

File No. 230677

Committee Item No. 10

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Appropriations Committee Date June 15, 2023

Board of Supervisors Meeting Date _____

Cmte Board

- Motion
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- Introduction Form
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- MYR Budget Submission Letter 6/1/2023
- MYR Trailing Legislation List
- Attachment A Recurring State Grants FY2023-24
- Subcontractors FY2023-24
- DPH Memo 6/2/23
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Completed by: Brent Jalipa Date June 7, 2023

Completed by: Brent Jalipa Date _____

1 [Accept and Expend Grants - Recurring State Grant Funds - Department of Public Health -
2 FY2023-2024]

3 **Resolution authorizing the acceptance and expenditure of State grant funds by the San**
4 **Francisco Department of Public Health for Fiscal Year (FY) 2023-2024.**

5
6 WHEREAS, The San Francisco Administrative Code requires City Departments to
7 obtain Board of Supervisor’s approval in order to accept or expend any grant funds (Section
8 10.170 et seq.); and

9 WHEREAS, The Board of Supervisors provided in Section 11.1 of the administrative
10 provisions of the Fiscal Year (FY) 2023-2024 Annual Appropriation Ordinance that approval of
11 recurring grant funds contained in departmental budget submissions and approved in the
12 FY2023-2024 budget are deemed to meet the requirements of the San Francisco
13 Administrative Code regarding grant approvals; and

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

17 WHEREAS, The City’s budget for FY2023-2024 does not list each State grant but
18 contains two aggregate items; one indicating all Federal, and one all State grant funds; and

19 WHEREAS, Department of Public Health has prepared a document entitled “Recurring
20 FY2023-2024 State Grants, Attachment A” that lists the estimated amount of each recurring
21 grant provided by the State of California for FY2023-2024, the State agency that provides the
22 grant, and the indirect costs of each grant, which is on file with Clerk of the Board of
23 Supervisors in File No. 230677; and

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

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

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

12 RESOLVED, That the Board of Supervisors hereby approves the acceptance and
13 expenditure of Department of Public Health of the State of California grants listed in the
14 “Recurring FY2023-2024 State Grants, Attachment A;” and, be it

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

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

21 FURTHER RESOLVED, That should Department of Public Health receive more money
22 or less money on any of the grants than is estimated in the “Recurring FY2023-2024 State
23 Grants, Attachment A”, that the Board of Supervisors hereby approves the acceptance and
24 expenditure by Department of Public Health of the additional or reduced money.
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1 Recommended:
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3 /s/ _____
4 Dr. Grant Colfax
5 Director of Health

Approved: /s/ _____
Mayor

Approved: /s/ _____
Controller

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FY23-24 State Recurring Grants (Attachment A)

	Program/ Sub-Program	Agency	Grant Type	State Contract Number	FY 23-24 Grant Term	FY 23-24 Grant Amount	FY 23-24 Indirect Costs	Indirect Cost Information	Match	In-kind	Subcontract Amount	Title, Services, FY 2023-2024	Program Manager	Phone Number	Grant Code	Project code	Staff	Grant Status
1	Administration	CDPH - EPO	Federal Pass-through	22-10678	7/1/23 - 6/30/24	300,290	15,014	6.490135% of Personnel	-	-	-	Hospital Preparedness Program Grant funds the planning and coordination of hospital preparedness activities for health care facilities	Amanda Kwong	(628) 206-7618	HCAC11-24	10039547	Peter	Active
2	AIDS Office - Health Services	CA Dept. of Public Health (CDPH)	Federal Pass-through	18-10886	4/1/24 - 3/31/25	3,259,617	-	-	-	-	3,011,322	HIV Care Program - SAM HCP is a Two-tiered approach to service prioritization & delivery based on service categories defined by HRSA. Tier 1 services are outpatient & ambulatory medical care. Tier 2 support access to tier 1.	Bill Blum / Sajid Shaikh	415-255-3512	HCAO16-24	10039378	Jeannette	Pending
3	Center for Research	The Regents of the University of California	Federal Pass-through	8940sc	4/1/23 - 3/31/24	14,026	1,502	12% of tdc	-	-	-	UCSF-GSI Technical Assistance in Strategic Information and Health Systems under NAM-PHACTS Dr. William McFarland will work with MOHSS, CDC Namibia and other partners to provide technical assistance in the implementation and completion of IBBS/PDI and / or other surveillance and survey activities.	W. McFarland / Sajid Shaikh	415-255-3512	HCAO54-24	10039365	Kimberly	Pending
4	Center for Research	The Regents of the University of California	Federal Pass-through	8952sc	6/1/23 - 5/31/24	19,558	1,778	10% of tdc	-	-	-	Western States Node of the National Drug Abuse Treatment SFDPH will work in conjunction with the UCSF to provide the infrastructure for the Western States Node of the Nat'l Drug Abuse Treatment Clinical Trials Network.	P. Coffin / Sajid Shaikh	415-255-3512	HCAO98-24	10039490	Kimberly	Pending
5	Epidemiology & Disease Control	CDPH-Emergency Preparedness	State	22-10678	7/1/23-6/30/24	88,822	4,059	4.8% of total direct cost	-	-	-	CA Pandemic Influenza Preparedness Prepare for and respond to bioterrorism, infectious disease outbreaks, and other public health threats and emergencies.	Amanda Kwong	628-206-7618	HCD113-24	10039519	Elizabeth	Active
6	Center for Learning & Innovation	The Regents of the University of California	Federal Pass-through	13793sc	9/1/23 - 8/31/24	13,792	2,758	25% of tdc	-	-	-	UCSF-Bay Area Center for AIDS Research Provide assistance to UCSF's Mentoring Program.	J. Fuchs / Amanda Kwong	628-206-7618	HCD134-24	10039363	Kimberly	Pending
7	HD STD	California Department of Public Health	State	19-10557	07/01/23 - 6/30/24	268,666	2,977	24.68% personnel	-	-	162,061	Local Assistance for Core STD Management Implement evidence-based public health activities to proactively address Sexually Transmitted Diseases (STD) with local health jurisdiction (LHJ)	Maggie Han	628-206-7681	HCD142-24	10039339	Martin	Active
8	TB Control	California Department of Public Health	State	2290CTCA00	07/01/23 - 06/30/24	243,945	20,342	10% of total contract amount	-	-	223,760	Support Tuberculosis Prevention & Control Activities Local assistance funding to support tuberculosis (TB) prevention & control activities	Maggie Han	628-206-7681	HCDC22-24	10039406	Martin	Active
9	Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	pending	1/1/23 - 12/31/23	66,530	-	-	-	-	-	HC LSYC Calendar Year 2023 Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS	Beth Neary	628-206-7679	HGCLSC-23	10038176	Sean	Active
10	Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	pending	1/1/24 - 12/31/24	66,530	-	-	-	-	-	HC LSYC Calendar Year 2024 Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS	Beth Neary	628-206-7679	HGCLSC-24	10039523	Sean	Active
11	Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	pending	1/1/23 - 12/31/23	1,255,850	-	-	-	-	-	HC McKinney Homeless Calendar 2023 Funding for the provision of health care services to the homeless	Beth Neary	628-206-7679	HCGMCK-23	10038178	Sean	Active
12	Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	pending	1/1/24 - 12/31/24	1,255,850	-	-	-	-	-	HC McKinney Homeless Calendar 2024 Funding for the provision of health care services to the homeless	Beth Neary	628-206-7679	HCGMCK-24	10039524	Sean	Active
13	Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	pending	1/1/23 - 12/31/23	81,250	-	-	-	-	-	RWPC Tom Waddell Clinic 2023 Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS	Beth Neary	628-206-7679	HCGTWC-23	10038179	Sean	Active
14	Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	pending	1/1/24 - 12/31/24	81,250	-	-	-	-	-	RWPC Tom Waddell Clinic 2024 Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS	Beth Neary	628-206-7679	HCGTWC-24	10039526	Sean	Active
15	Center for Research	The Regents of the University of California	State	UFRA-278 (SFDPH-00sc)	7/1/23 - 6/30/24	29,169	3,125	12% of tdc	-	-	-	IGH5 International Training Program Dr. McFarland will coordinate training and technical assistance activities, assists in preparation of abstracts and presentations for international and regional AIDS conferences	W. McFarland / Sajid Shaikh	415-255-3512	HCIV14-24	10039396	Kimberly	Pending
16	MCH	CDPH-MCH Branch	Federal Pass-through	CHVP 21-38	7/1/23 - 6/30/24	1,128,429	29,779	3% of personnel	-	-	-	Nurse Family Partnership Nurses providing home visits with priority given to women with high risk factors to help women break the cycle of poverty and abuse.	Maya Vasquez	415-575-5732	HCMC02-24	10039503	Elizabeth	Active
17	Environmental Health	CDPH-CLPPB	Multiple funding sources	pending	7/1/23 - 6/30/24	887,922	112,836	15% of personnel costs	-	-	-	Lead Case Management Contract Identify and manage cases of children with elevated lead levels in their blood.	Haron Ahmad	415-252-3956	HCPB02-24	10039466	Jeannette	pending
18	AIDS Office - Health Services	CDPH-OA-ADAP	State	21-10962	7/1/23 - 6/30/24	145,000	-	-	-	-	-	State AIDS Drug Assistance Program Administration of the AIDS Drug Assistance Program enrollment process provided by SFDPH and/or its subcontractors.	Kevin Hutchcroft/ Sajid Shaikh	415-437-6244	HCPD10-23	10024702 10001992 10001810 10001859	Sajid	Active
19	ARCHES	CDPH-Office of AIDS	State	19-10445	7/1/23 - 6/30/24	715,084	77,385	25% of personnel costs	-	-	187,876	State AIDS Surveillance Program HIV/AIDS Surveillance program provides precise & timely information necessary to identify ongoing patterns of infection & to measure the burden of the disease.	Sajid Shaikh	255-3512	HCPD14-24	10039381	Martin	Active
20	TB Control	CA Department of Public Health	State	2290BASE00 & 2290FSIE00	7/1/23 - 6/30/24	337,200	13,821	5.1% personnel	-	-	-	Tuberculosis Subvention To provide outreach and housing services for homeless tuberculosis patients and implement the "Directly Observed Therapy Program (DOT) for tuberculosis cases.	Maggie Han	628-206-7681	HCPD21-24	10039412	Martin	Active
21	Epidemiology & Disease Control	CDPH - Immunization Branch	Federal Pass-through	17-10345	7/1/23-6/30/24	275,070	-	-	-	-	-	Immunization Services Grant Administers an immunization program against nine vaccine preventable diseases and prenatal Hepatitis B services.	Amanda Kwong	628-206-7618	HCPD29-24	10039522	Sean	Active
22	Epidemiology_PHEPR	CDPH Emergency Preparedness	Federal Pass-through	22-10678	7/1/23 - 6/30/24	564,160	27,544	5.3% of total direct cost	-	-	-	Health Preparedness & Response Prepare for and respond to bioterrorism, infectious disease outbreaks and other public health threats and emergencies.	Andrea Tenner/Amanda Kwong	628-206-7618	HCPD69-24	10039520	Elizabeth	Active

FY23-24 State Recurring Grants (Attachment A)

