

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

Received On: 07-22-2025 | 16:07:17 PDT

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File #: 250618

Bid/RFP #:

## **Notification of Contract Approval**

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

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

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

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

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	1
07/15/2025		250618
07/13/2023		
DESCRIPTION OF AMOUNT OF CONTRACT		
\$13,732		
NATURE OF THE CONTRACT (Please describe)		
Peer wages for consumers participating in run Clinic	ning a coffee service	at the OMI Mental Health

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Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File.

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

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Link	Geoffrey	CEO		
2	Livingston	Richard	Board of Directors		
3	Нотта	Reiko	Board of Directors		
4	Elbgal	Hazim	Board of Directors		
5	Kobayashi	Masami	Board of Directors		
6	Kwong	Jeanne	Board of Directors		
7	Margaronis	Stas	Board of Directors		
8	McWilliams	Jim	Board of Directors		
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9. AFFILIATES AND SUBCONTRACTORS				
List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity				
	has an ownership interest of 10 percent			
	ract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME		ТҮРЕ
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			
	VERIFICATION			
	ve used all reasonable diligence in prepar wledge the information I have provided h			tatement and to the best of my
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
CLE	NATURE OF CITY ELECTIVE OFFICER OR BOARI RKSigned by:	D SECRETARY OR	DATE SIGNED	

07-22-2025 | 16:07:17 PDT

luzela Calvillo 988C8F42C3Q84B5 Angela Calvillo



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

Received On: 07-22-2025 | 16:06:19 PDT

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

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Seneca Family of Agencies		510-654-4004	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
8945 Golf Links Rd, Oakland, CA 94605			
, ,			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable)
07/15/2025		250618	
DESCRIPTION OF AMOUNT OF CONTRACT			<u> </u>
\$270,500			
NATURE OF THE CONTRACT (Please describe)			
Mental health services for students.			
7. COMMENTS			
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in			
File.			
8. CONTRACT APPROVAL			
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
		- 010'	
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) II	JENTIFIED ON THIS FORM SITS

con	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	9. AFFILIATES AND SUBCONTRACTORS		
	List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity		
	has an ownership interest of 10 percent		
cont	ract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include additional names. Please submit a separate form with complete information.  Select "Supplemental" for filing type.		
	VERIFICATION		the town out and to the first of any
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.			

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	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Signed by:  lugula (alvillo  988C8F42C3084B5  Angela Calvillo	07-22-2025   16:06:19 PDT	



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File #: 250618

Bid/RFP #:

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
3rd Street Youth Center & Clinic		415-822-	1707
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1728 Bancroft Ave, San Francisco, CA 94124			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
07/15/2025			250618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$118,818			
NATURE OF THE CONTRACT (Please describe)			
Providing STD Evaluation, Screening and Testing	g for Youth	of Color	
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
THE CITY ELECTIVE STRICEN(3) IDENTIFIED ON THIS TOKWI			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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#	LACT NAME (ENTITY (CLID CONTRACTOR		
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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	ТҮРЕ	
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.				

10. VERIFICATION			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
CLERK — Signed by:  lugla Calvillo  Angela Calvillo	07-22-2025   15:58:40 PDT		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 <a href="mailto:ethics.commission@sfgov.org">ethics.commission@sfgov.org</a> . www.sfethics.org

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File #: 250618

Bid/RFP #:

## **Notification of Contract Approval**

SFEC Form 126(f)4
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A Public Document

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

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

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

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

5. CONTRACTOR				
NAME OF CONTRACTO	NAME OF CONTRACTOR		TELEPHONE NUMBER	
3rd Street Youth Center & Clinic		415-822-1707		
STREET ADDRESS (inclu	ding City, State and Zip Code)		EMAIL	
1728 Bancroft A	ve, San Francisco, CA 94124			
6. CONTRACT				
DATE CONTRACT WAS A	APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER ( <i>If applicable</i> ) 250618
07/15/2025				230010
DESCRIPTION OF AMOU	INT OF CONTRACT	1		
\$507,892				
NATURE OF THE CONTR	ACT (Please describe)			
Mental health s	ervices for students.			
7. COMMENTS				
7. COMMENTS				
8. CONTRACT APPRO				
This contract was app	rovea by: E OFFICER(S) IDENTIFIED ON THIS FORM			
	E OFFICER(S) IDENTIFIED ON THIS FORIVI			
	ICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Su	pervisors			
THE BOARD OF A	STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. A	FFILIATES AND SUBCONTRACTORS				
List exec who	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.					

10. VERIFICATION			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my			
knowledge the information I have provided here is true and complete.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED			
CLERK —Signed by:			
Ingela (alvillo Angela Calvillo	07-22-2025   15:57:19 PDT		
Angela Calvillo			



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Bid/RFP #:

## **Notification of Contract Approval**

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

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

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

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

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

832 Folsom St # 1001, San Francisco, CA 94107		
6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$395,500		
NATURE OF THE CONTRACT (Please describe)		
Provide services and support for children and	youth with special hea	lth care needs.
7. COMMENTS		
Description of amount reflected in Recurring G File.	rants Subcontractors F	Y25-26 attachment in
9 CONTRACT ADDROVAL		

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

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Rhodes	Wendy Neikirk	CE0	
2	Eddleman	Amelia	Board of Directors	
3	Calvert	Dave Stringer	Board of Directors	
4	ноllyfield	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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#	LACT NAME (ENTITY (CLID CONTRACTOR		
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9. A	FFILIATES AND SUBCONTRACTORS			
	the names of (A) members of the contract			
	utive officer, chief financial officer, chief of has an ownership interest of 10 percent of			
cont	· · · · · · · · · · · · · · · · · · ·	of more in the contractor, and (b) any sa	beofitiated listed in the bid of	
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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	Check this box if you need to include additional names. Please submit a separate form with complete information.  Select "Supplemental" for filing type.			
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10. VERIFICATION				
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.				

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Signed by:  lugua (alvillo 988C8F42C3084B5.  Angela Calvillo	07-22-2025   15:55:58 PDT	



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Received On:<sup>07-22-2025</sup> | 15:53:34 PDT

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Bid/RFP #:

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AMENDMENT DESCRIPTION – Explain reason for amendment		

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

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

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

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

150 Executive Park Blvd, Suite 2800, SF CA 9413	34	
6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUM	BER FILE NUMBER (If applicable) 250618
07/15/2025		
DESCRIPTION OF AMOUNT OF CONTRACT		·
\$593,926		
NATURE OF THE CONTRACT (Please describe)		
Providing Mental Health/Substance Use Disorder program services		
7. COMMENTS		
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File.		
8. CONTRACT APPROVAL		
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
THE CITY ELECTIVE OF ICER(S) IDENTIFIED ON THIS TOKWI		
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
Board of Supervisors		
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICE	R(S) IDENTIFIED ON THIS FORM SITS

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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#	LACT NAME (ENTITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS				
List t exec who	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	ТУРЕ	
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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.			
	VERIFICATION	Standard and the standa	totom and a state of the	
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.				

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Signed by:  Ingla (alvillo  988C8F42C3084B5  Angela Calvillo	07-22-2025   15:53:34 PDT	



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

Received On: 07-22-2025 | 15:52:18 PDT

1

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

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
07/15/2025		250618
DESCRIPTION OF AMOUNT OF CONTRACT		
\$10,481,403		
NATURE OF THE CONTRACT (Please describe)		
Help address housing instability and homelessness by providing support through various homes, interim housing, rental assistance model		

-	CO	NV/	NV/	la af oil
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Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File.

