

File No. 101162

Committee Item No. 7

Board Item No. 5

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee CITY OPERATIONS AND
NEIGHBORHOOD SERVICES

Date 9/27/10

Board of Supervisors Meeting

Date 10/5/10

Cmte Board

- | | | |
|-------------------------------------|-------------------------------------|--|
| <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 Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Use back side if additional space is needed)

- | | | |
|-------------------------------------|-------------------------------------|-----------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Form 126</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Gail Johnson

Date 9/23/10

Completed by: [Signature]

Date 9/30/10

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document is in the file.

1 [Accept and Expend Grant – Department of Public Health - Project for Assistance in Transition
2 from Homelessness - \$631,739]

3 **Resolution authorizing the San Francisco Department of Public Health to accept and**
4 **expend retroactively a grant from the U.S. Department of Health and Human Services in**
5 **the amount of \$631,739 to fund the project entitled “Project for Assistance in Transition**
6 **from Homelessness” for the period July 1, 2010, through June 30, 2011.**

7
8 WHEREAS, State of California Department of Mental Health is the recipient of a grant
9 award from the US Department of Health and Human Services to support the project entitled
10 “Project for in Transition from Homelessness;” and,

11 WHEREAS, Through this grant, State of California Department of Mental Health has
12 agreed to fund DPH in the amount of \$631,739 for the period of July 1, 2010 through June 30,
13 2011; and,

14 WHEREAS, The purpose of this project is to fund case management positions for the
15 homeless and provide flex funds for housing; and,

16 WHEREAS, the grant requires matching funds in the amount of \$210,580 from Medi-
17 Cal and the San Francisco DPH General Fund; and,

18 WHEREAS, DPH will subcontract with Hyde Street Community Services, Curry Senior
19 Center, San Francisco Study Center, Swords to Plowshares: Veterans Rights Organization, in
20 the amount of \$323,539, for the period of July 1, 2010 through June 30, 2011; and,

21 WHEREAS, An ASO amendment is not required as the grant partially reimburses DPH
22 for four existing positions, two Health Worker IV (Job Class #2588) at 1.0 FTE and .80 FTE,
23 two Psychiatric Social Workers (Job Class #2930) at .10 FTE and 1.0 FTE, for the period of
24 July 1, 2010 through June 30, 2011; and,
25


1 WHEREAS, The grant budget includes a provision for indirect costs in the amount of
2 \$12,387; now, therefore, be it

3 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant
4 in the amount of \$631,739 from State of California Department of Mental Health; and, be it

5 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
6 expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and,
7 be it

8 FURTHER RESOLVED, That the Controller is directed to designate the positions
9 funded under this agreement as a "G" or grant-funded position which would terminate when
10 the agreement expires.

11
12
13
14 RECOMMENDED:

15 
16 _____
17 Mitchell Katz, M.D.
18 Director of Health

APPROVED:

19 
20 _____
21 Office of the Mayor

22 
23 _____
24 Office of the Controller



Gavin Newsom
Mayor

Mitchell H. Katz, MD
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Mitchell H. Katz, M.D. *MHK*
Director of Health
DATE: August 30, 2010
SUBJECT: Grant Accept & Expend
GRANT TITLE: Path for Homeless Program- \$631,739

Attached please find the original and 4 copies of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist
- Grant budget and justification
- Award Letter
- Grant Application

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Ann Santos

Phone: 255-3546

Interoffice Mail Address: DPH, Community Programs, 1380 Howard St., 4th Floor

Certified copy required Yes

No

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Information Form
(Effective March 2005)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **Project for Assistance in Transition From Homelessness (PATH)**

2. Department: **San Francisco Department Of Public Health**

3. Contact Person: **Ernestina Carrillo, LCSW** Telephone: **(415)255-3650**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$631,739**

6a. Matching Funds Required: **\$210,580**

b. Source(s) of matching funds (if applicable): **SFDPH Mental Health General Fund and State Prop 63**

