

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors
Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Public Health Foundation Enterprises, Inc.	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
(1) Erik D. Ramanathan; Bruce Y. Lai; Tamara Joseph; Robert Jenks; Delvecchio Finley; Michael S. Ascher; Blayne Cutler; Susan De Santi; Teri A. Burley; Peter D. Jacobson; Patrick M. Libbey; Jean O'Connor; Edward Yip;	
(2) Blayne Cutler, MD, Ph.D, Chief Executive Officer; Margarita Buitrago, Chief Financial Officer; Peter Dale, Director - Contract & Grants;	
(3) Public Health Foundation Enterprises, Inc. is a 501(c)3 non-profit organization	
(4) RTZ	
(5) None	
Contractor address: 12801 Crossroads Parkway South, City of Industry, CA 94176	
Date that contract was approved:	Amount of contract: \$25,239,580
Describe the nature of the contract that was approved: Fiscal Management and Human Resource Management for the San Francisco Homeless Outreach Team (SFHOT).	
Comments:	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form

a board on which the City elective officer(s) serves _____
Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board, Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244	E-mail: Board.of.supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed