



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 | 16:07:17 PDT

250618

File #:

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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	greg.wong@sfphd.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	FILE NUMBER (If applicable)
07/15/2025		250618
DESCRIPTION OF AMOUNT OF CONTRACT		
\$13,732		
NATURE OF THE CONTRACT (Please describe)		
Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic		

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Link	Geoffrey	CEO
2	Livingston	Richard	Board of Directors
3	Homma	Reiko	Board of Directors
4	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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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 16:07:17 PDT



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Board of Supervisors	Members

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

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	greg.wong@sfphd.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/RFP NUMBER	FILE NUMBER (If applicable)
07/15/2025		250618
DESCRIPTION OF AMOUNT OF CONTRACT		
\$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:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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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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	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 16:06:19 PDT



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File #: 250618

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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	greg.wong@sfph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
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 for Youth of Color		

7. COMMENTS	

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Jackson-Morgan	Joi	CEO
2	Kunene	Glen	Board of Directors
3	Davenport	Susan	Board of Directors
4	Relyea	Jackie	Board of Directors
5	Tu	Phung	Board of Directors
6	Eng	Vanessa	Board of Directors
7	Magee	Michelle	Board of Directors
8	Savage	Michael	Board of Directors
9	Davidson	Violetta	Board of Directors
10	Fallon	Laura	Board of Directors
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NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	greg.wong@sfphd.org

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
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		
\$507,892		
NATURE OF THE CONTRACT (Please describe)		
Mental health services for students.		

7. COMMENTS	

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

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6	Eng	Vanessa	Board of Directors
7	Magee	Michelle	Board of Directors
8	Savage	Michael	Board of Directors
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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@sfphd.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 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 health care needs.		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Rhodes	Wendy Neikirk	CEO
2	Eddleman	Amelia	Board of Directors
3	Calvert	Dave Stringer	Board of Directors
4	Hollyfield	Amy	Board of Directors
5	Boussina	Eileen	Board of Directors
6	Castillo-Lartigue	Tiffani	Board of Directors
7	McDonald	Sally Coghlan	Board of Directors
8	de la Garza	Elizabeth (Betsy)	Board of Directors
9	Akhund	Fatema	Board of Directors
10	Lam	Lisa	Board of Directors
11	Tavs	Jacqueline	Board of Directors
12	Lin	Tiffany	Board of Directors
13	Filner	Lee	Board of Directors
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK Signed by:  988C8F42C3084B5 Angela Calvillo	DATE SIGNED 07-22-2025 15:55:58 PDT
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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 | 15:53:34 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/city-officers/contract-approval-city-officers>

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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	greg.wong@sfph.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		

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		
\$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:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Bouquin	James	CEO
2	Watson	Susan	Board of Directors
3	Fuller	wayzel	Board of Directors
4	Everlart	Claude	Board of Directors
5	Cray	Adam	Board of Directors
6	Colson	Chuck	Board of Directors
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 15:53:34 PDT



San Francisco Ethics Commission

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

File #: 250618

Bid/RFP #:

Notification of Contract Approval

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 A Public Document

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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	greg.wong@sfph.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 "bridge" housing settings, including tiny homes, interim housing, rental assistance models, and assisted living settings.		

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

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

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Lombard	Ken	CEO
2	Novack	Kenneth M.	Board of Directors
3	Moore	Connie	Board of Directors
4	Bibby	Douglas M.	Board of Directors
5	Carlisle	Ray	Board of Directors
6	Carter	Daryl J.	Board of Directors
7	Freed	Robert	Board of Directors
8	Grodahl	Skip	Board of Directors
9	Hemmenway	Nancy	Board of Directors
10	Hernandez	Jennifer L	Board of Directors
11	Jain	Kiran	Board of Directors
12	Lombard	Ken	Board of Directors
13	Quinn	Adrienne E.	Board of Directors
14	Richardson	Stephen A.	Board of Directors
15	Sager	Nadia	Board of Directors
16	Stein	Paul	Board of Directors
17	Turner	Molly	Board of Directors
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 15:52:18 PDT



San Francisco Ethics Commission

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

File #: 250618

Bid/RFP #:

Notification of Contract Approval

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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	greg.wong@sfph.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, CA 94709		

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		
\$50,000		
NATURE OF THE CONTRACT (Please describe)		
To restore specified marshes by replanting native cordgrass and marsh gumplant.		

