

File No. 230677

Committee Item No. 10

Board Item No. 32

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Appropriations Committee Date June 15, 2023

Board of Supervisors Meeting Date July 18, 2023

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
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| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Form 126 – Ethics Commission (67) |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

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| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>MYR Budget Submission Letter 6/1/2023</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>MYR Trailing Legislation List</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Attachment A Recurring State Grants FY2023-24</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Subcontractors FY2023-24</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>DPH Memo 6/2/23</u> |
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Completed by: Brent Jalipa Date June 7, 2023

Completed by: Brent Jalipa Date June 26, 2023

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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25

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:
2
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 Capacity 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 Tarraí 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 Tarraí 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, Laine 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 Hammanskid, 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 Newstat, Ruchi Sanghvi, George Scangos, Lydia Shorestein, Shaham 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 Harkin, 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 Leland, 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 Magdaleno, Natalie Mitchell, Talia Perleissi, Karan E. Pomeroy, 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 |
| | | 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 |
| 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. | 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 |
| | | 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 |
| 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 Vasallo; 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 Vasallo; 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 |
| 71 | 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. | 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 Chatmon, 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.

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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)

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1. FILING INFORMATION

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|---|---|
| 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.

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|----|--------------------------------|------------|-------------------------|
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| 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 |
| 12 | | | |
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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.

| | |
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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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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 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 |
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| 8. CONTRACT APPROVAL | |
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| 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 | 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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9. AFFILIATES AND SUBCONTRACTORS

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9. AFFILIATES AND SUBCONTRACTORS

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

10. VERIFICATION

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

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

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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 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 |
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| |

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

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|-------------------------|
| 1 | Teng | Chuan | 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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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.

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| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
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3. FILER'S CONTACT

| | |
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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

| | |
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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 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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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

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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

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

9. AFFILIATES AND SUBCONTRACTORS

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

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|-------------------------|
| 1 | Johnson | Doug | 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 |
| 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.

| # | 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

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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 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 |
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| 8. CONTRACT APPROVAL | |
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| 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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| <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.

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2. CITY ELECTIVE OFFICE OR BOARD

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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 |
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| 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 | 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 |

9. AFFILIATES AND SUBCONTRACTORS

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

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 20 | Nascimento | Daniel | Board of Directors |
| 21 | Pohlman | Jack | Board of Directors |
| 22 | Reyes | Raymund | Board of Directors |
| 23 | Reynaud | Louis | Board of Directors |
| 24 | Sangiaco | Jim | Board of Directors |
| 25 | Smith | Barbara | Board of Directors |
| 26 | woody | Patrick | 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.

| | |
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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

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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 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 |
| <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 | 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 |
| 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.

| # | 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> |
|---|---------------------------|



San Francisco Ethics Commission

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Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

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 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 |
| <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 | 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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9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>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 #:

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A Public Document

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1. FILING INFORMATION

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| 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 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 |
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| |

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

9. AFFILIATES AND SUBCONTRACTORS

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

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|-------------------------|
| 1 | Valdez | Laura | 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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| <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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| 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

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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 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 |
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| 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 |
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| 1 | Facente | Shelley | Other Principal Officer |
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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.

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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

| | |
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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 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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| # | 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

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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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| 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 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 |
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| 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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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

| | |
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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 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 |
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| 8. CONTRACT APPROVAL | |
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| This contract was approved by: | |
| <input type="checkbox"/> | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM |
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| FULL DEPARTMENT NAME | EMAIL |
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4. CONTRACTING DEPARTMENT CONTACT

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

| | |
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2. CITY ELECTIVE OFFICE OR BOARD

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| Board of Supervisors | Members |

3. FILER'S CONTACT

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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

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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 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 |
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9. AFFILIATES AND SUBCONTRACTORS

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

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

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1. FILING INFORMATION

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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 |

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| 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 |
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| 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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| 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 |
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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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| 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 |
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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 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 |
| 18 | | | |
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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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| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
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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 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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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'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 |
| 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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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.