0 0	ONTD A CT A DDD OVAL
8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES
	, ,
	Board of Supervisors
	·
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS
	THE SOARD OF A STATE ACENCE OF WHICH AN AT SINTEE OF THE CITY EXCENSES ON THIS FORWARD
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cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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	мо11у	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS				
List t exec who	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	ТҮРЕ	
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	Check this box if you need to include add Select "Supplemental" for filing type.	ditional names. Please submit a	separate form with complete information.	
10-	VERIFICATION			
I ha	ve used all reasonable diligence in prepar wledge the information I have provided h		wed this statement and to the best of my	
	Leartify under negalty of perjury under the laws of the State of California that the foregoing is true and correct			

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 con	nplete.	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK  Signed by:  Ungela Calvillo  Angela Calvillo	07-22-2025   15:52:18 PDT	



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

Received On: 07-22-2025 | 15:50:59 PDT

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

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

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

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

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

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

1442-A Walnut St. #462, Berkeley, CA 94709			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RE	FP NUMBER	FILE NUMBER (If applicable)
07/15/2025			250618
DESCRIPTION OF AMOUNT OF CONTRACT	-1		
\$50,000			
NATURE OF THE CONTRACT (Please describe)			
To restore specified marshes by replanting nat	ive cordgrass	and mars	n gumplant.
7. COMMENTS			
Description of amount reflected in Recurring G File.	rants Subconti	ractors F	Y25-26 attachment in
8. CONTRACT APPROVAL			
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE	OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	кlock	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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Wallis	Hannah	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS				
exec who	the names of (A) members of the contract cutive officer, chief financial officer, chief has an ownership interest of 10 percent ract.	operating officer, or other persons v	vith similar titles; (C) any individual or entity	
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.				
	·			

10. VERIFICATION			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
CLERK — Signed by:  Lugla Calvillo — 98808F42C3084B5 — Ange Ta Calvillo	07-22-2025   15:50:59 PDT		



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

Received On: 07-22-2025 | 15:48:01 PDT

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/cityofficers/contract-approval-city-officers

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

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

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

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
CARECEN		415-642-4400	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3101 Mission Street Suite 101 San Francisco (	CA 94110		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable) 250618
07/15/2025			230016
DESCRIPTION OF AMOUNT OF CONTRACT			
\$10,000			
NATURE OF THE CONTRACT (Please describe)			
Provide support for oral health program			
7. COMMENTS			
Description of amount reflected in Recurring G File.	rants Subcon	tractors F	Y25-26 attachment in
8. CONTRACT APPROVAL			
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
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THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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con	tract.		<del>_</del>
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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#	LACT NAME (ENTITY (CLID CONTRACTOR		
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9. A	FFILIATES AND SUBCONTRACTORS				
List to	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	ТҮРЕ		
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
10. VERIFICATION					
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.					

# I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK Signed by: O7-22-2025 | 15:48:01 PDT O7-22-2025 | 15:48:01 PDT



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

Received On: 07-22-2025 | 15:46:48 PDT

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

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

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

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

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
07/15/2025		
DESCRIPTION OF AMOUNT OF CONTRACT	I	
\$180,336		
NATURE OF THE CONTRACT (Please describe)		
To provide attendant care services in compliant Centered Services to multiply diagnosed individ program in San Francisco with a special focus of HIV/AIDS.	duals at Peter Claver	Community an RCFCI

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Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File.

0 0	8. CONTRACT APPROVAL			
8. C	UNIKACI APPRUVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	, ,			
	Board of Supervisors			
	·			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS			
	THE SOARD OF A STATE ACENCE OF WHICH AN AT SINTEE OF THE CITY EXCENTED ON THIS FORWARD			
ΙШ				

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	ТҮРЕ
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	Sangiacomo	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

3

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
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	Mclnerney	Maureen	Board of Directors			
29	Frimel	Susie O'Brien	Board of Directors			
30	Lauber	Debbie Dizon	Board of Directors			
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9. A	9. AFFILIATES AND SUBCONTRACTORS				
	the names of (A) members of the contract				
	utive officer, chief financial officer, chief of has an ownership interest of 10 percent of				
cont	· · · · · · · · · · · · · · · · · · ·	of more in the contractor, and (b) any sa	beofitiated listed in the bid of		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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	Check this box if you need to include additional names. Please submit a separate form with complete information.  Select "Supplemental" for filing type.				
10.	VERIFICATION				
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.					

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Signed by:  lugua (alvillo  988C8F42C3084B5  Angela Calvillo	07-22-2025   15:46:48 PDT	



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

Received On: 07-22-2025 | 15:36:05 PDT

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

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

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

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

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

F CONTRACTOR				
5. CONTRACTOR NAME OF CONTRACTOR		TELEPHONE N	JUMBER	
Children's Council of San Francisco		415.276.	2900	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
445 Church Street San Francisco, CA 94114				
6. CONTRACT	ODICINAL DID/	DED MUMADED	FUE BUILDADED (If madicable)	
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	KFP NUIVIBEK	FILE NUMBER (If applicable) 250618	
07/15/2025				
DESCRIPTION OF AMOUNT OF CONTRACT	<u> </u>			
\$150,000				
NATURE OF THE CONTRACT (Please describe)				
Provide outreach to targeted populations				
7 COMMENTS				
7. COMMENTS				
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in				
File.				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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	нilberman	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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS  List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
I ha kno	VERIFICATION ve used all reasonable diligence in prepar wledge the information I have provided h rtify under penalty of perjury under the I	ere is true and complete.	·	

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
CLERK — Signed by:  Lugla Calvillo  Angela Calvillo	07-22-2025   15:36:05 PDT	



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

Received On: 07-22-2025 | 15:27:47 PDT

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File #: 250618

Bid/RFP #:

# **Notification of Contract Approval**

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

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

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
07/15/2025		230010
DESCRIPTION OF AMOUNT OF CONTRACT		
\$114,273		
NATURE OF THE CONTRACT (Please describe)		
Provides support for older adults with mental hosing their houses.	nealth issues and are	homeless or risk of

# 7. COMMENTS

Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File.

8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(3) SERVES
	Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	кеају	Board of Directors
13	Sullivan	Richard	Board of Directors
14	Wong	наггу	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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COIII	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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	ТУРЕ
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			
I ha kno	VERIFICATION  ve used all reasonable diligence in prepariousled the information I have provided he  rtify under penalty of perjury under the le	ere is true and complete.	·
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED			

07-22-2025 | 15:27:47 PDT

SAN FRANCISCO FTH	IICS COMMISSION	- SEEC Form	126(f)4 v 1	2 7 18

**CLERK** 

lngla (alvillo 988C8F42C3Q84B5 Angela Calvillo



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

Received On: 07-22-2025 | 15:19:58 PDT

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/cityofficers/contract-approval-city-officers

1. FILING INFORMATION		
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)	
0		
Original		
AMENDMENT DESCRIPTION – Explain reason for amendment		

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

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

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

5. CONTRACTOR  NAME OF CONTRACTOR  Dental Robin Hood  STREET ADDRESS (including City, State and Zip Code)  1739 Revere Ave San Francisco, CA 94124  6. CONTRACT			
STREET ADDRESS (including City, State and Zip Code)  1739 Revere Ave San Francisco, CA 94124  6. CONTRACT			
1739 Revere Ave San Francisco, CA 94124  6. CONTRACT			
6. CONTRACT			
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DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) ORIGINAL BID/RFP NUMBER   FILE NUMBER (If applicable) 250618			
07/15/2025			
DESCRIPTION OF AMOUNT OF CONTRACT			
\$10,000			
NATURE OF THE CONTRACT (Please describe)			
Provide support for oral health program			
7. COMMENTS			
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in			
File.			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN ARROUNTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THE FORM CITE			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS			

1	AST NAME/ENTITY/SUBCONTRACTOR  Sorrell II  Sorrell II	Rubin Rubin	CEO CEO
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3	Sorrell II	Rubin	Board of Directors
			Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS				
exec who	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	ТҮРЕ	
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			
10. VERIFICATION				
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.				
Leartify under penalty of perjury under the laws of the State of California that the foregoing is true and correct				

# I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK Signed by: Ange la Calvillo Ange la Calvillo



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

Received On:<sup>07-22-2025</sup> | 15:13:58 PDT

1

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

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

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

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

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
07/15/2025		230010
DESCRIPTION OF AMOUNT OF CONTRACT		
\$330,014		
NATURE OF THE CONTRACT (Please describe)		
Provides services First Episode Psychosis, far schizophrenia	milies suffering from	signs & symptoms of

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Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File.

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8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES
	, ,
	Board of Supervisors
	·
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS
	THE SOARD OF A STATE ACENCE OF WHICH AN AT SINTEE OF THE CITY EXCENSES ON THIS FORWARD
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Gilbert	ГА	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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		contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
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9. A	FFILIATES AND SUBCONTRACTORS				
List to execute who	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	ТУРЕ		
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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.					

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 o	f California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED			
CLERK Signed by:  lugla Calvillo 988C8F42C3Q84B5 Ange la Calvillo	07-22-2025   15:13:58 PDT			



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 <a href="mailto:ethics.commission@sfgov.org">ethics.commission@sfgov.org</a> . www.sfethics.org

Received On: 07-22-2025 | 15:11:57 PDT

File #: 250618

Bid/RFP #:

# **Notification of Contract Approval**

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

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

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

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

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Felton Institute		(415) 474-7310		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1500 Franklin Street, San Francisco, CA 94109				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER   FILE NUMBER (If applicable) 250618		
07/15/2025				
DESCRIPTION OF AMOUNT OF CONTRACT				
\$20,000				
NATURE OF THE CONTRACT (Please describe)				
Provides mental health technical assistance trauma	to community	y based MH	crisis response to	
7. COMMENTS				
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in				
File.				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/F OFFICER/S) II	DENTIFIED ON THIS FORM SITS	
I SOARS OF A STATE AGENCY ON WHICH AN AFFORVEE OF	CITT LLLCTIV	- 011 ICEN(3) II	DELITION OF THIS FORM SITS	

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Woods	George	Board of Directors			
2	Gilbert	ГА	CEO			
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			
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9. A	FFILIATES 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	ТҮРЕ	
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			
10. VERIFICATION				
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.				
Learning under nonalty of nations under the laws of the State of California that the foregoing is two and sourcet				

10. VERIFICATION				
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED			
Signed by:  lugua (alvillo 988C8F42C3084B5)  Angela Calvillo	07-22-2025   15:11:57 PDT			



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

Received On: 07-22-2025 | 15:07:38 PDT

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

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

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

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

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Felton Institute		(415) 474-7310	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	O/RFP NUMBER   FILE NUMBER (If applicable) 250618	
07/15/2025			
DESCRIPTION OF AMOUNT OF CONTRACT			
\$265,185			
NATURE OF THE CONTRACT (Please describe)			
Teen Pregnancy & Parenting Program			
7. COMMENTS			
Description of amount reflected in Recurring G	ants Subcon	tractors F	Y25-26 attachment in
File.			
8. CONTRACT APPROVAL			
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
·			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
1	Gilbert	ГА	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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contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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	ТҮРЕ		
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
10. VERIFICATION					
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.					
l ce	rtify under penalty of perjury under the l	aws of the State of California that the fo	oregoing is true and correct.		

DATE SIGNED

07-22-2025 | 15:07:38 PDT

SAN FRANCISCO	FTHICS	COMMISSION	<ul> <li>SFFC Form</li> </ul>	126(f)4 v	7.12.7.18

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR

lngla (alvillo 988C8F42C3Q84B5 Angela Calvillo

**CLERK** 



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

Received On: 07-22-2025 | 15:06:22 PDT

1

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

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

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

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

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	NUMBER	
Harm Reduction Thorapy Contor		(415) 863-4282		
Harm Reduction Therapy Center		(413) 00	3-4202	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
21 Merlin St San Francisco CA 94107				
6. CONTRACT				
DATE CONTRACT  DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
07/15/2025	·		250618	
07/13/2023				
DESCRIPTION OF AMOUNT OF CONTRACT				
\$43,242				
NATURE OF THE CONTRACT (Please describe)				
Provide Clinical Consultation Services to LINC	frontline c	+-+		
Provide Cliffical Consultation Services to Linc	Trontine s	Laii		
L				
7. COMMENTS				
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in				
File.				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
□□ Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS	

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	9. AFFILIATES AND SUBCONTRACTORS				
exec who	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		ТҮРЕ	
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
	VERIFICATION				
	ove used all reasonable diligence in prepar owledge the information I have provided h			tatement and to the best of my	
I ce	rtify under penalty of perjury under the	laws of the State of	f California that the fo	pregoing is true and correct.	
	NATURE OF CITY ELECTIVE OFFICER OR BOAR	D SECRETARY OR	DATE SIGNED		
CLERK Signed by:			07-22-2025   1	.5:06:22 PDT	
	luzula Calvillo Ange Ta Calvillo				



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

Received On: 07-22-2025 | 15:03:58 PDT

1

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

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

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

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

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
HealthRight 360		800-200-7181	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1563 Mission St, SF, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
07/15/2025			250618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$220,737			
NATURE OF THE CONTRACT (Please describe)			
Fiscal Intermediary			
7. COMMENTS			
Description of amount reflected in Recurring G File.	ants Subcon	tractors F	Y25-26 attachment in
1116.			
8. CONTRACT APPROVAL			
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
·			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Eisen	Vitka	CEO
2	Pierluissi	Talia	Board of Directors
3	Beaulieu	Natalie	Board of Directors
4	Huhn	Kristina	Board of Directors
5	Binder	Daniel	Board of Directors
6	Balan	Yener	Board of Directors
7	Boulos	Rodrigo	Board of Directors
8	Holmes	Kathryn	Board of Directors
9	Ireland	Diane	Board of Directors
10	Lusk	Lawrence	Board of Directors
11	Pointer	Karen E.	Board of Directors
12	Pugh	Alex	Board of Directors
13	Thomas	Ahmad	Board of Directors
14	Torres	Timothy	Board of Directors
15	Venkatraman	Sankar	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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9. A	9. AFFILIATES AND SUBCONTRACTORS				
exec who	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	ТҮРЕ		
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.					

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 o	f California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED			
Signed by:  Ingla (alvillo  988C8F42C3084B5  Angela Calvillo	07-22-2025   15:03:58 PDT			



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Received On: 07-22-2025 | 15:01:41 PDT

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

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

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

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

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

5. CONTRACTOR					
NAME OF CONTRACTOR		TELEPHONE NUMBER			
Healthright 360	ealthright 360		800-200-7181		
STREET ADDRESS (including C	ty, State and Zip Code)		EMAIL		
1563 Mission St, SF	, CA 94103				
6. CONTRACT					
DATE CONTRACT WAS APPRO	VED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER   FILE NUMBER (If applicable) 250618		
07/15/2025					
DESCRIPTION OF AMOUNT OF	CONTRACT	I			
\$4,828,200					
NATURE OF THE CONTRACT (F	Please describe)				
Providing Mental He	alth/Substance Use Disorder	program ser	vices		
7. COMMENTS					
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File.					
File.					
CONTRACT APPROVAL					
8. CONTRACT APPROVAL This contract was approved	by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM					
A ROARD ON WHICH TH	E CITY ELECTIVE OFFICED(S) SEDVES				
	E CITY ELECTIVE OFFICER(S) SERVES				
□ Board of Superv	1501.2				
TUE DO (	4.05NOV 0.N.N.III.0V		- 0===(a) ···		
THE BOARD OF A STATE	AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Eisen	Vitka	CEO
2	Pierluissi	Talia	Board of Directors
3	Beaulieu	Natalie	Board of Directors
4	Huhn	Kristina	Board of Directors
5	Binder	Daniel	Board of Directors
6	Balan	Yener	Board of Directors
7	Boulos	Rodrigo	Board of Directors
8	Holmes	Kathryn	Board of Directors
9	Ireland	Diane	Board of Directors
10	Lusk	Lawrence	Board of Directors
11	Pointer	Karen E	Board of Directors
12	Pugh	Alex	Board of Directors
13	Thomas	Ahmad	Board of Directors
14	Torres	Timothy	Board of Directors
15	Venkatraman	Sankar	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR **DATE SIGNED CLERK**

07-22-2025 | 15:01:41 PDT

lugela (alvillo Angela calvillo



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

Received On: 07-22-2025 | 14:59:07 PDT

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

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

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

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

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
HealthRight 360		800-200-7181	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1563 Mission St, San Francisco, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 250618
07/15/2025			
DESCRIPTION OF AMOUNT OF CONTRACT			
\$152,000			
NATURE OF THE CONTRACT (Please describe)			
Provides Fiscal Intermediary services			
7. COMMENTS			
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in			
File.			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A POADD ON WHICH THE CITY OF FCTIVE OFFICED(S) SERVES			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
□ Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Eisen	Vitka	CEO
2	Pierluissi	таlia	Board of Directors
3	Beaulieu	Natalie	Board of Directors
4	Huhn	Kristina	Board of Directors
5	Binder	Daniel	Board of Directors
6	Balan	Yener	Board of Directors
7	Boulos	Rodrigo	Board of Directors
8	Holmes	Kathryn	Board of Directors
9	Ireland	Diane	Board of Directors
10	Lusk	Lawrence	Board of Directors
11	Pointer	Karen E	Board of Directors
12	Pugh	Alex	Board of Directors
13	Thomas	Ahmad	Board of Directors
14	Torres	Timothy	Board of Directors
15	Venkatraman	Sankar	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS					
List to execute who	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	ТҮРЕ		
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
	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.				