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Johnson	Doug	CEO
2	Ponce	Stephanie	Board of Directors
3	Kwong	Michael	Board of Directors
4	Major	Matt	Board of Directors
5	Arenas	Alys	Board of Directors
6	Gibson	Doug	Board of Directors
7	Giessow	Jason	Board of Directors
8	Godfrey	Sarah	Board of Directors
9	Kaufman	Alan	Board of Directors
10	Kerr	Drew	Board of Directors
11	Klock	Metha	Board of Directors
12	Meyer	Tanya	Board of Directors
13	Mila	LeeAnne	Board of Directors
14	Oneto	Scott	Board of Directors
15	Nguyen	Lana	Board of Directors
16	Quon	Laurie	Board of Directors
17	Reyes	Tom	Board of Directors
18	Trinidad	Marcos	Board of Directors
19	Valliere	Justin	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Wallis	Hannah	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	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.

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	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 15:50:59 PDT



San Francisco Ethics Commission

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 Phone: 415.252.3100 . Fax: 415.252.3112
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Received On: 07-22-2025 | 15:48:01 PDT

250618

File #:

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 <i>(for amendment only)</i>
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	greg.wong@sfphd.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/RFP NUMBER	FILE NUMBER (If applicable)
07/15/2025		250618
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:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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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<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 15:48:01 PDT



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

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

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	greg.wong@sfph.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)
07/15/2025		250618
DESCRIPTION OF AMOUNT OF CONTRACT		
\$180,336		
NATURE OF THE CONTRACT (Please describe)		
To provide attendant care services in compliance with the Standard of Care for Client Centered Services to multiply diagnosed individuals at Peter Claver Community an RCFCI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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	Kostelní 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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Ghilotti	Michael M	Board of Directors
21	Cuadro	Nicole	Board of Directors
22	Woody	Patrick	Board of Directors
23	Clark	Philip	Board of Directors
24	Kearney	Philip	Board of Directors
25	Nascimento	Daniel	Board of Directors
26	Reyes	Raymund	Board of Directors
27	Landis	Scott	Board of Directors
28	McInerney	Maureen	Board of Directors
29	Frimel	Susie O'Brien	Board of Directors
30	Lauber	Debbie Dizon	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 15:46:48 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: 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: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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	greg.wong@sfph.org

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
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		
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		
\$150,000		
NATURE OF THE CONTRACT (Please describe)		
Provide outreach to targeted populations		

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

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

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Carlson	Barbara Coccodrilli	CEO
2	Abbas	Rehana	Board of Directors
3	Renschler	Amanda	Board of Directors
4	Dusedau	Marga	Board of Directors
5	Behr	Sarah	Board of Directors
6	Butler	Omar	Board of Directors
7	Cato	Thandiwe	Board of Directors
8	Hilberman	Jessica	Board of Directors
9	Jacobson	Amanda	Board of Directors
10	Lacob	Molly	Board of Directors
11	Levinson	Jake	Board of Directors
12	Page	Farris	Board of Directors
13	Sims	Deborah	Board of Directors
14	Warehouse	Maegan	Board of Directors
15	Shinkai	Kanade	Board of Directors
16	Watkins	Elizabeth	Board of Directors
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 15:36:05 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: 07-22-2025 | 15:27:47 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 <i>(for amendment only)</i>
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	greg.wong@sfph.org