| | |
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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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| Board of Supervisors | Members |

3. FILER'S CONTACT

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

10. VERIFICATION

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

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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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| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

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| 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 |
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| 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 | 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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| 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 \$80,000 | | |
| NATURE OF THE CONTRACT (Please describe) Providing program administration and support services - Fiscal Intermediary. | | |

| 7. COMMENTS |
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| |

| 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'Conner | 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 | Vasalo | Vivian | Board of Directors |
| 16 | Gorre | Celina | Board of Directors |
| 17 | Midura | Bonnie | Board of Directors |
| 18 | | | |
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9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>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

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| 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 \$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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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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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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| 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 |

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.

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
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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

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Phone: 415.252.3100 . Fax: 415.252.3112

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Received On:

File #: 230677

Bid/RFP #:

Notification of Contract Approval

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

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1. FILING INFORMATION

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| 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

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

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|-------------------------|
| 1 | Lucero | Celina | 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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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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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1. FILING INFORMATION

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| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
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4. CONTRACTING DEPARTMENT CONTACT

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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 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 |
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| 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 | 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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9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <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 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 |
| <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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9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <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

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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 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 |
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| |

| 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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9. AFFILIATES AND SUBCONTRACTORS

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| # | 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.

| | |
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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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1. FILING INFORMATION

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| 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 |
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| |

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

9. AFFILIATES AND SUBCONTRACTORS

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

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|-------------------------|
| 1 | Osaki | Jon | 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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| # | 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.

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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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1. FILING INFORMATION

| | |
|---|---|
| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
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2. CITY ELECTIVE OFFICE OR BOARD

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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 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 |

9. AFFILIATES AND SUBCONTRACTORS

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

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|-------------------------|
| 1 | Osaki | Jon | 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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9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>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

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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 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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| # | 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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Received On:

File #: 230677

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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1. FILING INFORMATION

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

9. AFFILIATES AND SUBCONTRACTORS

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

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|-------------------------|
| 1 | Dunkel | Betty | 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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| # | 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.

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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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Bid/RFP #:

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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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 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 |
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| |

| 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 | 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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| # | 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. | | |

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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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1. FILING INFORMATION

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| AMENDMENT DESCRIPTION – Explain reason for amendment | |
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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 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 |
| 3 | | | |
| 4 | | | |
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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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| <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 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 |
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| 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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| <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.

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1. FILING INFORMATION

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| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| Original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
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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 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 |
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| 8. CONTRACT APPROVAL | |
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| 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 |
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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.

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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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File #: 230677

Bid/RFP #:

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A Public Document

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1. FILING INFORMATION

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2. CITY ELECTIVE OFFICE OR BOARD

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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 \$247,303 | | |
| NATURE OF THE CONTRACT (Please describe) Provides Peer Internship Program that prepares clients for employment in peer support and counseling | | |

| 7. COMMENTS |
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| 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 | 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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| Gregory Wong | 415-554-2521 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH Department of Public Health | greg.wong@sfdph.org |

| 5. CONTRACTOR | |
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| 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 |

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| 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

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

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

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <p>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

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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)

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1. FILING INFORMATION

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|---|---|
| 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 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 |
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| 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 | 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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| <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.

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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

| | |
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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 |
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| 8. CONTRACT APPROVAL | |
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| 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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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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| <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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| Board of Supervisors | Members |

3. FILER'S CONTACT

| | |
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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

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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 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 |
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| 8. CONTRACT APPROVAL | |
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| 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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| 8 | Chow | Wade | Board of Directors |
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| | |
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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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| | |
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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 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 |
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| 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 | Eardley | Penny | Other Principal Officer |
| 2 | Sharma | Adam | Board of Directors |
| 3 | Thacher | Jess | Board of Directors |
| 4 | Lyles | Courtney | Board of Directors |
| 5 | Longstreth | Elizabeth | Board of Directors |
| 6 | Bennet | Ayanna | Board of Directors |
| 7 | Moore | Melissa | Board of Directors |
| 8 | Morewitz | Mark | Board of Directors |
| 9 | Oxford | Nick | Board of Directors |
| 10 | white | Allison | 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> |
|---|---------------------------|



