #:

**Notification of Contract Approval**

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2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$168,837		
<b>NATURE OF THE CONTRACT (Please describe)</b> The program goal is to provide outpatient mental health services to people living with HIV - including Long-Term Survivors - to reduce symptoms and functional impairments resulting from mental health and/or substance use disorders.		

7. COMMENTS

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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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<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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Received On:

File #: 250618

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Board of Supervisors	Members

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

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Gregory Wong	628-217-7608
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

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

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

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	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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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$183,977		
<b>NATURE OF THE CONTRACT (Please describe)</b> Services.		

7. COMMENTS

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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**

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

**10. VERIFICATION**

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

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

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



**San Francisco Ethics Commission**

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102  
 Phone: 415.252.3100 . Fax: 415.252.3112  
[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

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	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250618
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$5,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide support for oral health program		

7. COMMENTS

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

**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	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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**9. AFFILIATES AND SUBCONTRACTORS**

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

**10. VERIFICATION**

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

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

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



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[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

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

7. COMMENTS

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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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**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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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**San Francisco Ethics Commission**

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Received On:

File #: 250618

Bid/RFP #:

**Notification of Contract Approval**

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1. FILING INFORMATION	
<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

2. CITY ELECTIVE OFFICE OR BOARD	
<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

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

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

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

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

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