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

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

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

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

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Knego	David	CEO
2	Quitugua	Shirley	Board of Directors
3	Illig	Jim	Board of Directors
4	Sklar	Diane	Board of Directors
5	Bickham	David	Board of Directors
6	Davila	Jonrie	Board of Directors
7	Dwyer	Diane	Board of Directors
8	Kotwal	Ashwin	Board of Directors
9	Lincecum	Hannah	Board of Directors
10	Norton	Alycia	Board of Directors
11	Wong	Connie Perez	Board of Directors
12	Spring	Kealy	Board of Directors
13	Sullivan	Richard	Board of Directors
14	Wong	Harry	Board of Directors
15	McKinnon	John	Board of Directors
16	Schwartz	Isis Spinola	Board of Directors
17	Razzo	Rob	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 15:27:47 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: 07-22-2025 | 15:19:58 PDT

250618

File #:

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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	greg.wong@sfphd.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$10,000		
NATURE OF THE CONTRACT (Please describe) Provide support for oral health program		

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Sorrell II	Rubin	CEO
2	Sorrell II	Rubin	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 15:19:58 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: 07-22-2025 | 15:13:58 PDT

250618

File #:

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

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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 Angela Calvillo	TELEPHONE NUMBER 415-554-5184
FULL DEPARTMENT NAME Office of the Clerk of the Board	EMAIL 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	greg.wong@sfdph.org
Department of Public Health	

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)
07/15/2025		250618
DESCRIPTION OF AMOUNT OF CONTRACT		
\$330,014		
NATURE OF THE CONTRACT (Please describe)		
Provides services First Episode Psychosis, families suffering from signs & symptoms of schizophrenia		

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

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Gilbert	Al	CEO
2	Woods	George	Board of Directors
3	Steele	Tamara	Board of Directors
4	Neal	Kathy	Board of Directors
5	Brooks	Oliver	Board of Directors
6	Costello	Daniel	Board of Directors
7	Harris Jr	Elihu Mason	Board of Directors
8	Nalls	Clifford	Board of Directors
9	Rojo	Peter	Board of Directors
10	Vinson	Sarah	Board of Directors
11	Wafer	Deborah	Board of Directors
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 15:13:58 PDT



San Francisco Ethics Commission

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

File #: 250618

Bid/RFP #:

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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	greg.wong@sfph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$20,000		
NATURE OF THE CONTRACT (Please describe) Provides mental health technical assistance to community based MH crisis response to trauma		

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Woods	George	Board of Directors
2	Gilbert	Al	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
11	Wafer	Deborah	Board of Directors
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 15:11:57 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: 07-22-2025 | 15:07:38 PDT

250618

File #:

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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	greg.wong@sfphd.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$265,185		
NATURE OF THE CONTRACT (Please describe) Teen Pregnancy & Parenting Program		

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

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

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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 15:07:38 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: 07-22-2025 | 15:06:22 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

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1. FILING INFORMATION	
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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. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	greg.wong@sfph.org

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

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		
\$43,242		
NATURE OF THE CONTRACT (Please describe)		
Provide Clinical Consultation Services to LINC frontline staff		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Berg	Anna	CEO
2	Norman	Eileen	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-wooley	Anat	Board of Directors
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 15:06:22 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: 07-22-2025 | 15:03:58 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

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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	greg.wong@sfph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$220,737		
NATURE OF THE CONTRACT (Please describe) Fiscal Intermediary		

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

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

10. VERIFICATION

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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 15:03:58 PDT



San Francisco Ethics Commission

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

File #: 250618

Bid/RFP #:

Notification of Contract Approval

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1. FILING INFORMATION	
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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. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	greg.wong@sfph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$4,828,200		
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:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 15:01:41 PDT



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

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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@sfphd.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$152,000		
NATURE OF THE CONTRACT (Please describe) Provides Fiscal Intermediary services		

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Eisen	Vitka	CEO
2	Pierluissi	Talia	Board of Directors
3	Beaulieu	Natalie	Board of Directors
4	Huhn	Kristina	Board of Directors
5	Binder	Daniel	Board of Directors
6	Balan	Yener	Board of Directors
7	Boulos	Rodrigo	Board of Directors
8	Holmes	Kathryn	Board of Directors
9	Ireland	Diane	Board of Directors
10	Lusk	Lawrence	Board of Directors
11	Pointer	Karen E	Board of Directors
12	Pugh	Alex	Board of Directors
13	Thomas	Ahmad	Board of Directors
14	Torres	Timothy	Board of Directors
15	Venkatraman	Sankar	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 14:59:07 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: 07-22-2025 | 14:57:36 PDT