23	Epidemiology_PHEPR	CDPH-Emergency Preparedness	Federal Pass-through	22-10678	7/1/23-6/30/24	189,148	9,095	5.2% of total direct cost	-	-	105,226	<p>Cities Readiness Initiative</p> <p>Increase & enhance readiness to make effective use of the Strategic National Stockpile (SNS) in the event of several possible types of catastrophic terrorist attacks.</p>	Andrea Tenner/Amanda Kwong	628-206-7618	HCPD95-24	10039521	Elizabeth	Active	
24	Health Education-Health Promotion	DHS-Tobacco Section	State	CTCP-21-38	7/1/23-6/30/24	984,491	110,471	15% of personnel cost	-	-	130,052	<p>Tobacco Free Project</p> <p>Provide Tobacco education in accordance with the State Comprehensive Tobacco Control Plan Guidelines for local lead agencies</p>	Maryna Spiegel	628-206-7640	HCPH01-24	10039358	Danna	Active	
25	MCH	CDPH - MCH Branch	Federal Pass-through	202138	7/1/23 - 6/30/24	2,073,641	240,542	based on time study, and 25% of salary & fringe	-	-	1,183,129	<p>Black Infant Health Program</p> <p>Provide outreach and referral services, pediatric care, education and follow-up support to African American pregnant & postpartum women and their infants.</p>	Joshua Nossiter	558-4037	HCPM02-24	10039504	Sean	Active	
26	MCH	CDPH - MCH Branch	Federal Pass-through	202238	7/1/23-6/30/24	9,024,597	1,297,976	24.68% personnel	11,134,065	-	859,600	<p>Maternal and Child Health</p> <p>Coordination and advocacy for programs and services targeting women and children and review for fetal infant deaths.</p>	Joshua Nossiter	558-4037	HCPM03-24	10039506	Elizabeth	Active	
27	MCH	CDPH - CMS Branch	Federal Pass-through	22-03 & 22-04	7/1/23-6/30/24	1,736,215	214,452	25% of salary	592,840	-	-	<p>CHDP/EP/SDT</p> <p>Children's health and disability prevention services</p>	Kimberlee Pitters	(628) 217-6713	HCPM05-24	10039553	Peter	Active	
28	MCH	CDPH (WIC)	Federal Pass-through	22-10282	10/1/23-9/30/24	3,025,397	-	-	-	-	-	<p>WIC Program</p> <p>Nutrition, education, and supplemental foods to pregnant, lactating, or post-partum women and to children under 5 years who are receiving on-going medical care</p>	Priti Rane	(415) 575-5716	HCPM08-24	10039552	Peter	Active	
29	MCAH	CDPH	Federal Pass-through	19-10345	10/1/23-9/30/24	803,720	6,575	1.4% of Personnel Costs	-	-	314,583	<p>Nutrition Network Project</p> <p>Project to increase nutrition education and physical activity targeted to California's under-served populations.</p>	Priti Rane	(415) 575-5716	HCPM13-24	10039554	Peter	Active	
30	MCAH	CA Dept of Health Services/CMS	Federal Pass-through	22-01	7/1/23-6/30/24	749,434	-	-	-	-	-	<p>Health Care Program Children in Foster Care</p> <p>To provide health care program for children in foster care</p>	Kimberlee Pitters	(415) 575-5764	HCPM14-24	10039555	Peter	Active	
31	CBHS - Mental Health	Ca Department of Rehabilitation	Federal Pass-through	30952	7/1/23 - 6/30/24	263,811	14,444	5.79% of personnel cost	818,875	-	-	<p>State Vocational Rehabilitation Services</p> <p>Provide vocational rehabilitation services.</p>	Juan Ibarra	415-255-3496	HMAD04-24	10039362	Danna	Active	
32	Mental Health	Department of State Hospitals	State	19-79007-000	10/01/23 - 9/30/24	737,671	67,061	10% direct charges	-	-	670,610	<p>San Francisco Pre-Trial Felony Mental Health</p> <p>Early Psychosis intervention (EPI)</p>	Mimi Fung	415-575-5719	HM105-24	10039347	Danna	Active	
33	CBHS-Mental Health	CA Mental Health Svcs Oversight & Accountability	State	19MHSOAC088	2/8/24 - 2/7/25	522,924	18,687	17.64% of direct cost	944,274	-	458,091	<p>Mental Health Service Oversight and Accountability Commission</p> <p>Mental Health Student Act of 2019</p>	Mimi Fung	415-255-3667	HM107-24	10039375	Danna	Active	
34	CBHS-Mental Health	Mental Health Services Oversight & Accountability	State	21MHSOAC028	10/01/23-9/30/24	1,627,177	212,240	15% of total program cost	-	-	718,002	<p>Improve Mental Health services in the schools</p> <p>Mental Health Service Oversight and Accountability Commission</p>	Mimi Fung	415-255-3667	HM109-24	10039367	Danna	Active	
35	CBHS-Mental Health	Regents of The University of California	Federal Pass-through	13788sc	8/01/23-7/31/24	93,393	-	-	-	-	-	<p>HRSA Title IV HIV Services</p> <p>Center for Special Problems provides professional outpatient mental health services to women who have HIV and their adult family members.</p>	Sajid Shaikh	415-255-3512	HMM005-24	10039341	Miguel	Active	
36	CBHS-Mental Health	Dept of Health Care Svcs. Mental Health	Federal Pass-through	Letter sent 8/29/2022	7/01/23-6/30/24	4,579,474	-	-	-	-	1,370,850	<p>SAMSHA - MHBG, System of Care</p> <p>To provide timely access to appropriate care for severely mentally ill (SMI), dually diagnosed adults and seriously emotionally disturbed (SED) children and youth</p>	Janis Omeara	415-581-3051	HMM007-24	10039340	Miguel	Active	
37	Bridge HIV	The Regents of the University of California	Federal Pass-through	11324sc	4/1/23 - 3/31/24	45,046	3,217	12% of tdc	-	-	-	<p>Evaluation of Doxycycline Post-Exposure Prophylaxis</p> <p>DPH will oversee planning and implementation of the DoxyPrep study at SF City Clinic and supervise recruitment and retention.</p>	S. Buchbinder/ Sajid Shaikh	415-255-3512	PD111-24	10039422	Kimberly	Pending	
38	Center for Research	The Regents of the University of California	Federal Pass-through	11580sc	9/30/23 - 9/29/24	45,620	4,888	12% of mtdc	-	-	-	<p>Recent Infection Surveillance Consortium</p> <p>Dr. McFarland will provide high level technical assistance on surveillance strategy</p>	W. McFarland / Sajid shaikh	415-255-3512	PD113-24	10039386	Kimberly	Pending	
39	Center for Research	The Regents of the University of California	Federal Pass-through	11644sc	9/30/23 - 9/29/24	30,413	3,258	12% of total direct costs	-	-	-	<p>Targeted HIV/TB Strategic Information Technical Assistance for President's Emergency Plan for AIDS Relief (PEPFAR)</p> <p>Targeted HIV/TB Strategic Information Technical Assistance for President's Emergency Plan for AIDS Relief (PEPFAR) and Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Countries.</p>	W. McFarland / Sajid shaikh	415-255-3512	PD121-24	10039391	Kimberly	Pending	
40	Center for Research	The Regents of the University of California	Federal Pass-through	11626sc	9/30/23-9/29/24	45,620	4,888	12% of total direct costs	-	-	-	<p>Dr. McFarland will provide technical assistance on HIV Surveillance activities and facilitate in-country trainings and workshops.</p>	W. McFarland / Sajid shaikh	415-255-3512	PD123-24	10039394	Kimberly	Pending	
41	HD STD	California Department of Public Health	State	19-10937	7/01/23 - 6/30/24	190,406	-	-	-	-	188,211	<p>Hepatitis C Virus (HCV) Prevention and Control Activities Support Hepatitis C (HCV) elimination activities</p>	Sajid Shaikh	255-3512	PD126-24	10039399	Martin	Active	
42	Laboratory	California Department of Public Health	State	UFRA-177	7/1/23 - 6/30/24	44,450	-	-	-	-	-	<p>ELC PHL Preparedness Supplement #1 Funds AB178/179 sustainability of PHLs by producing eligible PHLDs, recruitment and training of eligible candidates for future PHLDs etc.</p>	Lina Casto / Amanda Kwong	628-206-7618	PD187-24	10039878	Miguel	Pending	
43	HD STD	California Department of Public Health	State	19-10887	7/1/23 - 6/30/24	267,239	65,618	25% personnel	-	-	-	-	<p>STD Program Management and Collaboration Project</p> <p>Impement public health activities to monitor, investigate, and prevent sexually transmitted diseases (STD)</p>	Maggie Han	628-206-7681	PD131-24	10039382	Martin	Active
44	HD STD	California Department of Public Health	State	19-10791	7/01/23 - 6/30/24	369,754	35,365	25% personnel	-	-	183,977	-	<p>STD Program Management and Collaboration Project</p> <p>Impement public health activities to monitor, investigate, and prevent sexually transmitted diseases (STD)</p>	Maggie Han	628-206-7681	PD132-24	10039387	Martin	Active
45	Environmental Health	California Department of Food and Agriculture	State	pending	7/1/23 - 6/30/25	42,421	-	-	-	-	42,421	<p>Noxious Weed Program</p> <p>This project works to eradicate invasive sea lavender at all tidal marsh locations in the county.</p>	Cree Morgan/Phil Calhoun	415-252-3950	PD136-24	10039491	Jeannette	pending	
46	Center for Research	The Regents of the University of California	Federal Pass-through	12263sc	8/1/23 - 7/31/24	7,380	671	10% of total direct costs	-	-	-	<p>Expanding Access to Buprenorphine Treatment among Homeless Persons with Opioid Use Disorder</p> <p>Along with UCSF personnel, Dr. Coffin will perform the following tasks: 1. Assist Dr. Masson in designing interview guides, surveys, and refining recruitment procedures; 2. Assist Dr. Masson in engaging community partners in the proposed research including, directors of homeless shelters, syringe exchange access programs, and local health care providers, etc.</p>	P. Coffin / Sajid Shaikh	415-255-3512	PD138-24	10039409	Kimberly	Pending	

FY23-24 State Recurring Grants (Attachment A)

47	Environmental Health	California Department of Justice	State	Letter dated 12/31/2020	7/1/23 - 6/30/24	305,345	10,492	5% of total personnel services	-	-	55,000	DOJ Tobacco Grant Program This enforcement grant will allow SFDPH to increase the Department's capacity for outreach and education; expand police decoy operations; eliminate illegal sales of tobacco; develop a protocol to investigate consumption; and to share data and knowledge.	Jen Callewaert	415-252-3971	PD150-24	10035929	Sean	Active
48	Center for Research	The Regents of the University of California	Federal Pass-through	12518sc	9/30/23 - 9/29/24	18,779	2,012	12% of total direct costs	-	-	-	Namibia Project for HIS Strengthening, Continuous Quality Improvement and Enhanced Surveillance Willi, McFarland, MD, PhD, Director of Surveillance, has many years of experience working on surveillance in general and key populations, in both domestic and international settings. He will provide high-level technical assistance on surveillance strategies.	W. McFarland / Sajid shalkh	415-255-3512	PD154-24	10039400	Kimberly	Pending
49	Center for Research	The Regents of the University of California	Federal Pass-through	12855sc	4/1/23 - 3/31/24	11,875	1,272	12% of total direct cost	-	-	-	International Traineeships in AIDS Prevention Studies (ITAPS)	W. McFarland / Sajid shalkh	415-255-3512	PD165-24	10039439	Kimberly	Pending
50	MCH	CDPH - Office of Oral Health	State	22-10193	7/1/23 - 6/30/24	308,879	2,376	17.25% of total personnel costs	-	-	234,000	Oral Health Program Prop 56 Provide activities that support oral health plan and build capacity for the facilitation and implementation of education, prevention, linkage to treatment, surveillance, and case management services.	Joshua Nossiter	415-575-5706	PM101-24	10039510	Sean	Active
51	MCH	CDPH	State	21-10224	7/1/23 - 6/30/24	459,560	20,134	4% of total personnel costs	-	-	260,000	California Perinatal Equity Initiative Deepen understanding of the gaps in services within the Black community contributing to increased infant mortality rates and the promising interventions to reduce Black infant mortality.	Joshua Nossiter/Aline Armstrong	558-4037	PM102-24	10039513	Sean	Active
52	MCH	CDPH	State	CHVP SGF INV 22-38	7/1/23 - 6/30/24	1,000,000	-	-	-	-	600,000	CHVP State General Fund Innovation Implementing home visits as a primary intervention strategy for families from pregnancy through kindergarten to promote positive outcomes and family success.	Joshua Nossiter/Maya Vasquez	415-558-4037	PM103-24	10039516	Elizabeth	Active
53	MCH	CDPH	State	CHVP SGF EXP 22b-38	7/1/23 - 6/30/24	425,742	71,283	24.68% of personnel	-	-	-	CHVP SGF Expansion Grant expands Nurse Family Partnership (NFP) program.	Joshua Nossiter/Maya Vasquez	415-558-4037	PM104-24	10039517	Elizabeth	Active
54	MCH	CDPH	Federal Pass-through	21-10791	7/1/23 - 6/30/24	395,500	-	-	-	-	-	Children & Youth with Special Health Care Needs - CYSHCN To support families of children with disabilities that will bring together the community agencies that serve children and youth with special health care needs in San Francisco independently of one another along with the families they are serving.	Ben Meisel / Joshua Nossiter	628-217-6711	PM105-24	10039461	Jeanette	Active
55	CBHS-Mental Health	Department of Health Care Services (DHCS)	State	Letter dated 10/04/2021	7/1/23-6/30/24	527,060	-	-	-	-	42,000	Crisis Care Mobile Units (CCMU) Program Department of Health Care Services	Mimi Fung	415-255-3667	HM111-24	10039374	Danna	Pending
56	CBHS-Mental Health	Department of Health Care Services (DHCS)	Federal Pass-through	Letter dated 12/06/2021	7/1/23-6/30/24	1,067,383	-	-	-	-	374,957	Behavioral Health Response and Rescue Project (BHRRP) for Community Mental Health Services Block Grant (MHBG)- American Rescue Plan Act (ARPA) Department of Health Care Services	Shirley Giang/Mimi Fung	415-255-3667	HM112-24	10039376	Danna	Active
57	Substance Abuse	CA Dept of Health Care Services	Federal Pass-through	Letter dated 11/15/2021	7/1/23 - 6/30/24	1,574,980	-	-	-	-	1,244,865	ARPA - SARG Provides children Strengthening Families Services, Community Outreach and education, and Campaign & Website development. To support a SORT program to provide treatment services for SUD clients	Mimi Fung/Emily Raganold	(415) 255-3667	SA102-24	10039556	Peter	Active
58	PHEP	CDPH	Federal Pass-through	WFD-038	7/1/23 - 6/30/24	1,189,498	192,630	25% personnel	-	-	-	Public Health Workforce Development To establish, expand, train, and sustain the STLT public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs.	Amanda Kwong / Andrea Tenner	(628) 206-7618	PD168-23	10038774	Peter	Active
59	Health Education-Health Promotion	CDPH	Federal Pass-through	22-38-90899-00	10/1/23 - 9/30/24	324,061	-	-	-	-	56,706.00	Refugee Health Assessment Program (RHAP), provide health assessment services to refugees, asylees, entrants from Haiti and Cuba, special visa immigrants, federally certified victims of human trafficking, eligible Afghan and Ukrainian parolees, and other eligible entrants, as required per the 2022-23 ORH Policy and Procedure Manual.	Patricia Erwin / Crisy Dieterich	(628) 206-7629	HCCH11-24	10039429	Martin	Active
60	Health Education-Health Promotion	CDPH	Federal Pass-through	22-38-90234-00	7/1/23 - 6/30/24	226,000	-	-	-	-	-	Asylum Seeker Health Surveillance and Linkage to Care, Provide case management services to a minimum of 150 asylum seekers annually to ensure patient enrollment in Medi-Cal or other health insurance when eligible, and conduct an initial health screener to assess for immediate healthcare needs.	Patricia Erwin / Crisy Dieterich	(628) 206-7629	HCCH12-24	10039423	Martin	Active
61	Health Education-Health Promotion	CDPH	Federal Pass-through	22-38-90893-00	10/1/23 - 9/30/24	74,328	-	-	-	-	52,222.00	REFUGEE HEALTH PROMOTION PROJECT (RHPP), UKRAINIAN REFUGEE HEALTH PROMOTION (URHP) SUPPLEMENT, to improve the health of newly arrived Ukrainians and other non-Ukrainian individuals through outreach, education, and support services.	Patricia Erwin / Crisy Dieterich	(628) 206-7629	HCCH13-24	10039633	Martin	Active
62	Administration	CDPH	State	FoPH-041	7/1/23 - 6/30/24	3,639,888	114,650	3% personnel	-	-	-	Future of Public Health Spending (FoPH), to supplement local health jurisdictions for public health workforce and infrastructure	Alice Kurniadi / Maggie Han	628-206-7681	PD180-24	10039404	Martin	Pending
63	HD STD	CDPH	State	22-10889	7/1/23 - 6/30/24	889,417	142,637	24.68% personnel	-	-	137,801.00	SYPHILIS OUTBREAK STRATEGY (SOS), to support innovative and impactful syphilis and CS prevention and control activities, with a focus on disproportionately impacted populations as determined by local or regional syphilis and CS epidemiology, which may include, but are not limited to, African American/Black people, Latinx people, American Indians/Alaska Native people, trans women, pregnant people experiencing homelessness or who use drugs, (e.g., people who exchange sex for money, drugs, or a place to stay), and gay, bisexual, and other men who have sex with men (MSM).	Maggie Han	628-206-7681	PD185-24	10039759	Martin	Pending
64	Center for Research	The Regents of the University of California	Federal Pass-through	13250sc	9/24/23 - 8/31/24	5,875	534	10% of tdc	-	-	-	One Ballroom, Dr. McFarland will serve as Co-investigator and will design and analyze the proposed project. He will also participate in dissemination activities, manuscript writing, and will be responsible for sampling and RDS methodology.	W. McFarland / Sajid Shalkh	415-255-3512	PD169-24	10039440	Kimberly	Pending

FY23-24 State Recurring Grants (Attachment A)

65	Center for Research	The Regents of the University of California	Federal Pass-through	13215sc	9/30/23-9/29/24	22,810	2,444	10% of tdc			Prevention and Response for Outbreaks, Threats, and Emergencies through Capacitation and Training (PROTECT), Dr. McFarland will bring his world renowned surveillance expertise to engage with ministries of health and other regional stakeholders on the design of the surveillance systems.	W. McFarland / Sajid Shaikh	415-255-3512	PD174-24	10039444	Kimberly	Pending
66	Center for Research	The Regents of the University of California	Federal Pass-through	12668sc	9/30/23-9/29/24	43,611	4,673	12% of tdc			CARES Act Proposal, in close collaboration with UCSF, SFDPH will provide technical assistance and capacity building for COVID-19 survey.	W. McFarland / Sajid Shaikh	415-255-3512	PD175-24	10039445	Kimberly	Pending
67	Center for Research	The Regents of the University of California	Federal Pass-through	13199sc	9/30/23-9/29/24	15,207	1,629	12% of tdc			Strategic Use of Surveillance and Epidemiology to Support HIV Epidemic Control in Kenya under the President's Emergency Plan for AIDS Relief (PEPFAR), in close collaboration with UCSF, SFDPH will provide technical assistance and capacity building across Kenya Surveillance activities.	W. McFarland / Sajid Shaikh	415-255-3512	PD176-24	10039447	Kimberly	Pending
68	Center for Research	The Regents of the University of California	Federal Pass-through	13184sc	9/30/23-9/29/24	14,193	1,521	12% of tdc			Tracking with Recency Assays to Control the Epidemic (TRACE), in close collaboration with UCSF, SFDPH will provide technical assistance and capacity building for rollout of HIV recency testing and case surveillance in Vietnam. Additionally, SFDPH will support in data analyses using HSS+ and CS data collected in Vietnam to better understand the epidemic in country and respond to programmatic needs.	W. McFarland / Sajid Shaikh	415-255-3512	PD179-24	10039464	Kimberly	Pending
69	Center for Research	The Regents of the University of California	Federal Pass-through	13832sc	9/1/23-6/30/24	69,259	13,852	25% of tdc			UCSF Bay Area Center for AIDS Research, to support "Developing a Regional Approach to Equitable Implementation of Long-Acting PrEP" including providing overall leadership and scientific direction to the project, including project planning, formation of Stakeholder Advisory Board, implementation of stakeholder engagement interviews, development of implementation Toolkit, and analysis and dissemination of findings.	A. Liu / Sajid Shaikh	415-255-3512	PD188-24	10039892	Kimberly	Pending
70	Bridge HIV	The Regents of the University of California	Federal Pass-through	13800sc	9/1/23-6/30/24	15,570	3,114	25% of tdc			UCSF Bay Area Center for AIDS Research, to support the recruitment, enrollment, specimen collection, and processing for the CFAR PrEP Cohort based at Bridge HIV.	H. Scott / Sajid Shaikh	415-255-3512	PD189-24	10039958	Kimberly	Pending
71	Substance Abuse	CA Dept of Health Care Services	Federal Pass-through	Letter dated 6/20/22	7/1/23-6/30/24	8,913,363				8,913,363	SABG Block Grant Alcohol and Other Drug Programs utilize SABG funding to provide a broad array of alcohol and other drug program treatment and prevention services within the system of care (SOC) programs.	Laurel Snead	(415) 255-3717	SA104-24	10039973	Peter	Pending

60,135,634

3,207,621

21,780,725

State Recurring Grants Subcontractors FY2324

Item	Title, Services, FY 2023-24	Subcontract Amount	Contractor Name Nature of the Contract	Address	Executive Director	Board Member Name
2	HIV Care Program - SAM HCP is a Two-tiered approach to service prioritization & delivery based on service categories defined by HRSA. Tier 1 services are outpatient & ambulatory medical care. Tier 2 support care to tier 1.	240,656	a) Dolores Street Community Services To improve and maintain the health of our residents through the provision of facility-based health care and other supportive services.	938 Valencia Street, San Francisco, CA 94110	Laura Valdez	PRESIDENT: Anjali Cameron; VICE-PRESIDENT: Pedro Hernandez, Jr.; TREASURER: Kani Lin; SECRETARY: Chelsey Tanaka; Michael Winn
		180,336	b) Catholic Charities - Peter Claver To provide attendant care services in compliance with the Standard of Care for Client Centered Services to multiply diagnosed individuals at Peter Claver Community an RCFCI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.	1340 Golden Gate Ave, SF, CA 94115	Ellen Hammerle, Ph.D. LMFT	Most Reverend Salvatore Cordileone, Chairman; Dr. Ellen Hammerle, Ph.D., LMFT, Chief Executive Officer; Joe Boerio, President; Theodore Borromeo, Secretary; Kathleen A. Grogan, CPA, Treasurer; Dr. Diana I. Bojorquez; Philip Clark; Adriana Dahik; Susie O'Brien Fritel; Michael M. Ghilotti; Eleanor Gonzalez; David R. Hultman; Lisa Ikeda; Philip Kearney; Scott Landis; Jay Paul Leupp; Sister Maureen McInerney, O.P.; Lori P. Mirek; Reverend Daniel Nascimento; Jack Pohlman; Reverend Raymund Reyes; Louis Reynaud; Jim Sangiacomo; Barbara Smith; Patrick Woody
		1,347,885	c) Project Open Hand To improve the nutritional health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments and other food and nutrition services.	730 Polk St, SF, CA 94109	Paul Hepler	Interim board chair: Ruth Yankoupe; FINANCE CHAIR: Andrew Chang; SECRETARY: Adi Wakanank; Dr. Mike Henry; John Colton; Vishva Chandra; Jennifer Wieman Petraglia; Dr. Preston Maring, M.D.; Ginny McSwine; Theresa Ng Chang; Andrea Wilkinson; Helene York; Jennifer Dimmer-Rokovich; Richard Long; Arthur Wood, M.D.; Susanna Holt; Jason Wei
		752,053	d) Matri AIDS Hospice To provide safe housing, medical care and nutrition supports for those with HIV at end of life and those needing respite to return to independence as defined by the resident	401 Duboce Ave, SF, CA 94117	Michael Armentrout	Ray Lapointe; Jane Wong; Austin Miller; Gregg Cummings; Jim King; Johannes Casados; Donna Cummings; Namita Dilair; Alvin Ling; David Ludlow; Sameera Rana
		321,555	e) PRC Providing Equal Access to Health Care Program Services	170 9th St, San Francisco, CA 94103	Chuan Teng, Esq.	Brian Schneider; Kent M. Roger, Esq.; Tim Schroeder; Josh Frieman; Nelson Gonzalez; Ryo Ishida; Jacques Michaels; Michael Niczporuk; Zack Papiilon; Darren Smith; Nichole Wiley
		168,837	f) UCSF Alliance Health Project The program goal is to provide outpatient mental health services to people living with HIV - including Long-Term Survivors - to reduce symptoms and functional impairments resulting from mental health and/or substance use disorders.	1855 Folsom St, San Francisco, CA 94103	James W. Dilley, MD	Susan M. Breall, Chair; Sophia Toh, Vice-Chair; Enchi Liu, PhD, Secretary; Phil De Carlo; Vanni Carapetian, MPH; Juan Garcia; Brad Hare, MD; Reginald Hillmon; Bérénice Mettler; Kelly Lake; Michelle V. Porche, EdD; Kate Shumate; Terhilda Garrido; Nwando Anyaoku; Nicole J. Macarchuk;
7	Local Assistance for Core STD Management To provide local assistance funding to local health jurisdictions to build local infrastructure and workforce capacity to conduct STD surveillance and implement evidence-based, effective interventions to reduce the transmission and negative health effects of sexually transmitted infections	43,243	Harm Reduction Therapy Center Provide Clinical Consultation Services to LINC frontline staff	21 Merlin St, San Francisco CA 94107	Anna Berg	Sam Dennison , Board Chair, Shantel Winegard, Treasurer, Eileen Norman, Secretary, Ale De Pinal, Kristen Marshall
		118,818	3rd Street Youth Center and Clinic Providing STD Evaluation, Screening and Testing for Youth of Color	1728 Bancroft Avenue San Francisco, CA 94124	Joi Jackson-Morgan	Michelle Magee, Lyslynn Lacoste, Jackie Relyea, Laura Fallon, Savitha Moorthy, Herschel Lelaind, Glen Kunene, Vanessa Eng, José A Rodriguez, Michael Savage
8	Support Tuberculosis Prevention & Control Activities Local assistance funding to support tuberculosis (TB) prevention & control activities	223,760	San Francisco Public Health Foundation Fiscal Intermediary Svc for California TB Controller's Association	1 Hallide Plaza Suite 808 San Francisco, CA 94102	Penny Eardley	Adam Sharma, Jess Thacher, Courtney Lyles, Elizabeth Longstreth, Ayanna Bennett, Melissa Moore, Mark Morewitz, Nick Oxford, Allison White
19	State AIDS Surveillance Program HIV/AIDS Surveillance program provides precise & timely information necessary to identify ongoing patterns of infection & to measure the burden of the disease.	187,876	a) Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PHD	Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carladenise Edwards, PhD; Edward Yip, JD; Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DRPH, FACHE; Santosh Vetticaden, MD, PHD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH; Hope Tarraï Mago; Vivian Vasallo; Celine Gorre; Bonnie Mdura
23	Cities Readiness Initiative Increase & enhance readiness to make effective use of the Strategic National Stockpile (SNS) in the event of several possible types of catastrophic terrorist attacks.	105,226	a) San Francisco Public Health Foundation Fiscal intermediary	1 Hallide Plaza, Suite 808 San Francisco, CA 94102	Penny Eardley	Adam Sharma, Jess Thacher, Courtney Lyles, Elizabeth Longstreth, Ayanna Bennett, Melissa Moore, Mark Morewitz, Nick Oxford, Allison White
24	Tobacco Free Project Provide tobacco education in accordance with the State Comprehensive Tobacco Control Plan Guidelines for local lead agencies.	130,052	a) San Francisco Public Health Foundation Providing program administration in support of SF Tobacco Free Project.	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Penny Eardley	Adam Sharma, Jess Thacher, Courtney Lyles, Elizabeth Longstreth, Ayanna Bennett, Melissa Moore, Mark Morewitz, Nick Oxford, Allison White
25	Black Infant Health Program Provide outreach and referral services, pediatric care, education and follow-up support to African American pregnant & postpartum women and their infants.	1,183,129	a) HealthRight 360 Fiscal Intermediary	1563 Mission St, SF, CA 94103	Dr. Vika Eisen	Diane Ireland, Sankar Venkatraman, Linda Smart, Daniel Binder, Yener Balan, MD, DFAPA, Natalie Beaulieu, Bryan B.C.I. Graham, Chris Gurley, Kathryn Holmes, Raquel Macfarlane, Natalie Mitchell, Talia Pierluissi, Karen E. Pointer, Alex Pugh, Ahmad Thomas, Timothy Torres.
26	Maternal and Child Health Coordination and advocacy for programs and services targeting women and children and review of fetal infant deaths.	610,705	a) Heluna Health Provide support for Expecting Justice Program	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PHD	Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carladenise Edwards, PhD; Edward Yip, JD; Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DRPH, FACHE; Santosh Vetticaden, MD, PHD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH; Hope Tarraï Mago; Vivian Vasallo; Celine Gorre; Bonnie Mdura
		248,895	b) Falton Institute Provide support for TAPP program	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Darren Skolnick, Tamara Steele, Clifford Nalls, Kathy Neal, Michael Orias, Peter Rojo, Deborah Wafer, Dr. George Woods, Susan Bobulsky, Oliver Brooks, Daniel Costello
29	Nutrition Network Project Project to increase nutrition education and physical activity targeted to California's under-served populations.	180,000	a) San Francisco Unified School District Provide outreach to targeted populations	555 Franklin Street, San Francisco, CA 94102	Matt Wayne, Superintendent	Kevine Boggess, Lisa Weissman-Ward, Matt Alexander, Alda Fisher, Jenny Lam, Lainie Motamed, Mark Sanchez
		134,583	b) Children's Council of San Francisco Provide outreach to targeted populations	445 Church Street, San Francisco, CA 94114	Gina M. Fromer, Ph.D.	Anna Nordberg, Deborah Sims, Brandy Vause, Marga Dusedau, Ashley Murphy, Jake Levinson, Maegan Warehouse, Dominique Benavidez, Jessica Hilberman, Naim Salim, Elisabeth Diana, Amanda Reschler, Omar Butler, Farra Page, Rebana Abbas, Peter Rosberg, Thandye Cato
32	Pre-Trial Felony Mental Division Program To implement and demonstrate the effectiveness of a pre-trial diversion program specifically geared to individuals with specific serious mental disorders who have been charged with at least one felony.	570,610	a) University of California, San Francisco Conduct a new comprehensive client assessment and produce a modified Treatment Plan	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philip Hammanskjold, Chair, Dana Emery, Vice Chair, Andrew Ballard, Allison Bhusti, Susan Bloch, Pete Briger, Todd Carter, Connie E. Chen, Fred Cohen, Phyllis Couter, Dipanjan Deb, Stephanie DiMarco, Catherine Friedman, Kathryn Hall, Kenneth Hao, Julia Hartz, Richard Kimball, Divesh Makan, Meyer Malka, Ian McKinnon, Diane Morris, Joyce Newstet , Ruchi Sanghvi, George Scangos , Lydia Shoreinstein, Shahan Soghikian, Barbara Bass Bakar, William H. Davidow, William S. Fisher, Sameer Gandhi, Carl Kawaja , George Marcus, Carmen Policy , Richard M. Rosenberg, Jaclyn Safer, Lynne Benioff, Brook H. Byers, Doris F. Fisher, William E. Oberndorf, Joan Weil, Diane B. Wilsey, Ellen Magrin Newman, Sam Hawgood, Chancellor, Erin Hickey, Vice Chancellor of University Development and Alumni Relations, J.P.S.E. Education Investment Company, David Harkins, President
		100,000	b) HealthRight 360 Provide fiscal intermediary check-writing services	1563 Mission St, SF, CA 94103	Dr. Vika Eisen	Diane Ireland, Sankar Venkatraman, Linda Smart, Daniel Binder, Yener Balan, MD, DFAPA, Natalie Beaulieu, Bryan B.C.I. Graham, Chris Gurley, Kathryn Holmes, Raquel Macfarlane, Natalie Mitchell, Talia Pierluissi, Karen E. Pointer, Alex Pugh, Ahmad Thomas, Timothy Torres.
33	Early Psychosis intervention (EPI) Mental Health Service Oversight and Accountability Commission	458,091	a) Falton Institute Provide program support	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Darren Skolnick, Tamara Steele, Clifford Nalls, Kathy Neal, Michael Orias, Peter Rojo, Deborah Wafer, Dr. George Woods, Susan Bobulsky, Oliver Brooks, Daniel Costello

State Recurring Grants Subcontractors FY2324

34	Mental Health Student Act of 2019 Improve Mental Health services in the schools To improve mental health services for students and propose services include	270,500	a) Seneca Family of Agencies	8945 Gink Links Rd, Oakland, CA 94605	Leticia Galyean	Neil Gilbert, Chair, Leticia Galyean, President; Dion Aroner, Secretary; Geoffrey Le Plastrier, Treasurer; Rochelle "Shelley" Benning, Member; Jeff Davi, Member; Gwen Foster, Member; Sylvia Pizzini, Member; Nancy Peña, Member; Jamie Church; Zach Cohen; Jenny Drew; Zach Hill; Alex Kaplan; Dwayne Redmon; Hong Thatch; Stephanie Gaywood
		407,502	b) 3rd Street Youth Center & Clinic	1728 Bancroft Ave, San Francisco, CA 94124	Joi Jackson-Morgan	Michelle Magee, Lyslynn Lacoste, Jackie Relyea, Laura Fallon, Savitha Moorthy, Herschel Lelaand, Glen Kunene, Vanessa Eng, José A Rodriguez, Michael Savage
		40,000	c) TBD	TBD	TBD	
36	SAMSHA - MHBG, System of Care To provide timely access to appropriate care for severely mentally ill (SMI), dually diagnosed adults and seriously emotionally disturbed (SED) children and youth	65,080	a) Richmond Area Multi-Services Provide Peer Internship Program that prepares clients for employment in peer support and counseling positions	4355 Geary Blvd. San Francisco, CA 94118	JayVon Muhammad	Patricia Rodriguez, Marjorie Scholtz, Anoshua Chaudhuri, Lee Hsu, Maggie Roberts, Tom Yeh, Wade Chow, Dr. Jei Africa
		20,000	b) Felton Institute Provides mental health technical assistance to community based MH crisisresponse to trauma	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Darren Skolnick, Tamara Steele, Clifford Nails, Kathy Neal, Michael Orias, Peter Rojo, Deborah Wafer, Dr. George Woods, Susan Bobulsky, Oliver Brooks, Daniel Costello
		13,732	d) San Francisco Study Center Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic	1663 Mission Street, Suite 310, San Francisco, CA 94103	Geoffrey Link	Richard Livingston, Reiko Homma True, Ph.D., Hazim Elbgal, Eric Eldon, Masami Kobayashi, Jeanne Kwong, Stas Margaronis, Jim McWilliams
		114,273	f) Curry Senior Center Provides support for older adults with mental health issues and are homeless or risk of losing their houses	333 Turk Street, San Francisco, CA 94102	David Knego	Jonnie Davila, Diane Sklar, MD, Shirley Outogua, David Bickham, Alycia Norton, Jim Ilig, Brittany Kuykendall, John McKinnon, Diane Dwyer, Julie Valente, Hannah Lincecum, Pattie Pritchett, Isis Spinola-Schwartz, Richard Sullivan, Ja Eun Guerrero Huh, LCSW, Wendy Zachary, MD
		152,000	g) HealthRight 360 Provides Fiscal Intermediary services	1563 Mission St, SF, CA 94103	Dr. Vitka Eisen	Diane Ireland, Sankar Venkatraman, Linda Smart, Daniel Binder, Yener Balan, MD, DFAPA, Natalie Beaulieu, Bryan B.C.I. Graham, Chris Gurley, Kathryn Holmes, Rosalind Maglarine, Natalie Mitchell, Talia Perleissi, Karan E. Pomer, Alex Pugh, Ahmad Thomas Timothy Torres
		150,266	h) RAMS Provides support of consumer-run centers serving many dually-diagnosed individuals	3626 Balboa St, SF, CA 94124	JayVon Muhammad	Patricia Rodriguez, Marjorie Scholtz, Anoshua Chaudhuri, Lee Hsu, Maggie Roberts, Tom Yeh, Wade Chow, Dr. Jei Africa
		330,014	i) Family Services Agency Provides services First Episode Psychosis, families suffering from signs & symptoms of schizophrenia	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Darren Skolnick, Tamara Steele, Clifford Nails, Kathy Neal, Michael Orias, Peter Rojo, Deborah Wafer, Dr. George Woods, Susan Bobulsky, Oliver Brooks, Daniel Costello
		247,303	n) RAMS Provides Peer Internship Program that prepares clients for employment in peer support and counseling	3626 Balboa St, SF, CA 94124	JayVon Muhammad	Patricia Rodriguez, Marjorie Scholtz, Anoshua Chaudhuri, Lee Hsu, Maggie Roberts, Tom Yeh, Wade Chow, Dr. Jei Africa
		273,182	o) RAMS Provides Bilingual-designated counselor positions	3626 Balboa St, SF, CA 94124	JayVon Muhammad	Patricia Rodriguez, Marjorie Scholtz, Anoshua Chaudhuri, Lee Hsu, Maggie Roberts, Tom Yeh, Wade Chow, Dr. Jei Africa
		5,000	q) RAMS Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic - job training wages	3626 Balboa St, SF, CA 94124	JayVon Muhammad	Patricia Rodriguez, Marjorie Scholtz, Anoshua Chaudhuri, Lee Hsu, Maggie Roberts, Tom Yeh, Wade Chow, Dr. Jei Africa
		41	Hepatitis C Virus (HCV) Prevention and Control Activities Support hepatitis C (HCV) elimination activities for populations at risk of forward transmission.	93,008	a) Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746
95,203	b) Shanti Provides Hepatitis C prevention services			730 Polk Street, 3rd Floor San Francisco, CA 94109	Charlie Meade	William L. Dawes, Jamie Ennis, Jerry Francone, Sheila Fischer Klerman, MChI Klerman, MD, Ethan M. Sullivan, Marc Vincent, Chip Sapanich, Josh Weinstein, Stanley Yee
44	STD Program Management and Collaboration Project Impen public health activities to monitor, investigate, and prevent sexually transmitted diseases (STD)	183,977	a) University of California, San Francisco Technical Assistance: HIV Global Health	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philip Hammarskjold, Chair, Dana Emery, Vice Chair, Andrew Ballard, Allison Bhauri, Susan Bloch, Pete Briger, Todd Carter, Connie E. Chen, Fred Cohen, Phyllis Coulter, Dipanjan Deb, Stephanie DiMarco, Catherine Friedman, Kathryn Hall, Kenneth Hao, Julia Hartz, Richard Kimball, Divesh Makan, Meyer Malka, Ian McKinnon, Diane Morris, Joyce Newstat, Ruchi Sanghvi, George Scangos, Lydia Shorenstein, Shahani Soghikian, Barbara Bass Bakar, William H. Davidow, William S. Fisher, Sameer Gandhi, Carl Kawaja, George Marcus, Carmen Policy, Richard M. Rosenberg, Jaclyn Saffer, Lynne Benhoff, Brook H. Byers, Doris F. Fisher, William E. Oberndorf, Joan Weil, Diane B. Wisley, Ellen Magrin Newman, Sam Hawgood, Chancellor, Erin Hickey, Vice Chancellor of University Development and Alumni Relations, UCSE Foundation Investment Company, David Hopkins, President
45	Noxious Weed Program This project works to eradicate invasive sea lavender at all tidal marsh locations in the county.	42,421	a) California Invasive Plant Council To restore specified marshes by replanting native cordgrass and marsh gumpiant.	1442-A Walnut St. #462, Berkeley, CA 94709	Doug Johnson	Jason Giessow, President; Drew Kerr, Vice President; Matt Major, Treasurer; Amanda Cantu Swanson, Secretary; Josie Bennett, Tony Chapple, Doug Gibson, Sarah Godfrey, Metha Klock, Michael Kwong, Tanya Meyer, LeeAnne Mila, Scott Oneto, Stephanie Ponce, Lauren Quon, Tom Reyes, Marcos Trinidad
		5,000	a) San Francisco Public Health Foundation Fiscal intermediary	1 Hallide Plaza, Suite 808 San Francisco, CA 94102	Penny Eardley	Adam Sharma, Jess Thacher, Courtney Lyles, Elizabeth Longstreth, Ayanna Bennet, Melissa Moore, Mark Morewitz, Nick Oxford, Allison White
47	DOJ Tobacco Grant Program This enforcement grant will allow SFPD to increase the Department's capacity for outreach and education; expand police decoy operations; eliminate illegal sales of tobacco; develop a protocol to investigate consumption; and to share data and knowledge.	50,000	b) TBD - San Francisco community based organizations	TBD	TBD	TBD
		5,000	a) APA Family Support Services Provide support for oral health program	10 Nottingham Place, San Francisco, CA 94133	Fanny Lam	Rose Chung, Cary Chen, Jacqueline Hule, Julie Hoxie, Joyce Tso, Mai-Sie Chan, M.D., Kimberly Culp, Van Diep, Kory Lam, Jennifer Ng, M.D., Susan Sung, Ph.D., Dean Yao, Ph.D., Sonya Trac, Shu White
50	Oral Health Program Prop 56 Provide activities that support oral health plan and build capacity for the facilitation and implementation of education, prevention, linkage to treatment, surveillance, and case management services.	5,000	b) CARCEN Provide support for oral health program	3101 Mission St Suite #101, San Francisco, CA 94110	Lariza Dugan-Cuadra	Jose Arliga, Elena Asturias, Kathleen Coll, Honorable Carmen Flores, Michelle Loya-Talamantes, Gabriella Rodezno, Father Richard Smith, Ph.D.
		5,000	c) University of California, San Francisco Provide support for oral health program	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philip Hammarskjold, Chair, Dana Emery, Vice Chair, Andrew Ballard, Allison Bhauri, Susan Bloch, Pete Briger, Todd Carter, Connie E. Chen, Fred Cohen, Phyllis Coulter, Dipanjan Deb, Stephanie DiMarco, Catherine Friedman, Kathryn Hall, Kenneth Hao, Julia Hartz, Richard Kimball, Divesh Makan, Meyer Malka, Ian McKinnon, Diane Morris, Joyce Newstat, Ruchi Sanghvi, George Scangos, Lydia Shorenstein, Shahani Soghikian, Barbara Bass Bakar, William H. Davidow, William S. Fisher, Sameer Gandhi, Carl Kawaja, George Marcus, Carmen Policy, Richard M. Rosenberg, Jaclyn Saffer, Lynne Benhoff, Brook H. Byers, Doris F. Fisher, William E. Oberndorf, Joan Weil, Diane B. Wisley, Ellen Magrin Newman, Sam Hawgood, Chancellor, Erin Hickey, Vice Chancellor of University Development and Alumni Relations, UCSE Foundation Investment Company, David Hopkins, President
		5,000	d) NICOS Chinese Health Coalition Provide support for oral health program	1208 Mason St, San Francisco, CA 94108	Kent Woo	Michael Liao
		214,000	a) San Francisco Public Health Foundation Fiscal Intermediary	1 Hallide Plaza, Suite 808 San Francisco, CA 94102	Penny Eardley	Adam Sharma, Jess Thacher, Courtney Lyles, Elizabeth Longstreth, Ayanna Bennet, Melissa Moore, Mark Morewitz, Nick Oxford, Allison White
51	California Perinatal Equity Initiative Deepen understanding of the gaps in services within the Black community contributing to increased infant mortality rates and the promising interventions to reduce Black infant mortality	180,000	a) San Francisco Study Center Develop a racial equity hospital quality improvement plan to improve health outcomes	1663 Mission Street, Suite 310, San Francisco, CA 94103	Geoffrey Link	Richard Livingston, Reiko Homma True, Ph.D., Hazim Elbgal, Eric Eldon, Masami Kobayashi, Jeanne Kwong, Stas Margaronis, Jim McWilliams
		80,000	b) Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PHD	Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carladenise Edwards, PhD; Edward Yip, JD; Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DPH, FACHE; Santosh Veticaden, MD, PHD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH; Hope Tarral Mago-Vivian Vasallo-Celina Gore-Bonnie Midura
52	CHVP State General Fund Innovation Implementing home visits as a primary intervention strategy for families from pregnancy through kindergarten to promote positive outcomes and family success.	400,000	Sonoma County co-recipient of grant funds	625 5th Street Santa Rosa, CA 95404	Not applicable	Susan Gorin, David Rabbitt, Chris Coursey, James Gore, Lynda Hopkins
		200,000	Napa County co-recipient of grant funds .	2751 Napa Valley Corporate Drive Building B Napa, CA 94558	Not applicable	Joelle Gallagher, Ryan Gregory, Anne Cottrell, Alfredo Pedroza, Belia Ramos
55	Crisis Care Mobile Units (CCMU) Program Department of Health Care Services	42,000	TBD provide MH program services	TBD	TBD	TBD