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

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|---|---|
| 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 \$5,000 | | |
| NATURE OF THE CONTRACT (Please describe) Fiscal intermediary. | | |

| 7. COMMENTS |
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| 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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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

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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 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 |
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| 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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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 |

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

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

9. AFFILIATES AND SUBCONTRACTORS

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

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|-------------------------|
| 1 | Link | Geoffrey | Other Principal Officer |
| 2 | Livingston | Richard | Board of Directors |
| 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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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.

| | |
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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> |
|---|---------------------------|



San Francisco Ethics Commission

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Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 230677

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

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| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
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| 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 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 |
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| |

| 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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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.

| | |
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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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Received On:

File #: 230677

Bid/RFP #:

Notification of Contract Approval

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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

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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 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 |
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| 8. CONTRACT APPROVAL | |
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| 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 | 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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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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| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
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| 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 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 |
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| 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 | 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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| 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 |

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 | 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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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 |
|----|--------------------------------|------------|------|
| 39 | | | |
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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 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 |

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 | 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 |
| 6 | | | |
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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
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List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

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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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Received On:

File #: 230677

Bid/RFP #:

Notification of Contract Approval

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

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1. FILING INFORMATION

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| 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 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 |
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| |

| 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 | 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 |
| 17 | | | |
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9. AFFILIATES AND SUBCONTRACTORS

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

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

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

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

10. VERIFICATION

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

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

| | |
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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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1. FILING INFORMATION

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| 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 |
| 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

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

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 20 | Malka | 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 | 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 |
| 47 | | | |
| 48 | | | |
| 49 | | | |
| 50 | | | |
| <input type="checkbox"/> | Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. | | |

10. VERIFICATION

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

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

| SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK | DATE SIGNED |
|--|-------------|
| BOS Clerk of the Board | |



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1. FILING INFORMATION

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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 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 |
| <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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| 49 | | | |
| 50 | | | |
| <input type="checkbox"/> | Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. | | |

10. VERIFICATION

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

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

| SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK | DATE SIGNED |
|--|-------------|
| 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

| | |
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| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
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| DPH Department of Public Health | greg.wong@sfdph.org |

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| 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 |
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

BOS Clerk of the Board

DATE SIGNED



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| AMENDMENT DESCRIPTION – Explain reason for amendment | |
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2. CITY ELECTIVE OFFICE OR BOARD

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3. FILER'S CONTACT

| | |
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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 |

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| 6. CONTRACT | | |
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| 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 |
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|------------------------|--------------------------------------|
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| FULL DEPARTMENT NAME | EMAIL |
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| DPH Department of Public Health | greg.wong@sfdph.org |

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| 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 |
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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 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.

| # | 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

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

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 20 | Malika | 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 |
| 47 | | | |
| 48 | | | |
| 49 | | | |
| 50 | | | |
| <input type="checkbox"/> | Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. | | |

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <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

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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 |
| 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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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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1. FILING INFORMATION

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| Original | |
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2. CITY ELECTIVE OFFICE OR BOARD

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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 |

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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 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

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 |
| 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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9. AFFILIATES AND SUBCONTRACTORS

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| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|------|
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| 50 | | | |

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

10. VERIFICATION

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

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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| <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

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| 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 \$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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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 | 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

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

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 20 | 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 | | | |
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| 50 | | | |
| <input type="checkbox"/> | Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. | | |

10. VERIFICATION

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

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

| | |
|---|---------------------------|
| <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 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 |

9. AFFILIATES AND SUBCONTRACTORS

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

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|--------------------|
| 20 | 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 |

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 | 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

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

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

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

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.