250618

File #:

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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	greg.wong@sfphd.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$92,300		
NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary		

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

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

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Cutler	Blayne	CEO
2	Vetticaden	Santosh	Board of Directors
3	Edwards	Carladenise	Board of Directors
4	Lazzarin	Alessandro	Board of Directors
5	Macarchuk	Nicole J	Board of Directors
6	Anyaoku	Nwando	Board of Directors
7	Bordenick	Jennifer Covich	Board of Directors
8	Garrido	Terhilda	Board of Directors
9	Gorre	Celina	Board of Directors
10	Mago	Hope Tarirai	Board of Directors
11	Midura	Bonnie	Board of Directors
12	Vasallo	Vivian	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 14:57:36 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: 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

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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@sfphd.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$175,000		
NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary		

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Cutler	Blayne	CEO
2	Vetticaden	Santosh	Board of Directors
3	Edwards	Carladenise	Board of Directors
4	Lazzarin	Alessandro	Board of Directors
5	Macarchuk	Nicole J	Board of Directors
6	Anyaoku	Nwando	Board of Directors
7	Bordenick	Jennifer Covich	Board of Directors
8	Garrido	Terhilda	Board of Directors
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12	Vasallo	Vivian	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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

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9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 14:55:58 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: 07-22-2025 | 14:53:58 PDT

250618

File #:

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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	greg.wong@sfphd.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$184,003		
NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary		

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

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

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Vetticaden	Santosh	Board of Directors
2	Cutler	Blayne	CEO
3	Edwards	Carladenise	Board of Directors
4	Lazzarin	Alessandro	Board of Directors
5	Macarchuk	Nicole J.	Board of Directors
6	Anyaoku	Nwando	Board of Directors
7	Bordenick	Jennifer Covich	Board of Directors
8	Garrido	Terhilda	Board of Directors
9	Gorre	Celina	Board of Directors
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12	Vasallo	Vivian	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 14:53:58 PDT



San Francisco Ethics Commission

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Received On: 07-22-2025 | 14:46:17 PDT

File #: 250618

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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 A Public Document

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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@sfphd.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$192,403		
NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary		

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

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 14:46:17 PDT



San Francisco Ethics Commission

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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: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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	greg.wong@sfph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$34,684		
NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary		

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Cutler	Blayne	CEO
2	Vetticaden	Santosh	Board of Directors
3	Edwards	Carladenise	Board of Directors
4	Lazzarin	Alessandro	Board of Directors
5	Macarchuk	Nicole J	Board of Directors
6	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	TYPE
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK Signed by:  988C8F42C3084B5 Angela Calvillo	DATE SIGNED 07-22-2025 14:44:57 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

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File #: 250618

Bid/RFP #:

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

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

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	greg.wong@sfph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$557,109		
NATURE OF THE CONTRACT (Please describe) provide Mental Health/Substance Use Disorder program services		

7. COMMENTS	

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Lucero	Celina	CEO
2	Moretti	Matthew	Board of Directors
3	Johnson	Zachary	Board of Directors
4	Gallardo	Steven	Board of Directors
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 14:43:07 PDT



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
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Received On: 07-22-2025 | 11:55:41 PDT

File #: 250618

Bid/RFP #:

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

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

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	greg.wong@sfph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$415,967		
NATURE OF THE CONTRACT (Please describe) provide 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:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Sapinski	Nelly	CEO
2	Barahona	Luis	Board of Directors
3	Gross	Rich	Board of Directors
4	Barrera	Efrain	Board of Directors
5	Brackenridge	Katie	Board of Directors
6	Bransten	Lisa	Board of Directors
7	Fung	Lisa	Board of Directors
8	Ruiz	Gabby	Board of Directors
9	Valdez	Matt	Board of Directors
10	Vega	Paul	Board of Directors
11	Furney	Gary	Board of Directors
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK Signed by:  988C8F42C3084B5 Angela Calvillo	DATE SIGNED 07-22-2025 11:55:41 PDT
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Received On: 07-22-2025 | 11:53:46 PDT