State Recurring Grants Subcontractors FY2324

56	Behavioral Health Response and Rescue Project (BHRRP) for Community Mental Health Services Block Grant (MHBG) American Rescue Plan Act (ARPA)	219,638	a) University of California, San Francisco Fiscal Intermediary	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philip Hammarskjöld, Chair, Dana Emery, Vice Chair, Andrew Ballard, Allison Bhursi, Susan Bloch, Pete Briger, Todd Carter, Connie E. Chen, Fred Cohen, Phyllis Coulter, Dipanjan Deb, Stephanie DiMarco, Catherine Friedman, Kathryn Hall, Kenneth Hao, Julia Hartz, Richard Kimball, Divesh Makan, Meyer Malka, Ian McKinnon, Diane Morris, Joyce Newstat, Ruchi Sanghvi, George Scangos, Lydia Shorestein, Shahana Soghikian, Barbara Bass Bakar, William H. Davidow, William S. Fisher, Sameer Gandhi, Carl Kawaja, George Marcus, Carmen Policy, Richard M. Rosenberg, Jaclyn Safer, Lynne Benhoff, Brook H. Byers, Doris F. Fisher, William E. Oberndorf, Joan Weil, Diane B. Wilsey, Ellen Magnin Newman, Sam Hawgood, Chancellor, Erin Hickey, Vice Chancellor of University Development and Alumni Relations, UCSF Foundation Investment Company, David Harkins, President
		155,359	b) Felton Institute Fiscal Intermediary	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Darren Skolnick, Tamara Steele, Clifford Nails, Kathy Neal, Michael Ocas, Peter Rojo, Deborah Wafer, Dr. George Woods, Susan Bobulsky, Oliver Brooks, Daniel Costello
57	ARPA - SABG Provides children Strengthening Families Services, Community Outreach and education, and Campaign & Website development. To support a SORT program to provide treatment services for SUD clients	72,209	Horizons Unlimited provide MH/SUD program services	440 Potrero Avenue, San Francisco 94110	Celina Lucero	Matthew Moretti, Virginia Tapia, Cristina Corona, Zachary Johnson, Jillian Williams
		60,049	Japanese Community Youth Council provide MH/SUD program services	3382 28th St, San Francisco 94110	Jon Osaki	Angus MacDonald, Oliver Dunlap, Shah Nagree, Asia Harrigan, Darryl Abantao, Dinesh C. Evan Wayne, Heather Littleton, Jerome Anderson, Kitty Mah, Louise Carroll, Max Mah, Gianjali Rawat, Gautam Shah
		60,049	Jamestown Community Center provide MH/SUD program services	2929 19th Street, San Francisco, CA, 94110	Nelly Sapinski	BETTY PAZMINO, ALEKS ZAVALA, RICH GROSS, LUIS BARAHONA, EFRAIN BARRERA, KATIE BRACKENRIDGE, LISA BRANSTEN, GARY FURNEY, RENU KARIR, PAUL VEGA
		68,049	YMCA Urban Services provide MH/SUD program services	1426 Fillmore Street, Suite 204, San Francisco 94115	Jamie Bruning-Miles	Alicia Becerril, Amy Price, Annabel Chang, Cary B. Welborn, Christopher A. Patz, David Kelly, Eric Prosnitz, Gary Teague, Gina Gregory-Burns, Glenn M. Farrell, Gregory Evans, Jennifer Gridley, Jeremy Welland, John Baker, John Willingham, Jon Eberly, Josué Estrada, Marianna Pisano, Mark Bley, Mike Robinson, Mollie Richardson, Peter M. Susko, Richard Chisholm, Richard Robins, Samuel Li, Shelby Pasarell Tsai, Stephen Hankins, Stephen Rogers, Theodora Lee, Thomas Kearney, André Srinivasan, Brian Wheeler, Dr. Jason Lau, Emma Shlaes, Janet Lee, Joseph Guevara, Keith Shea, La Shon Walker, Young Pham
		60,049	Youth Leadership Institute provide MH/SUD program services	209 9th Street Suite 200, San Francisco 94103	Patricia Barahona	Kristin Belden, Joshua Espulgar Rowe, Matthew Goulding, Laura Harmon, Kaitlin Ketchum, Cameron Kurtz, Bill Leitsch, Phillip Martin Gonzalez, Richard A. Perez, Anna Pletcher, Ivoree Robinson, Elizabeth Romero, Luke Torres, James Wiley
		643,603	UCSF provide MH/SUD program services	1001 Potrero Avenue, San Francisco 94110	Sam Hawgood	Philip Hammarskjöld, Chair, Dana Emery, Vice Chair, Andrew Ballard, Allison Bhursi, Susan Bloch, Pete Briger, Todd Carter, Connie E. Chen, Fred Cohen, Phyllis Coulter, Dipanjan Deb, Stephanie DiMarco, Catherine Friedman, Kathryn Hall, Kenneth Hao, Julia Hartz, Richard Kimball, Divesh Makan, Meyer Malka, Ian McKinnon, Diane Morris, Joyce Newstat, Ruchi Sanghvi, George Scangos, Lydia Shorestein, Shahana Soghikian, Barbara Bass Bakar, William H. Davidow, William S. Fisher, Sameer Gandhi, Carl Kawaja, George Marcus, Carmen Policy, Richard M. Rosenberg, Jaclyn Safer, Lynne Benhoff, Brook H. Byers, Doris F. Fisher, William E. Oberndorf, Joan Weil, Diane B. Wilsey, Ellen Magnin Newman, Sam Hawgood, Chancellor, Erin Hickey, Vice Chancellor of University Development and Alumni Relations, UCSF Foundation Investment Company, David Harkins, President
280,859	TBD provide MH/SUD program services	TBD	TBD	TBD	TBD	
59	Refugee Health Assessment Program (RHAP), provide health assessment services to refugees, asylees, entrants from Haiti and Cuba, special visa immigrants, federally certified victims of human trafficking, eligible Afghan and Ukrainian parolees, and other eligible entrants, as required per the 2022-23 ORH Policy and Procedure Manual.	56,706	a) Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carladenise Edwards, PhD; Edward Yip, JD; Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DrPH, FACHE; Santosh Vetticaden, MD, PHD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH; Hope Tarrair Mago; Vivian Vassallo; Celina Gorre; Bonnie Mdura
		52,222	a) Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carladenise Edwards, PhD; Edward Yip, JD; Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DrPH, FACHE; Santosh Vetticaden, MD, PHD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH; Hope Tarrair Mago; Vivian Vassallo; Celina Gorre; Bonnie Mdura
61	REFUGEE HEALTH PROMOTION PROJECT (RHPP), UKRAINIAN REFUGEE HEALTH PROMOTION (URHP) SUPPLEMENT, to improve the health of newly arrived Ukrainians and other non-Ukrainian individuals through outreach, education, and support services.	77,801	a) University of California, San Francisco Team Lily, Fiscal Intermediary b) University of California, San Francisco Clinical Champion, provide syphilis screening for ZSFGH patients	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philip Hammarskjöld, Chair, Dana Emery, Vice Chair, Andrew Ballard, Allison Bhursi, Susan Bloch, Pete Briger, Todd Carter, Connie E. Chen, Fred Cohen, Phyllis Coulter, Dipanjan Deb, Stephanie DiMarco, Catherine Friedman, Kathryn Hall, Kenneth Hao, Julia Hartz, Richard Kimball, Divesh Makan, Meyer Malka, Ian McKinnon, Diane Morris, Joyce Newstat, Ruchi Sanghvi, George Scangos, Lydia Shorestein, Shahana Soghikian, Barbara Bass Bakar, William H. Davidow, William S. Fisher, Sameer Gandhi, Carl Kawaja, George Marcus, Carmen Policy, Richard M. Rosenberg, Jaclyn Safer, Lynne Benhoff, Brook H. Byers, Doris F. Fisher, William E. Oberndorf, Joan Weil, Diane B. Wilsey, Ellen Magnin Newman, Sam Hawgood, Chancellor, Erin Hickey, Vice Chancellor of University Development and Alumni Relations, UCSF Foundation Investment Company, David Harkins, President
		60,000	Facente Consulting Provide a wide range of public health consulting services	5601 Van Fleet Ave, Richmond CA, 94804	Shelley Facente, PhD	Shelley Facente, PhD
63	SYPHILIS OUTBREAK STRATEGY (SOS) to support innovative and impactful syphilis and CS prevention and control activities, with a focus on disproportionately impacted populations as determined by local or regional syphilis and CS epidemiology, which may include, but are not limited to, African American/Black people, Latinx people, American Indians/Alaska Native people, trans women, pregnant people experiencing homelessness or who use drugs, (e.g., people who exchange sex for money, drugs, or a place to stay), and gay, bisexual, and other men who have sex with men (MSM).	500,000	Baker Place/PRC Providing MH/SUD program services	170 9th St, San Francisco, CA 94103	Chuan Teng, Esq.	Brian Schneider; Kent M. Roger, Esq.; Tim Schroeder, Josh Friedman; Nelson Gonzalez; Ryo Ishida; Jacques Michaels; Michael Nicyporuk; Zack Papiilon; Darren Smith; Nichole Wiley
		593,926	Bayview Hunter Point Foundation Providing MH/SUD program services	150 Executive Park Blvd, Suite 2800, San Francisco, CA 94134	James Bouquin	Susan Newton, Wayzel Fuller, Claude Everhart, James Kendrick, Adam Cray, Chuck Colson
		4,328,200	Healthright 360 Providing MH/SUD program services	1563 Mission St, SF, CA 94103	Dr. Viika Eisen	Diane Ireland, Sankar Venkataraman, Linda Smart, Daniel Binder, Yener Balan, MD, DFAPA, Natalie Beaulieu, Bryan B.C.I. Graham, Chris Gurley, Kathryn Holmes, Roguel MacFarlane, Natalie Mitchell, Talia Pierluissi, Karen E. Pointer, Alex Pugh, Arnold Thomas Timothy Torres
		856,481	Mount Saint Joseph Saint Elizabeth's Providing MH/SUD program services	100 Masonic Avenue, San Francisco, CA 94118	Sister Betty Marie Dunkel	Sister Marjory Ann Baez, Brenda MacLean, Sister Frances Vista, Tina Ahn, Deacon Larry Chalmers, Sister Trinidad Hernandez, Victoria Jones, Sister Estela Morales, Deacon Gene Smith
		956,024	Horizons Unlimited provide MH/SUD program services	440 Potrero Avenue, San Francisco 94110	Celina Lucero	Matthew Moretti, Virginia Tapia, Cristina Corona, Zachary Johnson, Jillian Williams
		415,967	Jamestown Community Center provide MH/SUD program services	2929 19th St, San Francisco, CA 94110	Nelly Sapinski	BETTY PAZMINO, ALEKS ZAVALA, RICH GROSS, LUIS BARAHONA, EFRAIN BARRERA, KATIE BRACKENRIDGE, LISA BRANSTEN, GARY FURNEY, RENU KARIR, PAUL VEGA
		478,998	Japanese Community Youth Council provide MH/SUD program services	2012 Pine Street, San Francisco 94109	Jon Osaki	Angus MacDonald, Oliver Dunlap, Shah Nagree, Asia Harrigan, Darryl Abantao, Dinesh C. Evan Wayne, Heather Littleton, Jerome Anderson, Kitty Mah, Louise Carroll, Max Mah, Gianjali Rawat, Gautam Shah
		411,921	Youth Leadership Institute provide MH/SUD program services	201 9th Street Suite 200, San Francisco 94103	Patricia Barahona	Kristin Belden, Joshua Espulgar Rowe, Matthew Goulding, Laura Harmon, Kaitlin Ketchum, Cameron Kurtz, Bill Leitsch, Phillip Martin Gonzalez, Richard A. Perez, Anna Pletcher, Ivoree Robinson, Elizabeth Romero, Luke Torres, James Wiley
		371,846	YMCA Urban Services provide MH/SUD program services	1426 Fillmore Street, Suite 204, San Francisco 94115	Jamie Bruning-Miles	Alicia Becerril, Amy Price, Annabel Chang, Cary B. Welborn, Christopher A. Patz, David Kelly, Eric Prosnitz, Gary Teague, Gina Gregory-Burns, Glenn M. Farrell, Gregory Evans, Jennifer Gridley, Jeremy Welland, John Baker, John Willingham, Jon Eberly, Josué Estrada, Marianna Pisano, Mark Bley, Mike Robinson, Mollie Richardson, Peter M. Susko, Richard Chisholm, Richard Robins, Samuel Li, Shelby Pasarell Tsai, Stephen Hankins, Stephen Rogers, Theodora Lee, Thomas Kearney, André Srinivasan, Brian Wheeler, Dr. Jason Lau, Emma Shlaes, Janet Lee, Joseph Guevara, Keith Shea, La Shon Walker, Young Pham

Total 21,780,725
Per State Recurring Grants List 21,780,725
Difference 0

OFFICE OF THE MAYOR
SAN FRANCISCO



RECEIVED
LONDON N. BREED
SAN FRANCISCO MAYOR
2023 MAY 32 9:05 AM
PH 2:31
BY *[Signature]*

To: Angela Calvillo, Clerk of the Board of Supervisors
From: Anna Duning, Mayor's Budget Director
Date: June 1, 2023
Re: Mayor's FY 2023-24 and FY 2024-25 Budget Submission

Madam Clerk,

In accordance with City and County of San Francisco Charter, Article IX, Section 9.100, the Mayor's Office hereby submits the Mayor's proposed budget by June 1st, corresponding legislation, and related materials for Fiscal Year (FY) 2023-24 and FY 2024-25.

In addition to the Mayor's Proposed FY 2023-24 and FY 2024-25 Budget Book, the following items are included in the Mayor's submission:

- The Annual Appropriation Ordinance and Annual Salary Ordinance, along with Administrative Provisions
- The proposed budget for the Office of Community Investment and Infrastructure for FY 2023-24
- The Airport Annual Salary Ordinance Supplemental for FY 2023-24
- The Port of San Francisco Annual Salary Ordinance Supplemental for FY 2023-24 and Annual Appropriation Ordinance Supplemental for FY 2023-24
- The Public Utilities Commission Capital Budget for FY 2023-24 and Annual Appropriation Ordinance Supplemental for FY 2023-24
- 34 separate pieces of trailing legislation (see list attached)
- A Transfer of Function letter detailing the transfer of positions from one City department to another
- An Interim Exception letter
- A letter addressing funding levels for nonprofit corporations or public entities for the coming two fiscal years
- Memo to the Board President requesting for 30-day rule waivers on ordinances

Please note the following:

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

Sincerely,

[Signature]
Anna Duning
Mayor's Budget Director

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

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2023 JUN - 1 PM 2:34
BY *[Signature]*

DEPT	Item	Description	Type of Legislation	File #
ADM	Code Amendment	Amending the Administrative Code to eliminate the Annual Joint Fundraising Drive	Ordinance	230648
ADM	Code Amendment	Amending the Administrative and Environment Codes to reduce reporting burdens, so as to update insurance manuals when requested or necessary, instead of on an annual basis, and eliminating some scheduled reports	Ordinance	230647
ADM	Code Amendment	Amending the Administrative Code relating to Technology Commodities and Services Procurements, to eliminate the Tech Marketplace fee	Ordinance	230649
ADM	Continuing Prop J	City Administrator's Office convention facility management services, Real Estate custodial services, and Fleet and Real Estate security services	Resolution	230672
BOS	Continuing Prop J	Board of Supervisors Budget and Legislative Analyst Services for FY 2023-24	Resolution	230672
CON	Access Line Tax (ALT) Tax Rates	Sets Access Line Tax in line with 2023 Consumer Price Index. Revenues assumed in budget.	Ordinance	230676
CON	Neighborhood Beautification Fund	Neighborhood Beautification and Graffiti Clean-Up Fund Option (now known as the Community Challenge Grant Program)	Ordinance	230668
DBI	Department of Building Inspection Fee Changes	Changing the fee structure for DBI fees that are charged for permitting and inspection	Ordinance	230658
DEC	Early Care and Education Commercial Rents Tax Baseline	Amending the baseline funding requirements for early care and education programs to enable the City to use Early Care and Education Commercial Rents Tax revenues for those programs	Ordinance	230661
DEC	Early Care and Education, Commercial Rents Tax Deductions	Amending the Business and Tax Regulations Code relating to the Early Care and Education Commercial Rents Tax Sublessor Deduction	Ordinance	230660
DEM	EMSA Fee Changes	Updating medical services fees due to annual adjustments for the purposes of funding trauma and pediatric centers. Fees also required for certain additional services.	Ordinance	230659

DPH	Patient Rates	Amending the Health Code to set patient rates and rates for other services provided by the Department of Public Health.	Ordinance	230662
DPH	Recurring State Grants	Accept and expend for annual, recurring state grant funds.	Resolution	230677
DPH	Managed Care Rates	Amending the Health Code to set managed care rates provided by the Department of Public Health.	Ordinance	230650
DPH	Public Health Foundation MOU	MOU between DPH and San Francisco Public Health Foundation to establish roles and responsibilities for purposes of fundraising and capital projects	Resolution	230673
DPH	Hospital Foundation MOU	MOU between DPH and San Francisco General Hospital Foundation to establish roles and responsibilities for purposes of fundraising and capital projects	Resolution	230674
DPH	Mobile Crisis Grant	Grant agreement between DPH and Advocates for Human Potential Inc. for anticipated revenue that support behavioral health mobile crisis and non-mobile crisis services	Resolution	230679
DPH	Continuing Prop J	Department of Public Health Security Services	Resolution	230672
DPW	Continuing Prop J	Department of Public Works Security Services for FY 2023-24	Resolution	230672
ECN	Contract Amendment - MidMarket Foundation	Contract amendment to reflect budgeted funding levels for the Mid-Market Foundation - Mid-Market/Tenderloin Community-Based Safety Program	Resolution	230681
ECN	Contract Amendment – San Francisco Tourism Improvement District Management Corporation	Contract amendment to reflect budgeted funding levels for the San Francisco Tourism Improvement District Management Corporation – Downtown Welcome Ambassador Program	Resolution	230680
ECN	Film Commission Fee Changes	Increase of filming fees for the SF Film Commission	Ordinance	230651
HOM	CAAP Legislation	Annual legislation for CAAP housing, required if appropriations for HSH fund exceed \$11.9 million, including expenditure details and explanation of benefits provided	Resolution	230675
HOM	Continuing Prop J	Homelessness and Supportive Housing security services	Resolution	230672

HSA	Continuing Prop J	Human Services Agency Security Services for FY 2023-24	Resolution	230672
HSH/ DPH	Funding Reallocation - Our City, Our Home Homelessness Gross Receipts Tax	Ordinance reallocating approximately \$60,000,000 in unencumbered revenues from the Our City, Our Home Fund to allow the City to use revenues from the Homelessness Gross Receipts Tax to provide services to prevent homelessness.	Ordinance	230657
LIB	Friends of the Library A&E	Annual Accept & Expend legislation for the SFPL's Friends of the Library Fund	Resolution	230678
MOHCD	Continuing Prop J	Mayor's Office of Housing and Community Development security services for undeveloped real property	Resolution	230672
OCII	OCII Interim Budget Resolution	OCII Interim Budget Resolution	Resolution	230670
	Citywide Tax Changes	Gross Receipts Tax Rate Increase Postponement and Credits for Opening City Location	Ordinance (Introduced)	File No. 230155
REG	Continuing Prop J	Department of Elections Envelope Assembly Services for FY 2023-24	Resolution	230672
REG	Ballot Arguments Opt-Out	Legislation for CCSF opt out of arguments on ballots required in AB 1416	Ordinance	230663
SHF	Continuing Prop J	Sheriff's Department County Jails Food Services for FY 2023-24	Resolution	230672
TTX	First Year Free	Continues waiving certain small business first-year permit, license, and business registration fees	Ordinance	230664



London N. Breed
Mayor

Grant Colfax, MD
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Grant Colfax, MD
Director of Health

DATE: Friday, June 2, 2023

SUBJECT: Accept & Expend Resolution for State Grants

TITLE: FY 2023-2024 Recurring State Grants

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

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist (*Not required, these are recurring grants which are included in the FY 2023-2024 budget.*)
- Other (Explain): List of State grants (Attachment A)