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
CLERK signed by:  lugua Calvillo 988C8F42C3Q84B5 Angela Calvillo	07-22-2025   14:59:07 PDT	



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

Received On: 07-22-2025 | 14:57:36 PDT

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

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

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

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

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Heluna Health		(800) 201-7320		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
13300 Crossroads Parkway Suite 450 CID CA 91746	;			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
07/15/2025			250618	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$92,300				
NATURE OF THE CONTRACT (Please describe)				
Providing program administration and support se	rvices - Fi	scal Inter	mediary	
			•	
7 COMMENTS				
7. COMMENTS				
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in				
File.				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE ACENSY ON WHICH AN ADDOUGLES OF	THE CITY OF COTY	IE OFFICER/C\ ::	DENTIFIED ON THIS FORM SITS	
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	INC CITT ELECTIV	E OFFICEK(3) II	DEMILITIED ON THIS FUKIVI SITS	

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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	FFILIATES AND SUBCONTRACTORS			
	the names of (A) members of the contract cutive officer, chief financial officer, chief			
	has an ownership interest of 10 percent			
con	tract. T	Т		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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	Check this box if you need to include add Select "Supplemental" for filing type.	ditional names. Please su	ubmit a separate form with complete	information.
	VERIFICATION			1
	ave used all reasonable diligence in prepar owledge the information I have provided h			best of my
	ertify under penalty of periury under the	·		correct

10. VERIFICATION			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my			
knowledge the information I have provided here is true and complete.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
CLERK Signed by:  Ungula Calvillo  Ange la Calvillo	07-22-2025   14:57:36 PDT		



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

Received On: 07-22-2025 | 14:55:58 PDT

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

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

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

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

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	NUMBER	
Heluna Health		(800) 201-7320		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		_
13300 Crossroads Parkway Suite 450 CID CA 91740	5			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
07/15/2025			250618	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$175,000				
NATURE OF THE CONTRACT (Please describe)				-
Providing program administration and support se	ervices - Fi	scal Inter	mediary	
7. COMMENTS				
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in				
File.	aires Subcoil	LIACLUIS F	123-20 accacimient in	
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. A	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	ТУРЕ		
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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.					
l ce	rtify under penalty of perjury under the l	aws of the State of California that the fo	oregoing is true and correct.		

DATE SIGNED

07-22-2025 | 14:55:58 PDT

SAN FRANCISCO	<b>ETHICS COMM</b>	IISSION – SFEC I	Form 126(f)4 v.12.7.18

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR

lugua Calvillo Angela Calvillo

**CLERK** 



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

Received On: 07-22-2025 | 14:53:58 PDT

1

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/cityofficers/contract-approval-city-officers

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

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

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

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

5. CONTRACTOR				
NAME OF CONTRACTOR			TELEPHONE NUMBER	
Heluna Health		(800) 201-7320		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
13300 Crossroads Parkway Suite 450 CID CA 91746	5			
6. CONTRACT	aniana no /		EUE AUGADED (16 11 11 )	
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	KEP NUMBER	FILE NUMBER (If applicable) 250618	
07/15/2025				
DESCRIPTION OF AMOUNT OF CONTRACT				
\$184,003				
NATURE OF THE CONTRACT (Please describe)				
Providing program administration and support se	ervices - Fi	scal Inter	mediary	
7. COMMENTS				
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in				
File.				
8. CONTRACT APPROVAL				
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
THE CITY ELECTIVE OFFICER(3) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	ract.		T
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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
10	Mago	Hope Tarirai	Board of Directors
11	Midura	Bonnie	Board of Directors
12	Vasallo	Vivian	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS				
List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME		ТҮРЕ
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			
10. VERIFICATION				
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED				

07-22-2025 | 14:53:58 PDT

lngula (alvillo 988C8F42C3Q84B5 Angela Calvillo



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

Received On:<sup>07-22-2025</sup> | 14:46:17 PDT

1

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

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

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

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

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Heluna Health		(800) 20	1-7320
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
13300 Crossroads Parkway Suite 450 CID CA 91746	5		
C CONTRACT			
6. CONTRACT  DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	REP NUMBER	FILE NUMBER (If applicable)
07/15/2025	OMONAL DIDY	MIT MONIBER	250618
07/13/2023			
DESCRIPTION OF AMOUNT OF CONTRACT			
\$192,403			
NATURE OF THE CONTRACT (Please describe)			
Providing program administration and support services - Fiscal Intermediary			
7. COMMENTS			
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File.			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			

THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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#	LACT NAME (ENTITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS				
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	cutive officer, chief financial officer, chief has an ownership interest of 10 percent			
	ract.	of filore in the contractor,	, and (D) any sar	Contractor iisted iii the sid of
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME		ТҮРЕ
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	Check this box if you need to include additional names. Please submit a separate form with complete information.  Select "Supplemental" for filing type.			
	VERIFICATION			
	ve used all reasonable diligence in prepartively week the information I have provided h			atement and to the best of my

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK Signed by:  lugla Calvillo 988C8F42C3084B5 Angela Calvillo	07-22-2025   14:46:17 PDT	



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

Received On: 07-22-2025 | 14:44:57 PDT

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

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

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

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

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Heluna Health		(800) 201-7320	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
13300 Crossroads Parkway Suite 450 CID CA 91746	5		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
07/15/2025			250618
DESCRIPTION OF AMOUNT OF CONTRACT			L
\$34,684			
NATURE OF THE CONTRACT (Please describe)			
Providing program administration and support se	ervices - Fi	scal Inter	mediary
7. COMMENTS			
Description of amount reflected in Recurring Gr	rants Subcon	tractors E	v25-26 attachment in
File.			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
□ Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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#	LACT NAME (ENTITY (CLID CONTRACTOR		
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9. A	FFILIATES AND SUBCONTRACTORS		
List t exec who	the names of (A) members of the contrac	operating officer, or other person	ntractor's principal officers, including chief s with similar titles; (C) any individual or entity any subcontractor listed in the bid or
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include ad Select "Supplemental" for filing type.	ditional names. Please submit a se	eparate form with complete information.
	VERIFICATION		
	ve used all reasonable diligence in prepartively week the information I have provided h		ed this statement and to the best of my

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
CLERK Signed by:  lugla Calvillo 988C8F42C3084B5 Angela Calvillo	07-22-2025   14:44:57 PDT	



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 <a href="mailto:ethics.commission@sfgov.org">ethics.commission@sfgov.org</a> . www.sfethics.org

Received On:<sup>07-22-2025</sup> | 14:43:07 PDT

File #: 250618

Bid/RFP #:

## **Notification of Contract Approval**

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

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

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

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

4. CONTRAC	4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DE	EPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER		
Gregory	Wong	628-217-7608		
FULL DEPART	TMENT NAME	DEPARTMENT CONTACT EMAIL		
DPH	Department of Public Health	greg.wong@sfdph.org		

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Horizons Unlimited		(415) 487-6700	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
440 Potrero Avenue, San Francisco 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 250618
07/15/2025			230010
DESCRIPTION OF AMOUNT OF CONTRACT			
\$557,109			
NATURE OF THE CONTRACT (Please describe)			
provide Mental Health/Substance Use Disorder p	rogram servi	ces	
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE O	THE CITY ELECTIN	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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#	LACT NAME (ENTITY (CLID CONTRACTOR		
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9. A	9. AFFILIATES AND SUBCONTRACTORS				
List exec who	the names of (A) members of the contractutive officer, chief financial officer, chief has an ownership interest of 10 percent tract.	operating officer, or oth	er persons with similar titles; (C) an	y individual or entity	
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.					
10. VERIFICATION					
kno	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.  Legitive under penalty of periusy under the laws of the State of California that the foregoing is true and correct				

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	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
CLERK Signed by:  lugula Calvillo 988C8F42C3084B5 Angela Calvillo	07-22-2025   14:43:07 PDT	



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

Received On: 07-22-2025 | 11:55:41 PDT

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/cityofficers/contract-approval-city-officers