File #: 250618

Bid/RFP #:

Notification of Contract Approval

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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	greg.wong@sfph.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/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 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:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Osaki	Jon	CEO
2	Wayne	Evan	Board of Directors
3	Carroll	Louise	Board of Directors
4	Mah	Max	Board of Directors
5	Nagree	Shah	Board of Directors
6	MacDonald	Angus	Board of Directors
7	Dunlap	oliver	Board of Directors
8	Harrigan	Asia	Board of Directors
9	Abantao	Darryl	Board of Directors
10	C	Dinesh	Board of Directors
11	Littleton	Heather	Board of Directors
12	Anderson	Jerome	Board of Directors
13	Rawat	Gitanjali	Board of Directors
14	Tada	Makiko	Board of Directors
15	Shah	Gautam	Board of Directors
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK Signed by:  988C8F42C3084B5 Angela Calvillo	DATE SIGNED 07-22-2025 11:53:46 PDT
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OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

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

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	greg.wong@sfph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$752,053		
NATURE OF THE CONTRACT (Please describe) To provide safe housing, medical care and nutrition supports for those with HIV at end of life and those needing respite to return to independence as defined by the resident.		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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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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	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 11:39:50 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: 07-22-2025 | 11:38:03 PDT

250618

File #:

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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	greg.wong@sfphd.org

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

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

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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9. AFFILIATES AND SUBCONTRACTORS

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

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK Signed by:  988C8F42C3084B5 Angela Calvillo	DATE SIGNED 07-22-2025 11:38:03 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: 07-22-2025 | 11:36:39 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 <i>(for amendment only)</i>
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	greg.wong@sfph.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 Grants Subcontractors FY25-26 attachment in File.	

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Dunkel	Betty Marie	CEO
2	Baez	Marjory Ann	Board of Directors
3	MacLean	Brenda	Board of Directors
4	Vista	Frances	Board of Directors
5	Ahn	Tina	Board of Directors
6	Chatmon	Larry	Board of Directors
7	Hernandez	Trinitas	Board of Directors
8	Lindh	Frank	Board of Directors
9	Lozano	Maria	Board of Directors
10	Morales	Estela	Board of Directors
11	Smith	Gene	Board of Directors
12	Dunkel	Betty Marie	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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:  988C8F42C3084B5 Angela Calvillo	DATE SIGNED 07-22-2025 11:36:39 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: 07-22-2025 | 11:34:09 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 <i>(for amendment only)</i>
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	greg.wong@sfph.org

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
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		
\$194,750		
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:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Gallagher	Joelle	Board of Directors
2	Alessio	Liz	Board of Directors
3	Cottrell	Anne	Board of Directors
4	Manfree	Amber	Board of Directors
5	Ramos	Belia	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 11:34:09 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: 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

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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@sfphd.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$10,000		
NATURE OF THE CONTRACT (Please describe) Provide support for oral health program		

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	WOO	Kent	CEO
2	Liao	Michael	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 11:31:22 PDT



San Francisco Ethics Commission

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

File #: 250618

Bid/RFP #:

Notification of Contract Approval

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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	greg.wong@sfph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$321,555		
NATURE OF THE CONTRACT (Please describe) Providing Equal Access to Health Care Program Services.		