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Gregory Wong

Phone: 554-2521

Interoffice Mail Address: 101 Grove, Ste. 110

Certified copy required Yes

No



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 230677

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$407,502		
NATURE OF THE CONTRACT (Please describe) Providing STD Evaluation, Screening and Testing for Youth of Color		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Jackson-Morgan	Joi	Other Principal Officer
2	Magee	Michelle	Board of Directors
3	Lacoste	Lyslynn	Board of Directors
4	Relyea	Jackie	Board of Directors
5	Fallon	Laura	Board of Directors
6	Moorthy	Savitha	Board of Directors
7	Lelaind	Herschel	Board of Directors
8	Kunene	Glen	Board of Directors
9	Eng	Vanessa	Board of Directors
10	Rodríguez	Jose	Board of Directors
11	Savage	Michael	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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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

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



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 230677

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$118,818		
NATURE OF THE CONTRACT (Please describe) Providing STD Evaluation, Screening and Testing for Youth of Color.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Jackson-Morgan	Joi	Other Principal Officer
2	Magee	Michelle	Board of Directors
3	Lacoste	Lyslynn	Board of Directors
4	Relyea	Jackie	Board of Directors
5	Fallon	Laura	Board of Directors
6	Moorthy	Savitha	Board of Directors
7	Lelaind	Herschel	Board of Directors
8	Kunene	Glen	Board of Directors
9	Eng	Vanessa	Board of Directors
10	Rodriguez	Jose	Board of Directors
11	Savage	Michael	Board of Directors
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR APA Family Support Services	TELEPHONE NUMBER (415) 617-0061
STREET ADDRESS (including City, State and Zip Code) 10 Nottingham Place, San Francisco, CA 94133	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$5,000		
NATURE OF THE CONTRACT (Please describe) Provide support for oral health program.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Lam	Fanny	Other Principal Officer
2	Chung	Rose	Board of Directors
3	Chen	Cary	Board of Directors
4	Huie	Jacqueline	Board of Directors
5	Hoxie	Julie	Board of Directors
6	Tso	Joyce	Board of Directors
7	Chan	Mai-Sie	Board of Directors
8	Culp	Kimberly	Board of Directors
9	Diep	Van	Board of Directors
10	Lam	Kory	Board of Directors
11	Ng	Jennifer	Board of Directors
12	Sung	Susan	Board of Directors
13	Yao	Dean	Board of Directors
14	Trac	Sonya	Board of Directors
15	White	Shu	Board of Directors
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3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Baker Place/PRC	TELEPHONE NUMBER (415) 255-6544
STREET ADDRESS (including City, State and Zip Code) 170 9th St, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$500,000		
NATURE OF THE CONTRACT (Please describe) Providing MH/SUD program services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Teng	Chuan	Other Principal Officer
2	Schneider	Brian	Board of Directors
3	Roger	Kent	Board of Directors
4	Schroeder	Tim	Board of Directors
5	Frieman	Josh	Board of Directors
6	Gonzalez	Nelson	Board of Directors
7	Ishida	Ryo	Board of Directors
8	Michaels	Jacques	Board of Directors
9	Niczyporuk	Michael	Board of Directors
10	Papilion	Zack	Board of Directors
11	Smith	Darren	Board of Directors
12	wiley	Nichole	Board of Directors
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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$593,926		
NATURE OF THE CONTRACT (Please describe) Providing MH/SUD program services		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Bouquin	James	Other Principal Officer
2	watson	Susan	Board of Directors
3	Fuller	Wayzel	Board of Directors
4	Everlart	Claude	Board of Directors
5	Kendrix	James	Board of Directors
6	Cray	Adam	Board of Directors
7	colson	Chuck	Board of Directors
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NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$42,421		
NATURE OF THE CONTRACT (Please describe) To restore specified marshes by replanting native cordgrass and marsh gumplant.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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1	Johnson	Doug	Other Principal Officer
2	Glessgow	Jason	Board of Directors
3	Kerr	Drew	Board of Directors
4	Major	Matt	Board of Directors
5	Swanson	Amanda	Board of Directors
6	Bennett	Josie	Board of Directors
7	Chapple	Tanya	Board of Directors
8	Gibson	Doug	Board of Directors
9	Godfrey	Sarah	Board of Directors
10	Klock	Metha	Board of Directors
11	Kwong	Michael	Board of Directors
12	Meyer	Tanya	Board of Directors
13	Mila	LeeAnne	Board of Directors
14	Oneto	Scott	Board of Directors
15	Ponce	Stephanie	Board of Directors
16	Quon	Lauren	Board of Directors
17	Reyes	Tom	Board of Directors
18	Trinidad	Marcos	Board of Directors
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Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$5,000		
NATURE OF THE CONTRACT (Please describe) Provide support for oral health program.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Dugan-Cuadra	Lariza	Other Principal Officer
2	Artiga	Jose	Board of Directors
3	Asturias	Elena	Board of Directors
4	Coll	Kathleen	Board of Directors
5	Flores	Carmen	Board of Directors
6	Loya-Talamantes	Michelle	Board of Directors
7	Rodezno	Gabriella	Board of Directors
8	Smith	Richard	Board of Directors
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

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



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 230677

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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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Catholic Charities - Peter Claver	TELEPHONE NUMBER (415) 749-3800
STREET ADDRESS (including City, State and Zip Code) 1340 Golden Gate Ave, SF, CA 94115	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$180,336		
NATURE OF THE CONTRACT (Please describe) To provide attendant care services in compliance with the Standard of Care for Client Centered Services to multiply diagnosed individuals at Peter Claver Community an RCFCI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Hammerle	Ellen	Other Principal Officer
2	Cordileone	Salvatore	Board of Directors
3	Hammerle	Ellen	Board of Directors
4	Boerio	Joe	Board of Directors
5	Borromeo	Theodore	Board of Directors
6	Grogan	Kathleen	Board of Directors
7	Bojorquez	Diana	Board of Directors
8	Clark	Philip	Board of Directors
9	Dahik	Adriana	Board of Directors
10	Frime1	Susie	Board of Directors
11	Ghilotti	Michael	Board of Directors
12	Gonzalez	Eleanor	Board of Directors
13	Hultman	David	Board of Directors
14	Ikeda	Lisa	Board of Directors
15	Kearney	Philip	Board of Directors
16	Landis	Scott	Board of Directors
17	Leupp	Jay	Board of Directors
18	McInerney	Maureen	Board of Directors
19	Mirek	Lori	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Nascimento	Daniel	Board of Directors
21	Pohlman	Jack	Board of Directors
22	Reyes	Raymund	Board of Directors
23	Reynaud	Louis	Board of Directors
24	Sangiacomo	Jim	Board of Directors
25	Smith	Barbara	Board of Directors
26	woody	Patrick	Board of Directors
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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Children's Council of San Francisco	TELEPHONE NUMBER (415) 276-2900
STREET ADDRESS (including City, State and Zip Code) 445 Church Street, San Francisco, CA 94114	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$134,583		
NATURE OF THE CONTRACT (Please describe) Provide outreach to targeted populations		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Fromer	Gina	Other Principal Officer
2	Nordberg	Anna	Board of Directors
3	Sims	Deborah	Board of Directors
4	Vause	Brandy	Board of Directors
5	Dusedau	Marga	Board of Directors
6	Murphy	Ashley	Board of Directors
7	Levinson	Jake	Board of Directors
8	Warehouse	Maegan	Board of Directors
9	Benavidez	Dominique	Board of Directors
10	Hilberman	Jessica	Board of Directors
11	Salaam	Na'eem	Board of Directors
12	Diana	Elisabeth	Board of Directors
13	Renschler	Amanda	Board of Directors
14	Butler	Omar	Board of Directors
15	Page	Farris	Board of Directors
16	Abbas	Rehana	Board of Directors
17	Rosberg	Peter	Board of Directors
18	Cato	Thandiwe	Board of Directors
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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Curry Senior Center	TELEPHONE NUMBER (415) 920-1351
STREET ADDRESS (including City, State and Zip Code) 333 Turk Street, San Francisco, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$114,273		
NATURE OF THE CONTRACT (Please describe) Provides support for older adults with mental health issues and are homeless or risk of losing their houses		

7. COMMENTS

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Knego	David	Other Principal Officer
2	Davila	Jonrie	Board of Directors
3	Sklar	Diane	Board of Directors
4	Quitugua	Shirley	Board of Directors
5	Bickham	David	Board of Directors
6	Norton	Alycia	Board of Directors
7	Illig	Jim	Board of Directors
8	kuykendall	Brittany	Board of Directors
9	McKinnon	John	Board of Directors
10	Dwyer	Diane	Board of Directors
11	Valente	Julie	Board of Directors
12	Lincecum	Hannah	Board of Directors
13	Pritchett	Pattie	Board of Directors
14	Spinola-Schwartz	Isis	Board of Directors
15	Sullivan	Richard	Board of Directors
16	Huh	Ja	Board of Directors
17	Zachary	wendy	Board of Directors
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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$240,656		
NATURE OF THE CONTRACT (Please describe) To improve and maintain the health of our residents through the provision of facility-based health care and other supportive services.		

7. COMMENTS

8. CONTRACT APPROVAL	
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	Valdez	Laura	Other Principal Officer
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	Winn	Michael	Board of Directors
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25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 230677

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Facente Consulting	TELEPHONE NUMBER 415-554-2521
STREET ADDRESS (including City, State and Zip Code) 5601 Van Fleet Ave, Richmond CA, 94804	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$60,000		
NATURE OF THE CONTRACT (Please describe) Provide a wide range of public health consulting services.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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

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

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$330,014		
NATURE OF THE CONTRACT (Please describe) Provides services First Episode Psychosis, families suffering from signs & symptoms of schizophrenia		

7. COMMENTS

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

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1	Gilbert	Al	Other Principal Officer
2	Skolnick	Darren	Board of Directors
3	Steele	Tamara	Board of Directors
4	Nalls	Clifford	Board of Directors
5	Neal	Kathy	Board of Directors
6	Orias	Michael	Board of Directors
7	Rojo	Peter	Board of Directors
8	wafer	Deborah	Board of Directors
9	Woods	George	Board of Directors
10	Bobulsky	Susan	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.

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

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$20,000		
NATURE OF THE CONTRACT (Please describe) Provides mental health technical assistance to community based MH crisisresponse to trauma.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<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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1	Gilbert	Al	Other Principal Officer
2	Skolnick	Darren	Board of Directors
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6	Orias	Michael	Board of Directors
7	Rojo	Peter	Board of Directors
8	wafer	Deborah	Board of Directors
9	Woods	George	Board of Directors
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$458,091		
NATURE OF THE CONTRACT (Please describe) Provide program support.		

7. COMMENTS

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

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2	Skolnick	Darren	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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$155,359		
NATURE OF THE CONTRACT (Please describe) Fiscal Intermediary		

7. COMMENTS

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$248,895		
NATURE OF THE CONTRACT (Please describe) Provide support for TAPP program		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Gilbert	Al	Other Principal Officer
2	Skolnick	Darren	Board of Directors
3	Steele	Tamara	Board of Directors
4	Nalls	Clifford	Board of Directors
5	Neal	Kathy	Board of Directors
6	Orias	Michael	Board of Directors
7	Rojo	Peter	Board of Directors
8	wafer	Deborah	Board of Directors
9	Woods	George	Board of Directors
10	Bobulsky	Susan	Board of Directors
11	Brooks	Oliver	Board of Directors
12	Costello	Daniel	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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

10. VERIFICATION

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

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

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



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 230677

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$43,243		
NATURE OF THE CONTRACT (Please describe) Provide Clinical Consultation Services to LINC frontline staff		

7. COMMENTS

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Berg	Anna	Other Principal Officer
2	Dennisson	Sam	Board of Directors
3	winegand	Shantel	Board of Directors
4	Norman	Eileen	Board of Directors
5	Del Pinal	Ale	Board of Directors
6	Marshall	Kristen	Board of Directors
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<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR HealthRight 360	TELEPHONE NUMBER (415) 762-3700
STREET ADDRESS (including City, State and Zip Code) 1563 Mission St, SF, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$152,000		
NATURE OF THE CONTRACT (Please describe) Provides Fiscal Intermediary services		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<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	Eisen	Vitka	Other Principal Officer
2	Ireland	Diane	Board of Directors
3	Venkatraman	Sankar	Board of Directors
4	Smart	Linda	Board of Directors
5	Binder	Daniel	Board of Directors
6	Balan	Yener	Board of Directors
7	Beaulieu	Natalie	Board of Directors
8	Graham	Bryan	Board of Directors
9	Gurley	Chris	Board of Directors
10	Holmes	Kathryn	Board of Directors
11	Macfarlane	Raquel	Board of Directors
12	Mitchell	Natalie	Board of Directors
13	Pierluissi	Talia	Board of Directors
14	Pointer	Karen	Board of Directors
15	Pugh	Alex	Board of Directors
16	Thomas	Ahmad	Board of Directors
17	Torres	Timothy	Board of Directors
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR HealthRight 360	TELEPHONE NUMBER (415) 762-3700
STREET ADDRESS (including City, State and Zip Code) 1563 Mission St, SF, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$1,183,129		
NATURE OF THE CONTRACT (Please describe) Fiscal Intermediary		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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1	Eisen	Vitka	Other Principal Officer
2	Ireland	Diane	Board of Directors
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4	Smart	Linda	Board of Directors
5	Binder	Daniel	Board of Directors
6	Balan	Yener	Board of Directors
7	Beaulieu	Natalie	Board of Directors
8	Graham	Bryan	Board of Directors
9	Gurley	Chris	Board of Directors
10	Holmes	Kathryn	Board of Directors
11	Macfarlane	Raquel	Board of Directors
12	Mitchell	Natalie	Board of Directors
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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Original	
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2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR HealthRight 360	TELEPHONE NUMBER 415-554-2521
STREET ADDRESS (including City, State and Zip Code) 1563 Mission St, SF, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$100,000		
NATURE OF THE CONTRACT (Please describe) Provide fiscal intermediary check-writing services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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9	Gurley	Chris	Board of Directors
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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Healthright 360	TELEPHONE NUMBER 415-554-2521
STREET ADDRESS (including City, State and Zip Code) 1563 Mission St, SF, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$4,328,200		
NATURE OF THE CONTRACT (Please describe) Providing MH/SUD program services.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Eisen	Vitka	Other Principal Officer
2	Ireland	Diane	Board of Directors
3	Venkatraman	Sankar	Board of Directors
4	Smart	Linda	Board of Directors
5	Binder	Daniel	Board of Directors
6	Balan	Yelen	Board of Directors
7	Beaulieu	Natalie	Board of Directors
8	Graham	Bryan	Board of Directors
9	Gurley	Chris	Board of Directors
10	Holmes	Kathryn	Board of Directors
11	Macfarlane	Raquel	Board of Directors
12	Mitchell	Natalie	Board of Directors
13	Pierluissi	Talia	Board of Directors
14	Pointer	Karen	Board of Directors
15	Pugh	Alex	Board of Directors
16	Thomas	Ahmad	Board of Directors
17	Torres	Timothy	Board of Directors
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

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

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 230677

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$610,705		
NATURE OF THE CONTRACT (Please describe) Provide support for Expecting Justice Program.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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5	Edwards	Carladenise	Board of Directors
6	Yip	Edward	Board of Directors
7	Casciato	Georgia	Board of Directors
8	O'Conner	Jean	Board of Directors
9	Vetticaden	Santosh	Board of Directors
10	Mullen	Sarah	Board of Directors
11	Filer	Scott	Board of Directors
12	De Santi	Susan	Board of Directors
13	Nguyen	Von	Board of Directors
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<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Heluna Health	TELEPHONE NUMBER 415-554-2521
STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Parkway, Suite 450, CID CA 91746	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$187,876		
NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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7	Casciato	Georgia	Board of Directors
8	O'Conner	Jean	Board of Directors
9	Vetticaden	Santosh	Board of Directors
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10. VERIFICATION

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File #: 230677

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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$93,008		
NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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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
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NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$80,000		
NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$56,706		
NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary		

7. COMMENTS

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

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	Other Principal Officer
2	Jenks	Robert	Board of Directors
3	Joseph	Tamara	Board of Directors
4	Baker	Alex	Board of Directors
5	Edwards	Carladenise	Board of Directors
6	Yip	Edward	Board of Directors
7	Casciato	Georgia	Board of Directors
8	O'Connor	Jean	Board of Directors
9	Vetticaden	Santosh	Board of Directors
10	Rich	Sarah	Board of Directors
11	Filer	Scott	Board of Directors
12	De Santi	Susan	Board of Directors
13	Nguyen	Von	Board of Directors
14	Mago	Hope	Board of Directors
15	Vasallo	Vivian	Board of Directors
16	Gorre	Celina	Board of Directors
17	Midura	Bonnie	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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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

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



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 230677

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$52,222		
NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary.		