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

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

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

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Jamestown Community Center		415-647-4709		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
2929 19th St, San Francisco, CA 94110				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
07/15/2025			250618	
DESCRIPTION OF AMOUNT OF CONTRACT	<u> </u>			
\$415,967				
NATURE OF THE CONTRACT (Please describe)				
provide Mental Health/Substance Use Disorder pr	rogram servi	ces		
7. COMMENTS				
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in				
File.	anes subcon	cractors r	123 20 decaemiene m	
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
□ Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Sapinski	Nelly	CE0		
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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR **DATE SIGNED**

07-22-2025 | 11:55:41 PDT

**CLERK** 

lugela (alvillo Angela calvillo



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

Received On: 07-22-2025 | 11:53:46 PDT

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

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

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

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

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Japanese Community Youth Council		(415) 202-7900		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
2012 Pine Street, San Francisco 94109				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable)	
07/15/2025			250618	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$478,998				
NATURE OF THE CONTRACT (Please describe)				
provide Mental Health/Substance Use Disorder p	ogram servi	ces		
T COMMANDED				
7. COMMENTS				
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in				
File.				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	
$ \Box $				

cont	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	С	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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. A	9. AFFILIATES AND SUBCONTRACTORS				
exec who	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	ТҮРЕ		
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	Check this box if you need to include additional names. Please submit a separate form with complete information.  Select "Supplemental" for filing type.				
	<del></del>				
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.					
Lca	I certify under negative of perjury under the laws of the State of California that the foregoing is true and correct				

10. VERIFICATION			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED			
CLERK  Signed by:  Lycla (alwill)  988C8F42C3084B5  Angela Calvillo	07-22-2025   11:53:46 PDT		



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

Received On: 07-22-2025 | 11:39:50 PDT

1

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

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

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

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

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Maitri AIDS Hospice		(415) 558-3000		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
401 Duboce Ave, SF, CA 94117				
L				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable)	
07/15/2025			250618	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$752,053				
NATURE OF THE CONTRACT (Please describe)				
To provide safe housing, medical care and nutri life and those needing respite to return to inc				
	·			
7. COMMENTS				
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in				
File.				
9 CONTRACT ADDROVAL				
8. CONTRACT APPROVAL This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
THE CITY ELECTIVE OF FICE R(S) IDENTIFIED ON THIS TORK!				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	ract.		1
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. A	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							
cont	· · · · · · · · · · · · · · · · · · ·	of more in the contractor, and (b) any sa	beofitiated listed in the bid of					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ					
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.							
10.	VERIFICATION							
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.							

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 o	f California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED			
Signed by:  lugua (alvillo  988C8F42C3084B5  Angela Calvillo	07-22-2025   11:39:50 PDT			



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Received On: 07-22-2025 | 11:38:03 PDT

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/cityofficers/contract-approval-city-officers

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

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

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

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

F COLUMN CTOR				
5. CONTRACTOR NAME OF CONTRACTOR		TELEPHONE N	JUMBER	
Mission Action	(415) 282-6209			
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
938 Valencia Street, San Francisco, CA 94110				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
07/15/2025			250618	

6. CONTRACT						
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)				
07/15/2025		250618				
DESCRIPTION OF AMOUNT OF CONTRACT						
\$240,656						
NATURE OF THE CONTRACT (Please describe)						
To improve and maintain the health of our residents through the provision of facility-based health care and other supportive services.						
7. COMMENTS						
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File.						

Description	of	amount	reflected	in	Recurring	Grants	Subcontractors	FY25-26	attachment	in
FITE.										

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TVDF
			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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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				
	has an ownership interest of 10 percent				
	ract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
10. VERIFICATION					
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.					

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
Signed by:  lugla (alvillo 988C8F42C3084B5 Angela Calvillo	07-22-2025   11:38:03 PDT	



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

Received On:<sup>07-22-2025</sup> | 11:36:39 PDT

1

File #: 250618

Bid/RFP #:

# **Notification of Contract Approval**

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

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

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

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

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
07/15/2025		250618
DESCRIPTION OF AMOUNT OF CONTRACT		
\$856,481		
NATURE OF THE CONTRACT (Please describe)		
Providing Mental Health/Substance Use Disorder	program services	
7. COMMENTS		
Description of amount reflected in Recurring G	rants Subcontractors F	Y25-26 attachment in

File.

0 0	ONTD A CT A DDD OVAL				
8. C	8. CONTRACT APPROVAL				
This	contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
	, ,				
	Board of Supervisors				
	·				
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS				
	THE SOARD OF A STATE ACENCE OF WHICH AN AT SINTEE OF THE CITY EXCENSES ON THIS FORWARD				
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contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
1	Dunkel	Betty Marie	CEO	
2	Ваеz	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. A	9. AFFILIATES AND SUBCONTRACTORS				
List to	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	ТҮРЕ		
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50					
	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
10. VERIFICATION					
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.					

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.		
relating under penalty of perjury under the laws of the state of	r Camorina that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK — Signed by:  Ungula Calvillo  Ange la Calvillo	07-22-2025   11:36:39 PDT	



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

Received On: 07-22-2025 | 11:34:09 PDT

1

File #: 250618

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
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1. FILING INFORMATION			
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)		
Original			
AMENDMENT DESCRIPTION – Explain reason for amendment			

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Napa County		707-253-	4540
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1195 Third St Napa CA 94559			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
07/15/2025			250618
DESCRIPTION OF AMOUNT OF CONTRACT			L
\$194,750			
NATURE OF THE CONTRACT (Please describe)			
Co-recipient of grant funds.			
7. COMMENTS			
Description of amount reflected in Recurring G	rants Subcon	tractors E	v25-26 attachment in
File.			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

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

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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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#	LACT NAME (ENTITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR **DATE SIGNED CLERK**

07-22-2025 | 11:34:09 PDT

lugela (alvillo Angela calvillo



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

Received On: 07-22-2025 | 11:31:22 PDT

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
NICOS Chinese Health Coalition		(415) 788-6426		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
945 Clay Street San Francisco, CA 94108				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable) 250618	
07/15/2025			230010	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$10,000				
NATURE OF THE CONTRACT (Please describe)				
Provide support for oral health program				
7. COMMENTS				
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in				
File.				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS			DENTIFIED ON THIS FORM SITS	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Woo	Kent	CEO
2	Liao	Michael	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS  List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED			

07-22-2025 | 11:31:22 PDT

CLERK

Signed by:

luzela Calvillo 988C8F42C3Q84B5 Angela Calvillo



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

Received On: 07-22-2025 | 11:28:37 PDT

File #: 250618

Bid/RFP #:

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# **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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
PRC		415.777.0333		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
170 9th St, San Francisco, CA 94103		LIVIALE		
170 Jen 3e, 3an Francisco, ex 34103				
6. CONTRACT	ODICINAL DID/	DED NUMBER	FUE NUMBER (If applicable)	
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER   FILE NUMBER (If applicable) 250618		
07/15/2025				
DESCRIPTION OF AMOUNT OF CONTRACT				
\$321,555				
NATURE OF THE CONTRACT (Please describe)				
Providing Equal Access to Health Care Program	Services.			
7. COMMENTS				
Description of amount reflected in Recurring G	rants Subcon	tractors F	Y25-26 attachment in	
File.				
O CONTRACT ADDROVAL				
8. CONTRACT APPROVAL This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE ACENSY ON WHICH AN ADDOUGHT OF	THE CITY OF CATE	IF OFFICER(s) ::	DENITIFIED ON THUS FORMS SITS	
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS			DEMILITED ON THIS FORM 2112	

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	ТҮРЕ
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

3

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Christiansen	Karl H	Board of Directors
21	McKeel	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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9. A	FFILIATES AND SUBCONTRACTORS				
exec who	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	ТҮРЕ		
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
10. VERIFICATION					
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.					
Lce	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct				

# I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK Signed by: O7-22-2025 | 11:28:37 PDT O7-22-2025 | 11:28:37 PDT



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

Received On:<sup>07-22-2025</sup> | 11:26:11 PDT

1

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Project Open Hand		(415) 447-2326	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
730 Polk St, SF, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 250618

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
07/15/2025		
DESCRIPTION OF AMOUNT OF CONTRACT		
\$1,347,885		
NATURE OF THE CONTRACT (Please describe)		
To improve the nutritional health of all people groceries, nutrition assessments and other food		

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Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File.