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Teng	Chuan	CEO
2	Schneider	Brian	Board of Directors
3	Smith	Darren	Board of Directors
4	Frieman	Josh	Board of Directors
5	Wiley	Nicole	Board of Directors
6	Day	Lukejohn	Board of Directors
7	Hartke	Colin	Board of Directors
8	Henry	Ahmad	Board of Directors
9	Keeling	Phillip	Board of Directors
10	Kyle	Michael	Board of Directors
11	Michaels	Jacques	Board of Directors
12	Niczyporuk	Michael	Board of Directors
13	Peabody	Camellia Ngo	Board of Directors
14	Peabody	John	Board of Directors
15	Prevost	Tamarah	Board of Directors
16	Schaaf	Jacob	Board of Directors
17	Bell	Michael F	Board of Directors
18	Bernick	Michael S	Board of Directors
19	Carter	James	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Christiansen	Karl H	Board of Directors
21	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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List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

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

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 11:28:37 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: 07-22-2025 | 11:26:11 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/city-officers/contract-approval-city-officers>

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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@sfphd.org

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

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

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

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 11:26:11 PDT



San Francisco Ethics Commission

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

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

250618

File #:

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

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

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

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

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

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Tang	Angela	CEO
2	Yeh	Tom	Board of Directors
3	Roberts	Maggie	Board of Directors
4	Lee	Summer	Board of Directors
5	Chow	wade	Board of Directors
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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	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 11:24:40 PDT



San Francisco Ethics Commission

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

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

File #: 250618

Bid/RFP #: _____

Notification of Contract Approval

SFEC Form 126(f)4

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 A Public Document

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

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

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

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

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

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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<p>Signed by:</p>  <p>988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 11:23:00 PDT



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

File #: 250618

Bid/RFP #:

Notification of Contract Approval

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1. FILING INFORMATION	
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2. CITY ELECTIVE OFFICE OR BOARD	
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	greg.wong@sfph.org

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

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

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 11:22:04 PDT



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File #: 250618

Bid/RFP #:

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

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NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	greg.wong@sfph.org

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

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

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

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

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

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

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK Signed by:  988C8F42C3084B5 Angela Calvillo	DATE SIGNED 07-22-2025 11:20:33 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: 07-22-2025 | 11:16:31 PDT

250618

File #:

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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	greg.wong@sfphd.org

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

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

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Tang	Angela	CEO
2	Yeh	Tom	Board of Directors
3	Roberts	Maggie	Board of Directors
4	Lee	Summer	Board of Directors
5	Chow	wade	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 11:16:31 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: 07-22-2025 | 11:13:49 PDT

250618

File #:

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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	greg.wong@sfphd.org

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

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

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Jackson	Ernest L	CEO
2	Butler	Jonathan	Board of Directors
3	Shepard	Veronica	Board of Directors
4	Reece	Guillermo	Board of Directors
5	McNight	John	Board of Directors
6	Bryant, Jr	Joseph	Board of Directors
7	Brunswick	Sonya	Board of Directors
8	Gittens	Roderick	Board of Directors
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

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:  988C8F42C3084B5 Angela Calvillo	DATE SIGNED 07-22-2025 11:13:49 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: 07-22-2025 | 11:12:03 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

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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@sfphd.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		
\$100,000		
NATURE OF THE CONTRACT (Please describe)		
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:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Harrington	Jennifer	CEO
2	White	Allison	Board of Directors
3	Parker	Tracey	Board of Directors
4	Takeuchi	Rand	Board of Directors
5	Moore	Melissa	Board of Directors
6	Ancar	Katina	Board of Directors
7	McCall	Katie	Board of Directors
8	Sharma	Adam	Board of Directors
9	Thacher	Jess	Board of Directors
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK Signed by:  988C8F42C3084B5 Angela Calvillo	DATE SIGNED 07-22-2025 11:12:03 PDT
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Received On: 07-22-2025 | 11:10:47 PDT

250618

File #:

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 <i>(for amendment only)</i>
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	greg.wong@sfphd.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 Grants Subcontractors FY25-26 attachment in File.	