7. COMMENTS

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

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5	Edwards	Carladenise	Board of Directors
6	Yip	Edward	Board of Directors
7	Casciato	Georgia	Board of Directors
8	O'Connor	Jean	Board of Directors
9	Vetticaden	Santosh	Board of Directors
10	Rich	Sarah	Board of Directors
11	Filer	Scott	Board of Directors
12	De Santi	Susan	Board of Directors
13	Nguyen	Von	Board of Directors
14	Mago	Hope	Board of Directors
15	Vasallo	Vivian	Board of Directors
16	Gorre	Celina	Board of Directors
17	Midura	Bonnie	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.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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File #: 230677

Bid/RFP #:

Notification of Contract Approval

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$72,209		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Lucero	Celina	Other Principal Officer
2	Moretti	Matthew	Board of Directors
3	Tapia	Virginia	Board of Directors
4	Corona	Cristina	Board of Directors
5	Johnson	Zachary	Board of Directors
6	Williams	Jillian	Board of Directors
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

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

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

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

Notification of Contract Approval

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$956,024		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services.		

7. COMMENTS

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

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1	Lucero	Celina	Other Principal Officer
2	Moretti	Matthew	Board of Directors
3	Tapia	Virginia	Board of Directors
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5	Johnson	Zachary	Board of Directors
6	Williams	Jillian	Board of Directors
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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File #: 230677

Bid/RFP #:

Notification of Contract Approval

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$60,049		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Sapinski	Nelly	Other Principal Officer
2	Pazmino	Betty	Board of Directors
3	Zavaleta	Aleks	Board of Directors
4	Gross	Rich	Board of Directors
5	Barahona	Luis	Board of Directors
6	Barrera	Efrain	Board of Directors
7	Brackenridge	Katie	Board of Directors
8	Bransten	Lisa	Board of Directors
9	Furney	Gary	Board of Directors
10	Karir	Renu	Board of Directors
11	Vega	Paul	Board of Directors
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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$415,967		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Sapinski	Nelly	Other Principal Officer
2	Pazmino	Betty	Board of Directors
3	Zavaleta	Aleks	Board of Directors
4	Gross	Rich	Board of Directors
5	Barahona	Luis	Board of Directors
6	Barrera	Efrain	Board of Directors
7	Brackenridge	Katie	Board of Directors
8	Bransten	Lisa	Board of Directors
9	Furney	Gary	Board of Directors
10	Karir	Renu	Board of Directors
11	Vega	Paul	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

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



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 230677

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Japanese Community Youth Council	TELEPHONE NUMBER (415) 202-7900
STREET ADDRESS (including City, State and Zip Code) 3382 26th St, San Francisco 94110	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$60,049		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services.		

7. COMMENTS

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Osaki	Jon	Other Principal Officer
2	MacDonald	Angus	Board of Directors
3	Dunlap	Oliver	Board of Directors
4	Nagree	Shah	Board of Directors
5	Harrigan	Asia	Board of Directors
6	Abantao	Darryl	Board of Directors
7	C	Dinesh	Board of Directors
8	Wayne	Evan	Board of Directors
9	Littleton	Heather	Board of Directors
10	Anderson	Jerome	Board of Directors
11	Mah	Kitty	Board of Directors
12	Carroll	Louise	Board of Directors
13	Mah	Max	Board of Directors
14	Rawat	Gitanjali	Board of Directors
15	Shah	Gautam	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.

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

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1. FILING INFORMATION

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AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$478,998		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services.		

7. COMMENTS

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

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1	Osaki	Jon	Other Principal Officer
2	MacDonald	Angus	Board of Directors
3	Dunlap	Oliver	Board of Directors
4	Nagree	Shah	Board of Directors
5	Harrigan	Asia	Board of Directors
6	Abantao	Darryl	Board of Directors
7	C	Dinesh	Board of Directors
8	Wayne	Evan	Board of Directors
9	Littleton	Heather	Board of Directors
10	Anderson	Jerome	Board of Directors
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
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

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Armentrout	Michael	Other Principal Officer
2	Lapointe	Ray	Board of Directors
3	wong	Jane	Board of Directors
4	Miller	Austin	Board of Directors
5	Cummings	Gregg	Board of Directors
6	King	Jim	Board of Directors
7	Casados	Johannes	Board of Directors
8	Cummings	Donna	Board of Directors
9	Dilawri	Namita	Board of Directors
10	Ling	Alvin	Board of Directors
11	Ludlow	David	Board of Directors
12	Rana	Sameera	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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

10. VERIFICATION

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

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

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Mount Saint Joseph Saint Elizabeth's	TELEPHONE NUMBER (415) 567-0081
STREET ADDRESS (including City, State and Zip Code) 100 Masonic Avenue, San Francisco, CA 94118	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$856,481		
NATURE OF THE CONTRACT (Please describe) Providing MH/SUD program services.		

7. COMMENTS

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Dunkel	Betty	Other Principal Officer
2	Baez	Marjory	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	Jones	Victoria	Board of Directors
9	Morales	Estela	Board of Directors
10	Smith	Gene	Board of Directors
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OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
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3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Napa County	TELEPHONE NUMBER 707-253-4540
STREET ADDRESS (including City, State and Zip Code) 2751 Napa Valley Corporate Drive Bldg B Napa, CA 94558	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$200,000		
NATURE OF THE CONTRACT (Please describe) co-recipient of grant funds .		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Gallagher	Joelle	Board of Directors
2	Gregory	Ryan	Board of Directors
3	Cottrell	Anne	Board of Directors
4	Pedroza	Anne	Board of Directors
5	Pedroza	Alfredo	Board of Directors
6	Ramos	Belia	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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

10. VERIFICATION

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

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

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



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 230677

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR NICOS Chinese Health Coalition	TELEPHONE NUMBER (415) 788-6426
STREET ADDRESS (including City, State and Zip Code) 1208 Mason St, San Francisco, CA 94108	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$5,000		
NATURE OF THE CONTRACT (Please describe) Provide support for oral health program.		

7. COMMENTS

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Woo	Kent	Other Principal Officer
2	Liao	Michael	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$321,555		
NATURE OF THE CONTRACT (Please describe) Providing Equal Access to Health Care Program Services.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Teng	Chuan	Other Principal Officer
2	Schneider	Brian	Board of Directors
3	Roger	Kent	Board of Directors
4	Schroeder	Tim	Board of Directors
5	Frieman	Josh	Board of Directors
6	Gonzalez	Nelson	Board of Directors
7	Ishida	Ryo	Board of Directors
8	Michaels	Jacques	Board of Directors
9	Niczyporuk	Michael	Board of Directors
10	Papilion	Zack	Board of Directors
11	Smith	Darren	Board of Directors
12	wiley	Nichole	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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

10. VERIFICATION

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

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

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
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

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	Hepfer	Paul	Other Principal Officer
2	Yankoupe	Ruth	Board of Directors
3	Chang	Andrew	Board of Directors
4	wakankar	Adi	Board of Directors
5	Henry	Mike	Board of Directors
6	Colton	John	Board of Directors
7	Chandra	Vishwa	Board of Directors
8	Petraglia	Jennifer	Board of Directors
9	Maring	Preston	Board of Directors
10	McSwine	Ginny	Board of Directors
11	Chang	Theresa	Board of Directors
12	wilkinson	Andrea	Board of Directors
13	York	Helene	Board of Directors
14	Drimmer-Rokovich	Jennifer	Board of Directors
15	Long	Richard	Board of Directors
16	Wood	Arthur	Board of Directors
17	Holt	Susanna	Board of Directors
18	wei	Jason	Board of Directors
19			

9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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

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1. FILING INFORMATION

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Original	
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2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR RAMS	TELEPHONE NUMBER (415) 800-0699
STREET ADDRESS (including City, State and Zip Code) 3626 Balboa St, SF, CA 94124	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$247,303		
NATURE OF THE CONTRACT (Please describe) Provides Peer Internship Program that prepares clients for employment in peer support and counseling		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Muhammad	Jayvon	Other Principal Officer
2	Rodriguez	Patricia	Board of Directors
3	Scholtz	Marjorie	Board of Directors
4	Chaudhuri	Anoshua	Board of Directors
5	Hsu	Lee	Board of Directors
6	Roberts	Maggie	Board of Directors
7	Yeh	Tom	Board of Directors
8	Chow	Wade	Board of Directors
9	Africa	Jei	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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<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR RAMS	TELEPHONE NUMBER (415) 800-0699
STREET ADDRESS (including City, State and Zip Code) 3626 Balboa St, SF, CA 94124	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$150,266		
NATURE OF THE CONTRACT (Please describe) Provides support of consumer-run centers serving manually-diagnosed individuals		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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2	Rodriguez	Patricia	Board of Directors
3	Scholtz	Marjorie	Board of Directors
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8	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.

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

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 230677

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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR RAMS	TELEPHONE NUMBER (415) 800-0699
STREET ADDRESS (including City, State and Zip Code) 3626 Balboa St, SF, CA 94124	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
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

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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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR RAMS	TELEPHONE NUMBER (415) 800-0699
STREET ADDRESS (including City, State and Zip Code) 3626 Balboa St, SF, CA 94124	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$273,182		
NATURE OF THE CONTRACT (Please describe) Provides Bilingual-designated counselor positions.		

7. COMMENTS

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

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

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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Public Health Foundation	TELEPHONE NUMBER (415) 800-0699
STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$105,226		
NATURE OF THE CONTRACT (Please describe) Fiscal intermediary.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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5	Longstreth	Elizabeth	Board of Directors
6	Bennent	Ayanna	Board of Directors
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8	Morewitz	Mark	Board of Directors
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FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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NAME OF CONTRACTOR San Francisco Public Health Foundation	TELEPHONE NUMBER (415) 800-0699
STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$5,000		
NATURE OF THE CONTRACT (Please describe) Fiscal intermediary.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
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8	Morewitz	Mark	Board of Directors
9	Oxford	Nick	Board of Directors
10	white	Allison	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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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.

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



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 230677

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Public Health Foundation	TELEPHONE NUMBER (415) 800-0699
STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$214,000		
NATURE OF THE CONTRACT (Please describe) Fiscal Intermediary.		

7. COMMENTS

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

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8	Morewitz	Mark	Board of Directors
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DATE SIGNED

BOS Clerk of the Board



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Bid/RFP #:

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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$223,760		
NATURE OF THE CONTRACT (Please describe) Fiscal Intermediary svc for California TB Controller's Association.		

7. COMMENTS

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

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10. VERIFICATION

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

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Bid/RFP #:

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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Public Health Foundation	TELEPHONE NUMBER (415) 504-6738
STREET ADDRESS (including City, State and Zip Code) 375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$130,052		
NATURE OF THE CONTRACT (Please describe) Providing program administration in support of SF Tobacco Free Project.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$13,732		
NATURE OF THE CONTRACT (Please describe) Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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3	Homma	Reiko	Board of Directors
4	Elbga1	Hazim	Board of Directors
5	Eldon	Eric	Board of Directors
6	Kobayashi	Masami	Board of Directors
7	Kwong	Jeanne	Board of Directors
8	Margaronis	Stas	Board of Directors
9	McWilliams	Jim	Board of Directors
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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$180,000		
NATURE OF THE CONTRACT (Please describe) Develop a racial equity hospital quality improvement plan to improve health outcomes.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

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

10. VERIFICATION

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

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

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



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 230677

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Unified School District	TELEPHONE NUMBER 415-241-6000
STREET ADDRESS (including City, State and Zip Code) 555 Franklin Street, San Francisco, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$180,000		
NATURE OF THE CONTRACT (Please describe) Provide outreach to targeted populations.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Wayne	Matt	Other Principal Officer
2	Bogges	Kevine	Board of Directors
3	weissman-ward	Lisa	Board of Directors
4	Alexander	Matt	Board of Directors
5	Fisher	Alida	Board of Directors
6	Lam	Jenny	Board of Directors
7	Motamedi	Lainie	Board of Directors
8	Sanchez	Mark	Board of Directors
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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$270,500		
NATURE OF THE CONTRACT (Please describe) Mental health services.		

7. COMMENTS

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Galyean	Leticia	Other Principal Officer
2	Gilbert	Neil	Board of Directors
3	Galyean	Leticia	Board of Directors
4	Aroner	Dion	Board of Directors
5	Le Plastrier	Geoffrey	Board of Directors
6	Benning	Rochelle	Board of Directors
7	Davi	Jeff	Board of Directors
8	Foster	Gwen	Board of Directors
9	Pizzini	Sylvia	Board of Directors
10	Pena	Nancy	Board of Directors
11	Church	Jamie	Board of Directors
12	Cohen	Zach	Board of Directors
13	Drew	Jenny	Board of Directors
14	Hill	Zach	Board of Directors
15	Kaplan	Alex	Board of Directors
16	Redmon	Dwayne	Board of Directors
17	Thatch	Hong	Board of Directors
18	Gaywood	Stephaie	Board of Directors
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$95,203		
NATURE OF THE CONTRACT (Please describe) Provides Hepatitis C prevention services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<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	Meade	Charlie	Other Principal Officer
2	Dawes	William	Board of Directors
3	Ennis	Jamie	Board of Directors
4	Francone	Jerry	Board of Directors
5	Kiernan	Sheila	Board of Directors
6	Klearman	Micki	Board of Directors
7	Sullivan	Ethan	Board of Directors
8	Vincent	Marc	Board of Directors
9	Supanich	Chip	Board of Directors
10	Weinstein	Josh	Board of Directors
11	Yee	Stanley	Board of Directors
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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Sonoma County	TELEPHONE NUMBER (707) 565-7500
STREET ADDRESS (including City, State and Zip Code) 625 5th Street Santa Rosa, CA 95404	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$400,000		
NATURE OF THE CONTRACT (Please describe) co-recipient of grant funds.		