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8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES
	, ,
	Board of Supervisors
	·
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS
	THE SOARD OF A STATE ACENCE OF WHICH AN AT SINTEE OF THE CITY EXCENSES ON THIS FORWARD
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS					
exec who	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		ТҮРЕ	
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
	VERIFICATION				
	ove used all reasonable diligence in prepar owledge the information I have provided h			tatement and to the best of my	
I ce	rtify under penalty of perjury under the	laws of the State of	f California that the fo	pregoing is true and correct.	
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOAR	D SECRETARY OR	DATE SIGNED		
CLL	Cignou zy.		07-22-2025   1	.1:26:11 PDT	
	luzula Calvillo Ange Ta Calvillo				



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

Received On: 07-22-2025 | 11:24:40 PDT

1

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/cityofficers/contract-approval-city-officers

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

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

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

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
07/15/2025		250010
DESCRIPTION OF AMOUNT OF CONTRACT		
\$247,303		
NATURE OF THE CONTRACT (Please describe)		
Provides Peer Internship Program that prepares counseling	clients for employmen	t in peer support and

# 7. COMMENTS

Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File. Identified as "RAMS" in the attachment.

0 0	ONTD A CT A DDD OVAL		
8. CONTRACT APPROVAL			
This	contract was approved by:		
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
	, ,		
	Board of Supervisors		
	·		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS		
	THE SOARD OF A STATE ACENCE OF WHICH AN AT SINTEE OF THE CITY EXCENSES ON THIS FORWARD		
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS			
	the names of (A) members of the contract		
	tutive officer, chief financial officer, chief of has an ownership interest of 10 percent of		
cont		or more in the contractor, and (b) any su	bedittractor listed in the bid of
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
#	LAST NAME/ENTITYSOBCONTRACTOR	FIRST IVAIVIE	IIFE
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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.			

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement	. I have reviewed this statement and to the best of my	
knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Signed by:  Ungla (alvillo  988C8F42C3084B5  Angela Calvillo	07-22-2025   11:24:40 PDT	



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

Received On: 07-22-2025 | 11:23:00 PDT

1

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

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

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

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

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
07/15/2025		230010
DESCRIPTION OF AMOUNT OF CONTRACT		
\$150,266		
NATURE OF THE CONTRACT (Please describe)		
Provides support of consumer-run centers serving	ng many dually-diagnos	ed individuals

# 7. COMMENTS

Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File. Identified as "RAMS" in the attachment.

8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
Ш	
	A DOADD ON MUCH THE CITY ELECTIVE OFFICED(C) CEDVEC
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES
	Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS
Ш	
	THE BOARD OF A STATE AGENCT ON WHICH AN AFFORMED OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

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

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME		ТУРЕ
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
10. VERIFICATION  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK Signed by:			DATE SIGNED	

07-22-2025 | 11:23:00 PDT

Signed by:

lngla (alvillo 988C8F42C3984B5 Angela Calvillo



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

Received On: 07-22-2025 | 11:22:04 PDT

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/cityofficers/contract-approval-city-officers

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	1.5
07/15/2025		250618
DESCRIPTION OF AMOUNT OF CONTRACT		
\$5,000		
NATURE OF THE CONTRACT (Please describe)		
Peer wages for consumers participating in runn <sup>-</sup> Clinic - Job training wages	ing a coffee service a	t the OMI Mental Health

# 7. COMMENTS

Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File. Identified as "RAMS" in the attachment.

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

con	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR **DATE SIGNED CLERK**

07-22-2025 | 11:22:04 PDT

lugela (alvillo Angela calvillo



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

Received On:<sup>07-22-2025</sup> | 11:20:33 PDT

1

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

1. FILING INFORMATION			
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)		
0			
Original			
AMENDMENT DESCRIPTION – Explain reason for amendment			

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
07/15/2025		230010
DESCRIPTION OF AMOUNT OF CONTRACT		
\$273,182		
NATURE OF THE CONTRACT (Please describe)		
NATURE OF THE CONTRACT (Please describe)		
Provides Bilingual-designated counselor posit	ions	
Provides Biringual-designated Counselor posit	10113	
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# 7. COMMENTS

Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File. Identified as "RAMS" in the attachment.

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

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

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS				
exec who	the names of (A) members of the contract cutive officer, chief financial officer, chief has an ownership interest of 10 percent ract.	operating officer, or other persons v	vith similar titles; (C) any individual or entity	
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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	Check this box if you need to include ad Select "Supplemental" for filing type.	ditional names. Please submit a sepa	arate form with complete information.	
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.				

10. VERIFICATION			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my			
knowledge the information I have provided here is true and complete.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED			
CLERK Signed by:			
An and a Calvilla	07-22-2025   11:20:33 PDT		
lugla (alvillo Angela Calvillo			
Angela Calvillo			



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

Received On: 07-22-2025 | 11:16:31 PDT

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/cityofficers/contract-approval-city-officers

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

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

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

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
07/15/2025		250618
07/15/2025		
DESCRIPTION OF AMOUNT OF CONTRACT		
\$65,080		
NATURE OF THE CONTRACT (Please describe)		
Provide Peer Internship Program that prepares of counseling positions	clients for employment	in peer support and

## 7. COMMENTS

Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File.

8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
Ш	
	A DOADD ON MUCH THE CITY ELECTIVE OFFICED(C) CEDVEC
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES
	Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS
Ш	
	THE BOARD OF A STATE AGENCT ON WHICH AN AFFORMED OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
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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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. A	FFILIATES AND SUBCONTRACTORS						
List exec who	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.						
I ha	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.						

10. VERIFICATION			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED			
CLERK — Signed by:  Lugla Calvillo — 98808F42C3084B5 — Ange Ta Calvillo	07-22-2025   11:16:31 PDT		



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

Received On: 07-22-2025 | 11:13:49 PDT

1

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

1. FILING INFORMATION					
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)				
0					
Original					
AMENDMENT DESCRIPTION – Explain reason for amendment					

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Gregory N	Wong	628-217-7608	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

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

6. CONTRACT						
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	1				
07/15/2025		250618				
07/13/2023						
DESCRIPTION OF AMOUNT OF CONTRACT						
\$250,000						
\$230,000						
NATURE OF THE CONTRACT (Please describe)						
Implement an innovative program entitled Advance	cing Racial Equity and					
Data-Driven Responses (AREDDR).						

CO		

Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File.

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

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR **DATE SIGNED CLERK**

07-22-2025 | 11:13:49 PDT

lugela (alvillo Angela calvillo



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

Received On: 07-22-2025 | 11:12:03 PDT

1

File #: 250618

Bid/RFP #:

# **Notification of Contract Approval**

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

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

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

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

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

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

1 Hallidie Plaza, Suite 808 San Francisco, CA	94102		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$100,000	1		
NATURE OF THE CONTRACT (Please describe)  Fiscal Intermediary			
Fiscal Intermedially			
7. COMMENTS			
Description of amount reflected in Recurring G File.	rants Subcon	tractors F	Y25-26 attachment in
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES  Board of Supervisors			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES	THE CITY ELECTIV	VE OEEICEDIS)	DENTIFIED ON THIS EARN SITS

contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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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	9. AFFILIATES AND SUBCONTRACTORS				
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	has an ownership interest of 10 percent				
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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	Check this box if you need to include additional names. Please submit a separate form with complete information.  Select "Supplemental" for filing type.				
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.					

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Signed by:  lugla Calvillo 988C8F42C3084B5 Angela Calvillo	07-22-2025   11:12:03 PDT	



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

Received On: 07-22-2025 | 11:10:47 PDT

1

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/cityofficers/contract-approval-city-officers

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

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

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

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
San Francisco Public Health Foundation		415-504-	6738
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1 Hallidie Plaza, Suite 808 San Francisco, CA	94102		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
07/15/2025			250618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$68,766			
NATURE OF THE CONTRACT (Please describe)			
Fiscal intermediary			
, , , , , , , , , , , , , , , , , , , ,			
7. COMMENTS			
Description of amount reflected in Recurring G	rants Subcon	tractors F	Y25-26 attachment in
File.			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			

	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES
ш	Board of Supervisors
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l —	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

cont	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR **DATE SIGNED CLERK**

07-22-2025 | 11:10:47 PDT

lugela (alvillo Angela calvillo



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

Received On: 07-22-2025 | 11:09:10 PDT

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/cityofficers/contract-approval-city-officers

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

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

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

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
San Francisco Public Health Foundation		415-504-	6738
TREET ADDRESS (including City, State and Zip Code)		EMAIL	
1 Hallidie Plaza, Suite 808 San Francisco, CA	94102		
CONTRACT			
CONTRACT  DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID	O/RFP NUMBER	FILE NUMBER (If applicable)
07/15/2025		,	250618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$102,959			
NATURE OF THE CONTRACT (Please describe)			
Fiscal intermediary			

Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File.