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Harrington	Jennifer	CEO
2	White	Allison	Board of Directors
3	Parker	Tracey	Board of Directors
4	Takeuchi	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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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	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 11:10:47 PDT



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

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File #:

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2. CITY ELECTIVE OFFICE OR BOARD	
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Board of Supervisors	Members

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

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	greg.wong@sfphd.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		
\$102,959		
NATURE OF THE CONTRACT (Please describe)		
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:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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6	Ancar	Katina	Board of Directors
7	McCall	Katie	Board of Directors
8	Sharma	Adam	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK Signed by:  988C8F42C3084B5 Angela Calvillo	DATE SIGNED 07-22-2025 11:09:10 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: 07-22-2025 | 11:06:01 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/city-officers/contract-approval-city-officers>

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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@sfphd.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		
\$185,610		
NATURE OF THE CONTRACT (Please describe)		
Providing program administration in support of SF Tobacco Free Project.		

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Harrington	Jennifer	CEO
2	White	Allison	Board of Directors
3	Parker	Tracey	Board of Directors
4	Takeuchi	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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 11:06:01 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: 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

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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	greg.wong@sfph.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	FILE NUMBER (If applicable)
07/15/2025		250618
DESCRIPTION OF AMOUNT OF CONTRACT		
\$140,169		
NATURE OF THE CONTRACT (Please describe)		
Develop a racial equity hospital quality improvement plan to improve health outcomes		

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Link	Geoffrey	CEO
2	Livingston	Richard	Board of Directors
3	Homma	Reiko	Board of Directors
4	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

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

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK Signed by:  988C8F42C3084B5 Angela Calvillo	DATE SIGNED 07-22-2025 11:03:23 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: 07-22-2025 | 10:58:10 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

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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@sfphd.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 94109		

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		
\$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:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Scrafano	Kimberly	CEO
2	Weinstein	Josh	Board of Directors
3	Ennis	Jamie	Board of Directors
4	Francone	Jerry	Board of Directors
5	Kiernan	Sheila Fischer	Board of Directors
6	Klearman	Micki	Board of Directors
7	Sullivan	Ethan	Board of Directors
8	Vincent	Marc	Board of Directors
9	Yee	Stanley	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 10:58:10 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: 07-22-2025 | 10:55:33 PDT

File #: 250618

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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 A Public Document

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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@sfphd.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$415,750		
NATURE OF THE CONTRACT (Please describe) Co-recipient of grant funds.		

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Hermosillo	Rebecca	Board of Directors
2	Rabbitt	David	Board of Directors
3	Coursey	Chris	Board of Directors
4	Gore	James	Board of Directors
5	Hopkins	Lynda	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 10:55:33 PDT



San Francisco Ethics Commission

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

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

File #: 250618

Bid/RFP #:

Notification of Contract Approval

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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@sfphd.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
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		
NATURE OF THE CONTRACT (Please describe)		
The program goal is to provide outpatient mental health services to people living with HIV - including Long-Term Survivors - to reduce symptoms and functional impairments resulting from mental health and/or substance use disorders.		

7. COMMENTS	
Description of Amount reflected in Subcontractors attachment in file.	

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

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Hua	William	CEO
2	Breall	Susan M	Board of Directors
3	Lake	Kelly	Board of Directors
4	Porche	Michelle	Board of Directors
5	Barra	Alex	Board of Directors
6	Carapetian	Vanni	Board of Directors
7	Dierst-Davies	Rhodri	Board of Directors
8	Gibson	Jean	Board of Directors
9	Glowinski	Anne	Board of Directors
10	Hare	Brad	Board of Directors
11	Munro	Ashley	Board of Directors
12	Shulman	Bart	Board of Directors
13	Srivastava	Runjhun	Board of Directors
14	Strongheart	Majenta	Board of Directors
15	Toh	Sophia	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 10:54:12 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: 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

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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@sfphd.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 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. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Nahid	Payam	CEO
2	DeLuca	Andrea	Board of Directors
3	Bacina	Melissa	Board of Directors
4	Baltzell	Kimberly	Board of Directors
5	Fair	Elizabeth	Board of Directors
6	Frank	Heidi	Board of Directors
7	Hobbs	Nicole	Board of Directors
8	Hsieh	Susan	Board of Directors
9	Kortz	Teresa	Board of Directors
10	Welty	Susie	Board of Directors
11	Wesson	Paul	Board of Directors
12	Woo	Ellyn	Board of Directors
13	Fair	Elizabeth	Board of Directors
14	Goosby	Eric	Board of Directors
15	DeFries	Triveni	Board of Directors
16	Hsiang	Michelle	Board of Directors
17	Tatarsky	Allison	Board of Directors
18	Walker	Dilys	Board of Directors
19	Silvers	Rebecca	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Rutherford	George	Board of Directors
21	Horn	Karen	Board of Directors
22	Weissglas	Fitti	Board of Directors
23	Ozgediz	Doruk	Board of Directors
24	Taylor	Kelly	Board of Directors
25	Waruirus	Wanjiru	Board of Directors
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<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 10:52:17 PDT