7a. Grant Source Agency: **US Department of Health and Human Services**

b. Grant Pass-Through Agency (if applicable): **State of California; Department of Mental Health**

8. Proposed Grant Project Summary: **CBHS will use this grant to fund case management positions. These positions will focus on persons who are homeless or at risk of becoming homeless. The grant also provides flexible funds which are used to assist persons who are moving into housing or one-time rent payments to prevent eviction.**

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: **July 1, 2010**

End-Date: **June 30, 2011**

10a. Amount budgeted for contractual services: **\$323,539**

b. Will contractual services be put out to bid? **No - only programs that already have existing contracts with CBHS are funded by the grant.**

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? **N/A**

d. Is this likely to be a one-time or ongoing request for contracting out? **Ongoing**

11a. Does the budget include indirect costs?

Yes

No

b1. If yes, how much? **\$12,387**

b2. How was the amount calculated? **2% of total grant award is charged by SF as administrative costs**

c. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of grant funds on direct services

[] Other (please explain):

12. Any other significant grant requirements or comments: **We respectfully request for approval to accept and expend these funds retroactive to July 01, 2010. The Department received additional funding increase in May 2010. DPH needed to revise the grant budget and get grantor approval.**

****Disability Access Checklist****


13. This Grant is intended for activities at (check all that apply):

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input checked="" type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

14. The Departmental ADA Coordinator and/or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

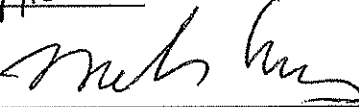
Comments:

Departmental or Mayor's Office of Disability Reviewer: _____


(Jason Hashimoto)

Date Reviewed: 9/1/10

Department Approval: _____


(Mitchell Katz, MD)

(Director of Health)

PATH (McKINNEY HOMELESS) FORMULA GRANT BUDGET

Federal State Pass Through (CFDA 93.150)

FY 10-11 Grant Period : July 1, 2010 to June 30, 2011

The PATH grant budgeted by San Francisco County for FY 2010-2011 is \$631,739.

Description	Union	Step	FTE	FY 10-11 Annual	CCSF's County 2% I. Costs	TOTAL
South of Market						
Personnel Services:						
2588 Health Worker IV (Barnes, Alex)	SEIU 1021	5	1.00	69,205		
2588 Health Worker IV (Aguilar, Dionicio)	SEIU 1021	5	0.80	55,364		
2930 Psychiatric Social Worker (Biel, Sarah)	SEIU 1021	5	0.10	8,208		
2930 Psychiatric Social Worker (tbd)	SEIU 1021	5	1.00	82,077		
			2.90	214,854		
Premium Pay (Bilingual Pay)				-		
Salaries Sub-total				214,854		
Fringes @ 35%	0.35			75,199		
Total Personnel Costs				290,053		290,053
Client Deposits/eviction preve				5,760		5,760
County Admin Costs					5,916	5,916
						301,729
Curry Senior Center				33,995	680	34,675
Hyde St. Community Services				37,145	743	37,888
SF Study Center				52,245	1,045	53,290
Swords to Plowshare				115,000	2,300	117,300
Swords to Plowshare - Veteran Services				85,154	1,703	86,857
Total contractual services				323,539	-	323,539
Total Federal Grant Budget for FY10-11				619,352	12,387	631,739
Other Federal Sources (Medi-Cal/Medicare)						2,529,110
Other non-federal funding sources (Match Fund)						210,580
Total Path Program Budget						3,371,429
Salaries				214,854		
Fringe Benefits				75,199		
Total personnel costs				290,053		
Contractual Services				323,539		
Client Deposits/Eviction Prevention				5,760		
County Administrative Costs - 2% of total Direct costs				12,387		
Total Award				631,739		
Match Funds (1/3 of award amount)				210,580		
Other Federal Sources (Medi-Cal/Medicare)				2,529,110		
Tota Program Costs				3,371,429		