0 0	ONTD A CT A DDD OVAL
8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES
	, ,
	Board of Supervisors
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	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS
	THE SOARD OF A STATE ACENCE OF WHICH AN AT SINTEE OF THE CITY EXCENTED ON THIS FORWARD
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COIIL	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
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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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				
	has an ownership interest of 10 percent			
	ract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME		ТҮРЕ
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			
	VERIFICATION			
	ve used all reasonable diligence in prepar wledge the information I have provided h			tatement and to the best of my
	rtify under penalty of perjury under the		1	pregoing is true and correct.
CLE	NATURE OF CITY ELECTIVE OFFICER OR BOARI RKSigned by:	D SECRETARY OR	DATE SIGNED	

07-22-2025 | 11:09:10 PDT

luzela Calvillo 988C8F42C3Q84B5 Angela Calvillo



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 <a href="mailto:ethics.commission@sfgov.org">ethics.commission@sfgov.org</a> . www.sfethics.org

Received On: 07-22-2025 | 11:06:01 PDT

1

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

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

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Gregory N	Wong	628-217-7608	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

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

SIKE	ET ADDRESS (including City, State and Zip Code)		EMAIL		
1	Hallidie Plaza, Suite 808 San Francisco, CA	94102			
	,				
	ONTRACT E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	DED NILIMBED	FILE NUMBER (If applicable)	
		ORIGINAL BID/	KFP NUIVIDEK	250618	
07	7/15/2025				
DESC	CRIPTION OF AMOUNT OF CONTRACT	•			
\$1	85,610				
NAT	URE OF THE CONTRACT (Please describe)				
Pr	oviding program administration in support of	SF Tobacco	Free Proje	ct.	
7. C	OMMENTS				
De	scription of amount reflected in Recurring G	rants Subcon	tractors F	Y25-26 attachment in	
	le.				
8.0	ONTRACT APPROVAL				
	contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
$\nabla$	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
	Board of Supervisors				
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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	contract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR **DATE SIGNED CLERK**

07-22-2025 | 11:06:01 PDT

lugela (alvillo Angela calvillo



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 <a href="mailto:ethics.commission@sfgov.org">ethics.commission@sfgov.org</a> . www.sfethics.org

Received On: 07-22-2025 | 11:03:23 PDT

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

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

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

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

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

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

1663 Mission Street, Suite 310, San Francisco CA 94103
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6. CONTRACT
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) ORIGINAL BID/RFP NUMBER   FILE NUMBER (If applicable)
07/15/2025
0.7 = 0,7 = 0.2
DESCRIPTION OF AMOUNT OF CONTRACT
\$140,169
NATURE OF THE CONTRACT (Please describe)
Develop a racial equity hospital quality improvement plan to improve health outcomes
T COMMANDATE
7. COMMENTS
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File.
8. CONTRACT APPROVAL
This contract was approved by:
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES
Board of Supervisors

THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Link	Geoffrey	CEO
2	Livingston	Richard	Board of Directors
3	Нотта	Reiko	Board of Directors
4	Elbgal	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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS			
List t exec who	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	ТҮРЕ
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	Check this box if you need to include add Select "Supplemental" for filing type.	ditional names. Please submit a	separate form with complete information.
10. VERIFICATION			
I ha	ve used all reasonable diligence in prepar wledge the information I have provided h		wed this statement and to the best of my
	I certify under penalty of periury under the laws of the State of California that the foregoing is true and correct		

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK Signed by:  Lugla Calvillo  988C8F42C3084B5  Angela Calvillo	07-22-2025   11:03:23 PDT	



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

Received On: 07-22-2025 | 10:58:10 PDT

1

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

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Shanti		(415) 674-4700	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
730 Polk Street, 3rd Floor San Francisco, CA 9	4109		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
07/15/2025			250618
DESCRIPTION OF AMOUNT OF CONTRACT	1		
\$100,186			
NATURE OF THE CONTRACT (Please describe)			
Provides Hepatitis C prevention services			
' '			
7. COMMENTS			
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in			
File.			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
□ Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

COIIL	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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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#	LACT NAME (ENTITY (CLID CONTRACTOR		
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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			
	cutive officer, chief financial officer, chief ( ) has an ownership interest of 10 percent (			
cont	tract.	1	T	
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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	Check this box if you need to include additional names. Please submit a separate form with complete information.  Select "Supplemental" for filing type.			
	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.			

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK — Signed by:  Lugla Calvillo — 98808F42C3084B5 — Ange Ta Calvillo	07-22-2025   10:58:10 PDT	



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

Received On: 07-22-2025 | 10:55:33 PDT

1

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

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Sonoma County		877-699-6868		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
625 5th Street Santa Rosa, CA 95404				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	/RFP NUMBER   FILE NUMBER (If applicable) 250618		
07/15/2025				
DESCRIPTION OF AMOUNT OF CONTRACT				
\$415,750				
NATURE OF THE CONTRACT (Please describe)				
Co-recipient of grant funds.				
7. COMMENTS				
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in				
File.				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A POADD ON WHICH THE CITY ELECTIVE OFFICED(S) SEDVES				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS					
exec who	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.				
	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.					

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK — Signed by:  Lugla Calvillo  Angela Calvillo	07-22-2025   10:55:33 PDT	



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

Received On: 07-22-2025 | 10:54:12 PDT

1

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

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

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

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

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
UCSF Alliance Health Project		415-476	-3902
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1855 Folsom St, San Francisco, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
07/15/2025			250618
DESCRIPTION OF AMOUNT OF CONTRACT			
\$168,837			
The program goal is to provide outpatient menta including Long-Term Survivors - to reduce symptomental health and/or substance use disorders.			
7. COMMENTS  Description of Amount reflected in Subcontractor	ors attachme	nt in file	
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	тоһ	Sophia	Board of Directors
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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS					
	List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief				
	executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or				
cont	· · · · · · · · · · · · · · · · · · ·				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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	Check this box if you need to include additional names. Please submit a separate form with complete information.  Select "Supplemental" for filing type.				
•					
	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.					

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 o	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Signed by:  lngla (alvillo  988C8F42C3084B5  Angela Calvillo	07-22-2025   10:54:12 PDT	



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

Received On: 07-22-2025 | 10:52:17 PDT

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

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

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

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

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
07/15/2025		250618
DESCRIPTION OF AMOUNT OF CONTRACT		
\$183,977		
NATURE OF THE CONTRACT (Please describe)		
Technical Assistance: HIV Global Health		
7. COMMENTS		

Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File.

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

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

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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	неidi	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		

3

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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	кelly	Board of Directors	
25	Waruiru	wanjiru	Board of Directors	
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9. A	FFILIATES AND SUBCONTRACTORS			
exec who	the names of (A) members of the contract cutive officer, chief financial officer, chief of has an ownership interest of 10 percent of cract.	operating officer, or other persons with s	similar titles; (C) any individual or entity	
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			
	VERIFICATION	in a third about and the second secon	to the second se	
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.				
Leastify under negative of negitive under the laws of the Ctate of California that the forcesting is time and some				

10. VERIFICATION			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
CLERK — Signed by:  Lingula Calvillo — 98808F42C3084B5 Angela Calvillo	07-22-2025   10:52:17 PDT		



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

Received On: 07-22-2025 | 10:50:17 PDT

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

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

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

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

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

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

5.112		24142	2.777	
55	0 16th Street, 7th Floor, San Francisco, CA S	94143		
6. CC	ONTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER		FILE NUMBER (If applicable) 250618
07	/15/2025			230010
DESC	DESCRIPTION OF AMOUNT OF CONTRACT			
\$5	,000			
NATU	JRE OF THE CONTRACT (Please describe)			
Pr	ovide support for oral health program			
7. CC	DMMENTS			
	scription of amount reflected in Recurring G	rants Subcon	tractors F	Y25-26 attachment in
	le.			. 20 20 40040
8. CONTRACT APPROVAL				
	This contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
This	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM  A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
This	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES  Board of Supervisors			
This	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM  A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	в1осн	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	на]]	Kathryn	Board of Directors
17	Нао	Kenneth	Board of Directors
18	Iguodala	Andre	Board of Directors
19	Kuo	Roger	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Levchin	Nellie	Board of Directors
21	Lin	Rebecca	Board of Directors
22	Makan	Divesh	Board of Directors
23	Malka	Meyer	Board of Directors
24	McKinnon	Ian	Board of Directors
25	Morris	Diane	Board of Directors
26	Newstat	Joyce	Board of Directors
27	Paradis	Paul	Board of Directors
28	Sanghvi	Ruchi	Board of Directors
29	Shorenstein	Lydia	Board of Directors
30	Soghikian	Shahan	Board of Directors
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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	ТҮРЕ	
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED				