San Francisco Ethics Commission

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

File #: 250618

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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 A Public Document

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Board of Supervisors	Members

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

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	greg.wong@sfph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$5,000		
NATURE OF THE CONTRACT (Please describe) Provide support for oral health program		

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Levchin	Nellie	Board of Directors
21	Lin	Rebecca	Board of Directors
22	Makan	Divesh	Board of Directors
23	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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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 10:50:17 PDT



San Francisco Ethics Commission

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

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

250618

File #:

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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 A Public Document

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

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

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	greg.wong@sfphd.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$371,846		
NATURE OF THE CONTRACT (Please describe) Provide 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:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Preston	Bryan	Board of Directors
21	Rojas	Cici	Board of Directors
22	Rosenbach	Maggie	Board of Directors
23	Sandgren	Jim	Board of Directors
24	Soffer	Joanna Diaz	Board of Directors
25	Taborda	Ruben Dario	Board of Directors
26	Vincent	Troy	Board of Directors
27	Welland	Jeremy	Board of Directors
28	Wilson II	George	Board of Directors
29	Lee	Christiana J	Board of Directors
30	Cooper	Eli	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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

10. VERIFICATION

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK Signed by:  988C8F42C3084B5 Angela Calvillo	DATE SIGNED 07-22-2025 10:47:06 PDT
---	--



San Francisco Ethics Commission

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

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

File #: 250618

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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 A Public Document

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING <i>(for amendment only)</i>
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@sfphd.org

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Youth Leadership Institute	(628) 400-9252	
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)
07/15/2025		250618
DESCRIPTION OF AMOUNT OF CONTRACT		
\$411,921		
NATURE OF THE CONTRACT (Please describe)		
Provide 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:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Barahona	Patricia	CEO
2	Belden	Kristin	Board of Directors
3	Douglass	Bailey	Board of Directors
4	Rowe	Joshua Espulgar	Board of Directors
5	Gonzalez	John	Board of Directors
6	Harmon	Laura	Board of Directors
7	Ketchum	Kaitlin	Board of Directors
8	Limon	Ashens	Board of Directors
9	Perez	Richard A	Board of Directors
10	Romero	Elizabeth	Board of Directors
11	Torres	Luke	Board of Directors
12	Ligon	Lisa	Board of Directors
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Received On: 07-22-2025 | 10:40:36 PDT

File #: 250618

Bid/RFP #:

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Board of Supervisors	Members

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

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	greg.wong@sfph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/15/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250618
DESCRIPTION OF AMOUNT OF CONTRACT \$59,881		
NATURE OF THE CONTRACT (Please describe) Fiscal Intermediary, provide syphilis screening for ZSFGH patients.		

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Levchin	Nellie	Board of Directors
21	Lin	Rebecca	Board of Directors
22	Makan	Divesh	Board of Directors
23	Malka	Meyer	Board of Directors
24	McKinnon	Ian	Board of Directors
25	Morris	Diane	Board of Directors
26	Newstat	Joyce	Board of Directors
27	Paradis	Paul	Board of Directors
28	Sanghvi	Ruchi	Board of Directors
29	Shorenstein	Lydia	Board of Directors
30	Soghikian	Shahan	Board of Directors
31			
32			
33			
34			
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38			

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

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
<p>Signed by:</p>  <p>Angela Calvillo 988C8F42C3084B5 Angela Calvillo</p>	07-22-2025 10:40:36 PDT