San Francisco PATH Grant
 Funded by California Department of Mental Health
 July 1, 2010 – June 30, 2011

Direct Costs	Total
Civil Service –social workers and case managers 2.90 FTE	290,053
Contractors - Direct services –staff to provide case management services;	323,539
Direct Client Assistance – move in expenses, eviction prevention	5,760
County Administrative Costs – 2% of grant	12,387
Total	631,739

State of California
Department of Mental Health

Health & Human Services Agency

PATH ALLOCATION WORKSHEET
MH 1772B (10/06)

STATE FISCAL YEAR: 2010/2011

FEDERAL CATALOG NO. 93.150

COUNTY: SAN FRANCISCO		REVISION NO:
<p>The State Department of Mental Health (DMH) provides the Federal Projects For Assistance in Transition From Homelessness (PATH) Formula Grant funds to counties for State Fiscal Year (SFY) 2010/2011. Your Planning Estimate is identified below.</p>		
PATH Funding Base:		\$544,847
Veteran Services:		\$86,892
SFY 2009/2010 Rollover:		
Total PATH Expenditure:		\$631,739
PURPOSE: PLANNING ESTIMATE		Date:

I, the undersigned Director, have accepted the Federal PATH funds for the county under the specific conditions included in the positive and negative assurances as part of the County Application Package (CAP), as well as those conditions established by other governing federal and state laws, policies, regulations, and guidelines. The CAP, as approved by DMH, will be followed in expending these funds.

Edwin B. [Signature]
 County Mental Health Director
 Date *5/21/10*
FOR BOB CABAL, M.D.

**PATH PROGRAM
PROVIDER INTENDED USE PLAN - FACE SHEET**

Rev(3/02)

County San Francisco Fiscal Year: 2010/11
 Provider Hyde Street Community Services Allocation: \$37,888.00
 Provider Type Community Mental Health
 Service Area (county, city, region, neighborhood, etc) San Franc

County Contact Person: Ernestina Carrillo
 Telephone: (415) 255-3560 FAX: (415) 255-3567
 email: ernestina.carrillo@sfdph.org

Indicate which of the following essential services will be provided by the provider with PATH funding:

- Outreach
- Housing
- Staff Training
- Community Mental Health Services
- Screening and Diagnostic Services
- Supportive and Supervisory Services in Residential Settings
- Referrals for Primary Health Services, Job Training, Education Services and Relevant
- Housing Services
- Case Management
- Alcohol or Drug Treatment

Indicate which budget categories are funded by PATH:

- | | | |
|---|------------------------------------|---|
| <input checked="" type="checkbox"/> Personnel | <input type="checkbox"/> Equipment | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Consultants | <input type="checkbox"/> Supplies | <input checked="" type="checkbox"/> Other |

Description of the flow of federal PATH funds in California:

PATH funding in California is allocated to the counties from the California State Department of Mental Health. Each county has a Mental Health Program that provides services to the public sector in California; the PATH funds are distributed at the county level to either county or contract providers.

Additional Required Items (ITEMS 1 - 6 OF THE INTENDED USE PLAN)

To complete the INTENDED USE PLAN, please submit items 1 thru 6 as outlined in the Guidelines of these instructions. Limit is THREE additional sheets of plain (not letterhead) paper, with name of county indicated at the top of the sheet.