7. COMMENTS

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Gorin	Susan	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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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
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

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	Breall	Susan	Board of Directors
2	Toh	Sophia	Board of Directors
3	Liu	Enchi	Board of Directors
4	De Carlo	Phil	Board of Directors
5	Carapetian	Vanni	Board of Directors
6	Garcia	Juan	Board of Directors
7	Hare	Brad	Board of Directors
8	Hillmon	Reginald	Board of Directors
9	Mettler	Berenice	Board of Directors
10	Lake	Kelly	Board of Directors
11	Porche	Michelle	Board of Directors
12	Shumate	Kate	Board of Directors
13	Garrido	Terhilda	Board of Directors
14	Anyaku	Nwando	Board of Directors
15	Macarchuk	Nicole	Board of Directors
16	Dilley	James	Other Principal Officer
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

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



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 230677

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR University of California, San Francisco	TELEPHONE NUMBER (628) 206-8125
STREET ADDRESS (including City, State and Zip Code) 1001 Potrero Avenue, San Francisco 94110	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$643,603		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Hawgood	Sam	Other Principal Officer
2	Hammarskjold	Philip	Board of Directors
3	Emery	Dana	Board of Directors
4	Ballard	Andrew	Board of Directors
5	Bhusri	Allison	Board of Directors
6	Bloch	Susan	Board of Directors
7	Briger	Pete	Board of Directors
8	Carter	Todd	Board of Directors
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10	Cohen	Fred	Board of Directors
11	Coulter	Phyllis	Board of Directors
12	Deb	Dipanjan	Board of Directors
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14	Friedman	Catherine	Board of Directors
15	Hall	Kathryn	Board of Directors
16	Hao	Kenneth	Board of Directors
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21	Mckinnon	Ian	Board of Directors
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24	Sanghvi	Ruchi	Board of Directors
25	Scangos	George	Board of Directors
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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR University of California, San Francisco	TELEPHONE NUMBER (415) 476-5190
STREET ADDRESS (including City, State and Zip Code) 550 16th Street, 7th Floor, San Francisco, CA 94143	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$219,638		
NATURE OF THE CONTRACT (Please describe) Fiscal Intermediary.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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6	Briger	Pete	Board of Directors
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25	Scangos	George	Board of Directors
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27	Soghikian	Shahan	Board of Directors
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30	Fisher	William	Board of Directors
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33	Marcus	George	Board of Directors
34	Policy	Carmen	Board of Directors
35	Rosenberg	Richard	Board of Directors
36	Safier	Jaclyn	Board of Directors
37	Benioff	Lynne	Board of Directors
38	Byers	Brook	Board of Directors

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42	Wilsey	Diane	Board of Directors
43	Newman	Ellen	Board of Directors
44	Hawgood	Sam	Board of Directors
45	Hickey	Erin	Board of Directors
46	Harkins	David	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.

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BOS Clerk of the Board	



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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR University of California, San Francisco	TELEPHONE NUMBER (415) 476-5190
STREET ADDRESS (including City, State and Zip Code) 550 16th Street, 7th Floor, San Francisco, CA 94143	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$5,000		
NATURE OF THE CONTRACT (Please describe) Provide support for oral health program.		

7. COMMENTS

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

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5	Bhusri	Allison	Board of Directors
6	Bloch	Susan	Board of Directors
7	Briger	Pete	Board of Directors
8	Carter	Todd	Board of Directors
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11	Coulter	Phyllis	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Malika	Meyer	Board of Directors
21	McKinnon	Ian	Board of Directors
22	Morris	Diane	Board of Directors
23	Newstat	Joyce	Board of Directors
24	Sanghvi	Ruchi	Board of Directors
25	Scangos	George	Board of Directors
26	Shorenstein	Lydia	Board of Directors
27	Soghikian	Shahan	Board of Directors
28	Bakar	Barbara	Board of Directors
29	Davidow	William	Board of Directors
30	Fisher	William	Board of Directors
31	Gandhi	Sameer	Board of Directors
32	Kawaja	Carl	Board of Directors
33	Marcus	George	Board of Directors
34	Polcay	Carmen	Board of Directors
35	Rosenberg	Richard	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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40	Oberndorf	William	Board of Directors
41	Weill	Joan	Board of Directors
42	Wilsey	Diane	Board of Directors
43	Newman	Ellen	Board of Directors
44	Hawgood	Sam	Board of Directors
45	Hickey	Ellen	Board of Directors
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47			
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49			
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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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OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
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3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
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office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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

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NAME OF CONTRACTOR University of California, San Francisco	TELEPHONE NUMBER (415) 476-5190
STREET ADDRESS (including City, State and Zip Code) 550 16th Street, 7th Floor, San Francisco, CA 94143	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$77,801		
NATURE OF THE CONTRACT (Please describe) Team Lily, Fiscal Intermediary. Clinical Champion, provide syphilis screening for ZSFGH patients.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR University of California, San Francisco	TELEPHONE NUMBER (415) 476-5190
STREET ADDRESS (including City, State and Zip Code) 550 16th Street, 7th Floor, San Francisco, CA 94143	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$570,610		
NATURE OF THE CONTRACT (Please describe) Conduct a new comprehensive client assessment and produce a modified Treatment Plan.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Hawgood	Sam	Other Principal Officer
2	Hammarskjold	Philip	Board of Directors
3	Emery	Dana	Board of Directors
4	Ballard	Andrew	Board of Directors
5	Bhusri	Allison	Board of Directors
6	Bloch	Susan	Board of Directors
7	Briger	Pete	Board of Directors
8	Carter	Todd	Board of Directors
9	Chen	Connie	Board of Directors
10	Cohen	Fred	Board of Directors
11	Coulter	Phyllis	Board of Directors
12	Deb	Dipanjan	Board of Directors
13	DiMarco	Stephanie	Board of Directors
14	Friedman	Catherine	Board of Directors
15	Hall	Kathryn	Board of Directors
16	Hao	Kenneth	Board of Directors
17	Hartz	Julia	Board of Directors
18	Kimball	Richard	Board of Directors
19	Makan	Divesh	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Malika	Meyer	Board of Directors
21	Mckinnon	Ian	Board of Directors
22	Morris	Diane	Board of Directors
23	Newstat	Joyce	Board of Directors
24	Sanghvi	Ruchi	Board of Directors
25	Scangos	George	Board of Directors
26	Shorenstein	Lydia	Board of Directors
27	Soghikian	Shahan	Board of Directors
28	Bakar	Barbara	Board of Directors
29	Davidow	William	Board of Directors
30	Fisher	William	Board of Directors
31	Gandhi	Sameer	Board of Directors
32	Kawaja	Carl	Board of Directors
33	Marcus	George	Board of Directors
34	Policy	Carmen	Board of Directors
35	Rosenberg	Richard	Board of Directors
36	Safer	Jaclyn	Board of Directors
37	Benioff	Lynne	Board of Directors
38	Byers	Brook	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Fisher	Doris	Board of Directors
40	Oberndorf	William	Board of Directors
41	Weill	Joan	Board of Directors
42	Wilsey	Diane	Board of Directors
43	Newman	Ellen	Board of Directors
44	Hawgood	Sam	Board of Directors
45	Hickey	Erin	Board of Directors
46	Harkins	David	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
BOS Clerk of the Board	



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 230677

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR University of California, San Francisco	TELEPHONE NUMBER (415) 476-5190
STREET ADDRESS (including City, State and Zip Code) 550 16th Street, 7th Floor, San Francisco, CA 94143	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$183,977		
NATURE OF THE CONTRACT (Please describe) Technical Assistance: HIV Global Health.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

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1	Hawgood	Sam	Other Principal Officer
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3	Emery	Dana	Board of Directors
4	Ballard	Andrew	Board of Directors
5	Bhusri	Allison	Board of Directors
6	Bloch	Susan	Board of Directors
7	Briger	Pete	Board of Directors
8	Carter	Todd	Board of Directors
9	Chen	Connie	Board of Directors
10	Cohen	Fred	Board of Directors
11	Coulter	Phyllis	Board of Directors
12	Deb	Dipanjan	Board of Directors
13	DiMarco	Stephanie	Board of Directors
14	Friedman	Catherine	Board of Directors
15	Hall	Kathryn	Board of Directors
16	Hao	Kenneth	Board of Directors
17	Hartz	Julia	Board of Directors
18	Kimball	Richard	Board of Directors
19	Makan	Divesh	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Malka	Meyer	Board of Directors
21	Mckinnon	Ian	Board of Directors
22	Morris	Diane	Board of Directors
23	Newstart	Joyce	Board of Directors
24	Sanghvi	Ruchi	Board of Directors
25	Scangos	George	Board of Directors
26	Shorenstein	Lydia	Board of Directors
27	Soghikian	Shahan	Board of Directors
28	Bakar	Barbara	Board of Directors
29	Davidow	William	Board of Directors
30	Fisher	William	Board of Directors
31	Gandhi	Sameer	Board of Directors
32	Kawaja	Carl	Board of Directors
33	Marcus	George	Board of Directors
34	Policy	Carmen	Board of Directors
35	Rosenberg	Richard	Board of Directors
36	Safier	Jaclyn	Board of Directors
37	Benioff	Lynne	Board of Directors
38	Byers	Brook	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
39	Fisher	Doris	Board of Directors
40	Oberndorf	William	Board of Directors
41	Weill	Joan	Board of Directors
42	Wilsey	Diane	Board of Directors
43	Newman	Ellen	Board of Directors
44	Hawgood	Sam	Board of Directors
45	Hickey	Erin	Board of Directors
46	Harkins	David	Board of Directors
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Youth Leadership Institute	TELEPHONE NUMBER (628) 400-9252
STREET ADDRESS (including City, State and Zip Code) 201 9th Street Suite 200, San Francisco 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$411,921		
NATURE OF THE CONTRACT (Please describe) Provide MH/SUD program services.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Barahona	Patricia	Other Principal Officer
2	Belden	Kristin	Board of Directors
3	Rowe	Joshua	Board of Directors
4	Goulding	Matthew	Board of Directors
5	Harmon	Laura	Board of Directors
6	Ketchum	Kaitlin	Board of Directors
7	Kurtz	Cameron	Board of Directors
8	Leitsch	Bill	Board of Directors
9	Gonzalez	Phillip	Board of Directors
10	Perez	Richard	Board of Directors
11	Pletcher	Anna	Board of Directors
12	Robinson	Ivoree	Board of Directors
13	Romero	Elizabeth	Board of Directors
14	Torres	Luke	Board of Directors
15	wiley	James	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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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

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

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Notification of Contract Approval

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Youth Leadership Institute	TELEPHONE NUMBER (628) 400-9252
STREET ADDRESS (including City, State and Zip Code) 209 9th Street Suite 200, San Francisco 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$60,049		
NATURE OF THE CONTRACT (Please describe) Provide MH/SUD program services.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Barahona	Patricia	Other Principal Officer
2	Belden	Kristin	Board of Directors
3	Rowe	Joshua	Board of Directors
4	Goulding	Matthew	Board of Directors
5	Harmon	Laura	Board of Directors
6	Ketchum	Kaitlin	Board of Directors
7	Kurtz	Cameron	Board of Directors
8	Leitsch	Bill	Board of Directors
9	Gonzalez	Phillip	Board of Directors
10	Perez	Richard	Board of Directors
11	Pletcher	Anna	Board of Directors
12	Robinson	Ivoree	Board of Directors
13	Romero	Elizabeth	Board of Directors
14	Torres	Luke	Board of Directors
15	wiley	James	Board of Directors
16			
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9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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

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

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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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	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$371,846		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services.		

7. COMMENTS

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Bruning-Miles	Jamie	Other Principal Officer
2	Becerril	Alicia	Board of Directors
3	Price	Amy	Board of Directors
4	Chang	Annabel	Board of Directors
5	Welborn	Caryl	Board of Directors
6	Patz	Christopher	Board of Directors
7	Kelly	David	Board of Directors
8	Prosnitz	Eric	Board of Directors
9	Teague	Gary	Board of Directors
10	Gregory-Burns	Ginna	Board of Directors
11	Farrell	Glenn	Board of Directors
12	Evans	Gregory	Board of Directors
13	Gridley	Jennifer	Board of Directors
14	Welland	Jeremy	Board of Directors
15	Baker	John	Board of Directors
16	Willingham	John	Board of Directors
17	Eberly	Jon	Board of Directors
18	Estrada	Josue	Board of Directors
19	Pisano	Marianna	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Bley	Mark	Board of Directors
21	Robinson	Mike	Board of Directors
22	Richardson	Mollie	Board of Directors
23	Susko	Peter	Board of Directors
24	Chisholm	Richard	Board of Directors
25	Robins	Richard	Board of Directors
26	Li	Samuel	Board of Directors
27	Tsai	Shelby	Board of Directors
28	Hankins	Stephen	Board of Directors
29	Rogers	Stephen	Board of Directors
30	Lee	Theodora	Board of Directors
31	Kearney	Thomas	Board of Directors
32	Srinivasan	Andre	Board of Directors
33	wheeler	Brian	Board of Directors
34	Lau	Jason	Board of Directors
35	Shlaes	Emma	Board of Directors
36	Lee	Janet	Board of Directors
37	Guevara	Joseph	Board of Directors
38	Shea	Keith	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
39	walker	La Shon	Board of Directors
40	Pham	Young	Board of Directors
41			
42			
43			
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45			
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48			
49			
50			

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

10. VERIFICATION

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

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

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

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 230677

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY WONG	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT \$68,049		
NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Becerril	Alicia	Board of Directors
2	Price	Amy	Board of Directors
3	Chang	Annabel	Board of Directors
4	welborn	Caryl	Board of Directors
5	Patz	Christopher	Board of Directors
6	kelly	David	Board of Directors
7	Prosnitz	Eric	Board of Directors
8	Teague	Gary	Board of Directors
9	Gregory-Burns	Gina	Board of Directors
10	Farrell	Glenn	Board of Directors
11	Evans	Gregory	Board of Directors
12	Gridley	Jennifer	Board of Directors
13	welland	Jeremy	Board of Directors
14	Baker	John	Board of Directors
15	willingham	John	Board of Directors
16	Eberly	Jon	Board of Directors
17	Estrada	Josue	Board of Directors
18	Pisano	Marianna	Board of Directors
19	Bley	Mark	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Robinson	Mike	Board of Directors
21	Richardson	Mollie	Board of Directors
22	Susko	Peter	Board of Directors
23	Chisholm	Richard	Board of Directors
24	Robins	Richard	Board of Directors
25	Li	Samuel	Board of Directors
26	Tsai	Shelby	Board of Directors
27	Hankins	Stephen	Board of Directors
28	Rogers	Stephen	Board of Directors
29	Lee	Theodora	Board of Directors
30	Kearney	Thomas	Board of Directors
31	Srinivasan	Andre	Board of Directors
32	wheeler	Brian	Board of Directors
33	Lau	Jason	Board of Directors
34	Shiaes	Emma	Board of Directors
35	Lee	Janet	Board of Directors
36	Guevara	Joseph	Board of Directors
37	Shea	Keith	Board of Directors
38	walker	La Shon	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Pham	Young	Board of Directors
40	Bruning-Miles	Jamie	Other Principal Officer
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

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<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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OFFICE OF THE MAYOR
SAN FRANCISCO



LONDON N. BREED
MAYOR

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Tom Paulino, Liaison to the Board of Supervisors
RE: Accept and Expend Grants - Recurring State Grant Funds - Department of Public Health - FY2023-2024
DATE: June 1, 2023

Resolution authorizing the acceptance and expenditure of State grant funds by the San Francisco Department of Public Health for Fiscal Year (FY) 2023-2024.

Should you have any questions, please contact Tom Paulino at 415-554-6153.