07-22-2025 | 10:50:17 PDT

CLERK

Signed by:

luzela Calvillo 988C8F42C3Q84B5 Angela Calvillo



#### San Francisco Ethics Commission

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

Received On: 07-22-2025 | 10:47:06 PDT

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/cityofficers/contract-approval-city-officers

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	NUMBER	
YMCA Urban Services		/1E E61	0621	
TMCA UIDAII SELVICES		415-561-0631		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1426 Fillmore Street, Suite 204, San Francisco	94115			
CCONTRACT				
6. CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	REP NUMBER	FILE NUMBER (If applicable)	
	,		250618	
07/15/2025				
DESCRIPTION OF AMOUNT OF CONTRACT				
\$371,846				
NATURE OF THE CONTRACT (Please describe)				
Provide Mental Health/Substance Use Disorder pr	ogram servi	ces.		
7. COMMENTS				
Description of amount reflected in Recurring Grants Subcontractors FY25-26 attachment in File.				
TITE.				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	
<b></b>				

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.

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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		

3

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Тгоу	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	ТУРЕ	
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
10. VERIFICATION  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED				

07-22-2025 | 10:47:06 PDT

**CLERK** 

lugua Calvillo Angela Calvillo



### San Francisco Ethics Commission

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

Received On: 07-22-2025 | 10:43:00 PDT

1

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	628-217-7608
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Youth Leadership Institute		(628) 40	0-9252
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
198 Potrero Avenue San Francisco CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) ORIGINAL BID,		RFP NUMBER	FILE NUMBER (If applicable)

STREET ADDRESS (including City, State and Zip Code)		LIVIAIL	
198 Potrero Avenue San Francisco CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	KFP NUMBER	FILE NUMBER (If applicable) 250618
07/15/2025			
DESCRIPTION OF AMOUNT OF CONTRACT			
\$411,921			
NATURE OF THE CONTRACT (Please describe)			
Provide Mental Health/Substance Use Disorder p	rogram servi	ces.	
7. COMMENTS			
Description of amount reflected in Recurring G File.	rants Subcon	tractors F	Y25-26 attachment in
THE.			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTER OF	THE CITY ELECTIV	/F OFFICER(S) II	DENTIFIED ON THIS FORM SITS
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	tract.		1
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Barahona	Patricia	CE0
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. A	FFILIATES AND SUBCONTRACTORS			
List t exec who	the names of (A) members of the contract cutive officer, chief financial officer, chief has an ownership interest of 10 percent cract.	operating officer, or other	persons with s	imilar titles; (C) any individual or entity
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME		ТҮРЕ
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	Check this box if you need to include ad Select "Supplemental" for filing type.	ditional names. Please sub	omit a separate	form with complete information.
	VERIFICATION			
	ve used all reasonable diligence in prepar wledge the information I have provided h		reviewed this s	tatement and to the best of my

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
CLERK — Signed by:  Ungula Calvillo  988C8F42C3Q84B5  Angela Calvillo	07-22-2025   10:43:00 PDT	



### San Francisco Ethics Commission

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

Received On:<sup>07-22-2025</sup> | 10:40:36 PDT

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

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Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

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

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

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

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

orner / no bridge (morading orly) oracle and hip code)		21717112	
550 16th Street, 7th Floor, San Francisco, CA	94143		
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6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
07/15/2025			250618
07/15/2025			
DESCRIPTION OF AMOUNT OF CONTRACT			
\$59,881			
, vss, vs=			
NATURE OF THE CONTRACT (Please describe)			
Fiscal Intermediary, provide syphilis screenir	na for ZSFGH	patients.	
, , , , , , , , , , , , , , , , , , ,	<b>J</b>		
7. COMMENTS			
Description of amount reflected in Recurring G	crante Subcon	tractors E	V25-26 attachment in
File.	ir aires Subcoir	cractors F	123-20 accacimient in
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE O	F THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

# 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	contract.				
2HammarskjoldPhilipBoard of Directors3EmeryDanaBoard of Directors4AroraNeerajBoard of Directors5BallardAndrewBoard of Directors6BhusriAllisonBoard of Directors7BlochSusanBoard of Directors8BrigerPeteBoard of Directors9ChanHuifenBoard of Directors10ChenConnie EBoard of Directors11CohenFredBoard of Directors12ConteJPBoard of Directors13CoulterPhyllisBoard of Directors14DebDipanjanBoard of Directors15DiMarcoStephanieBoard of Directors16HallKathrynBoard of Directors17HaoKennethBoard of Directors18IguodalaAndreBoard of Directors	#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
Board of Directors  A Arora Neeraj Board of Directors  Ballard Andrew Board of Directors  Bloch Susan Board of Directors  Briger Pete Board of Directors  Chan Huifen Board of Directors  Chen Connie E Board of Directors  Conte JP Board of Directors  Coulter Phyllis Board of Directors  Coulter Phyllis Board of Directors  Dimarco Stephanie Board of Directors  Kenneth Board of Directors  Kenneth Board of Directors	1	Hawgood	Sam	CEO	
A Arora Neeraj Board of Directors  Ballard Andrew Board of Directors  Bhusri Allison Board of Directors  Bloch Susan Board of Directors  Briger Pete Board of Directors  Huifen Board of Directors  Chan Huifen Board of Directors  Cohen Connie E Board of Directors  Cohen Fred Board of Directors  Conte JP Board of Directors  Coulter Phyllis Board of Directors  Acoulter Phyllis Board of Directors  Dipanjan Board of Directors  Stephanie Board of Directors  Kathryn Board of Directors  Kathryn Board of Directors  Kathryn Board of Directors  Kenneth Board of Directors	2	Hammarskjold	Philip	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	3	Emery	Dana	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	4	Arora	Neeraj	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	5	Ballard	Andrew	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	6	Bhusri	Allison	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	7	Bloch	Susan	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	8	Briger	Pete	Board of Directors	
The contens of Directors  12 Conte	9	Chan	Huifen	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	10	Chen	Connie E	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	11	Cohen	Fred	Board of Directors	
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15 DiMarco Stephanie Board of Directors  16 Hall Kathryn Board of Directors  17 Hao Kenneth Board of Directors  18 Iguodala Andre Board of Directors	13	Coulter	Phyllis	Board of Directors	
16 Hall Kathryn Board of Directors  17 Hao Kenneth Board of Directors  18 Iguodala Andre Board of Directors	14	Deb	Dipanjan	Board of Directors	
17 Hao Kenneth Board of Directors  18 Iguodala Andre Board of Directors	15	DiMarco	Stephanie	Board of Directors	
18 Iguodala Andre Board of Directors	16	на]]	Kathryn	Board of Directors	
	17	Нао	Kenneth	Board of Directors	
	18	Iguodala	Andre	Board of Directors	
19 Kuo Roger Board of Directors	19	Kuo	Roger	Board of Directors	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Levchin	Nellie	Board of Directors
21	Lin	Rebecca	Board of Directors
22	Makan	Divesh	Board of Directors
23	Malka	Meyer	Board of Directors
24	McKinnon	Ian	Board of Directors
25	Morris	Diane	Board of Directors
26	Newstat	Joyce	Board of Directors
27	Paradis	Paul	Board of Directors
28	Sanghvi	Ruchi	Board of Directors
29	Shorenstein	Lydia	Board of Directors
30	Soghikian	Shahan	Board of Directors
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9. A	FFILIATES AND SUBCONTRACTORS			
exec who	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	ТҮРЕ	
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.				

10. VERIFICATION			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED			
CLERK — Signed by:  lugla (alvillo — 988C8F42C3084B5 Angela Calvillo	07-22-2025   10:40:36 PDT		