FEDERAL GRANT DETAILED PROGRAM BUDGET
PATH MH 1779 REV(04/10)

STATE FISCAL YEAR: 2010-2011

TYPE OF GRANT: PATH

COUNTY: San Francisco _____

SUBMISSION DATE: _____ 18-May-10

FISCAL CONTACT: Ernestina Carrillo _____

TELEPHONE NUMBER: (415)255-3650 _____

PROGRAM NAME: Hyde Community Services _____

E-MAIL ADDRESS: ernestina.carrillo@sfdph.org

PERSONNEL				1	2	3
TITLE OF POSITION		ANNUAL SALARY	FTE	FEDERAL PATH AMOUNT	NONFEDERAL MATCH AMOUNT	TOTAL
1	Therapist	24,855	0.5	\$ 24,855	\$ 8,285	
2						
3						
4						\$ -
5						\$ -
6						\$ -
7						\$ -
8						\$ -
9						\$ -
10						\$ -
11	FRINGE BENEFITS @28%			\$ 6,290	\$ 2,097	\$ 8,387.00
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ 24,855	0.50	\$ 31,145	\$ 10,382	\$ 41,527.00
13	Consultant Costs (Itemize):					\$ -
14						\$ -
15						\$ -
16						\$ -
17	Equipment (Where feasible lease or rent) (Itemize):					\$ -
18						\$ -
19						\$ -
20						\$ -
21						\$ -
22	Supplies (Itemize):					\$ -
23						\$ -
24						\$ -
25						\$ -
26						\$ -
27						\$ -
28	Travel -Per diem, Mileage, & Vehicle Rental/Lease					\$ -
29						\$ -
30	Other Expenses (Itemize):					\$ -
31	Security Deposit/eviction prevention			\$ 6,000	\$ 2,000	\$ -
32						\$ -
33						\$ -
34						\$ -
35						\$ -
36						\$ -
37	COUNTY ADMINISTRATIVE COSTS (2% PATH)			\$ 743	\$ 247	\$ 990
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)			\$ 37,888	\$ 12,629	\$ 42,517
39	OTHER FEDERAL FUNDING SOURCES					\$ 1,073,706
40						
41	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			\$ -	\$ -	\$ 1,073,706
42	GROSS COST OF PROGRAM (sum lines 38 and 41)			\$ 37,888	\$ 12,629	\$ 1,116,223

DMH APPROVAL BY:
TELEPHONE:
DATE:

HYDE STREET COMMUNITY SERVICES, INC.

134 Golden Gate Ave.
San Francisco, California 94102

INTENDED USE PLAN NARRATIVE
PATH funds/CBHS – San Francisco County

Fiscal Year 2010/11

1. Description of Program

Hyde Street Community Services, Inc. (HSCS) is a non-profit organization which contracts with the City and County of San Francisco to provide mental health services in the central area of the city. Under its administration is the Tenderloin Outpatient Clinic, the San Francisco Community Clubhouse and the MHSa funded Full Service Partnership. The Clinic is a full service mental health outpatient program providing assessment, therapy, medications, case management and urgent care to over 700 individuals a year. The Clubhouse Wellness and Recovery Center provides recovery based services for individuals with chronic mental illness with a pre-vocational, socialization and peer support emphasis.

Approximately one-third of all clients referred to the Tenderloin Clinic are homeless. These individuals often have a co-morbid substance abuse, primary health issues, and lack entitlements that would allow them to obtain necessary services and maintain stable housing. Helping individuals to stabilize their lives by offering assistance in obtaining both temporary and permanent housing becomes a key element in treatment. Assisting in obtaining entitlements would allow them to maintain permanent housing and necessary services.

2. PATH Funding

The PATH grant will fund a half-time therapist/case manager position at the Tenderloin Clinic. The therapist/case manager would provide specialized services in linkage to housing and entitlements. The PATH funds will be used directly for staff salary (24,855) and benefits (6,290). The remaining \$743 will be used to cover administrative costs. The program also receives \$6,000 to assist clients with security deposits and other move-in expenses; and one time rental payment to prevent eviction.

3. Plan to Provide Service:

Services – It is anticipated that 70 homeless individuals would be served in FY 10-11. The Tenderloin Clinic serves over 700 individuals a year, it is estimated that one third of the clients are homeless. These are individuals who, on admission, are literally homeless, living on the streets or who are in temporary shelters. The therapist/case manager will work collaboratively with the clinical team of Tenderloin Clinic to coordinate treatment goals and case management needs around housing and benefits. Providing the clinicians and the clients with resources, making linkages and

referrals, expediting necessary paperwork, and when necessary, outreach to assist the client with linkage. Support will also be given to persons who are at risk of homelessness, for example interventions have been provided to hoarders by obtaining services to help them clean their environments and developing a plan to maintain these in an acceptable condition which will allow them to maintain their housing.

Coordination with other Community Agencies -- Services will be coordinated with the following agencies that provide social, substance abuse, medical and housing services in the central city area:

- Project Connect
- Housing and Urban Health Center
- Tom Waddell Clinic
- Bay Area Addiction, Research and Treatment (BAART)
- St. Anthony's Foundation
- Tenderloin AIDS Resource Center
- Tenderloin Neighborhood Development Center
- Conard House Support Hotels
- Next Door Shelter
- Shelter Plus Care
- Positive Resource Center

Gaps in Service - The Tenderloin area of San Francisco has the highest concentration of homeless persons in the city. The critical housing shortage in the city is coupled with an increase in rental costs of rental units and decrease of SROs, making it difficult for the homeless to secure affordable, safe housing. Specialized knowledge of the resources and the process required to obtain them are required when working with multi-problem clients. Clients with medical issues, substance abuse problems, or criminal justice involvement require additional effort to place in suitable housing.

Services for Co-Occurring Substance Abuse Disorders

The Tenderloin Clinic has implemented both the philosophy of integrated behavioral health services and a harm reduction model of intervention. 75% of clients receiving services at the clinic have co-morbid substance abuse, and services are provided to address both the mental health and substance abuse issues simultaneously. Homeless, seriously mentally ill clients receiving services through the PATH grant will also be engaged in mental health and substance abuse treatment at the clinic.

The Tenderloin Clinic participates in the SF Community Behavioral Health Services Integration Initiative and adhere to the "Any Door is the Right Door" policy, Harm Reduction Policy, and are trained to screen for co-occurring disorders. Partnerships have been established with specific substance abuse programs in the community to facilitate client referrals and consultation for staff

In addition, the Tenderloin Clinic works collaboratively with the BAART program, which provides methadone and primary care services. The clinic provides space for BAART for its OBOT project and both programs provide training and consultation in their areas of expertise.

Strategies for Housing Services

The PATH funded clinician will maintain a database of all available permanent housing resources, maintain contact with the Department of Public Health, Housing and Urban Health Services and Department of Human Services and other agencies that provide housing services, and assist clients in linking to appropriate mental health, substance abuse, and medical services which will result in continued stability in the community.

4. PATH participation in HUD Continuum of Care:

San Francisco has a ten year strategic plan for homeless services entitled "The San Francisco Plan to Abolish Chronic Homelessness". The plan developed under the leadership of former supervisor Angela Alioto guides the city and county's planning through 2014. Working with Ms. Alioto on the plan were representatives from various City Departments including the Department Of Public Health, homeless and formerly and concerned citizens. The plan includes key strategies in preservation and development of affordable housing, the housing first model, expansion and improved access to comprehensive health and human services and expansion of economic opportunities including job training and employment assistance that are responsive to the changing economy. The DPH Homeless Coordinator and a representative from Swords To Plowshares participated on the Ten Year Planning Committee. The San Francisco DPH also develops an Annual Homeless and Housing Report. A report on Strategies for Homeless Individuals with Mental Health Diagnoses, Substance Abuse Diagnoses and Chronic Medical Conditions was developed by the DPH in September 2003.

4. Cultural Competence/Diversity

The Tenderloin Clinic serves a population reflective of the Tenderloin community. Racially and ethnically: 53% are White, 26% are African-American, 2% are Native American, 5% are Latino, 6% are Arab-speaking, 7% are Asian, and 1% or Other. 62% of the clients are male, 37% are female, and 1% identifies themselves as transgender.

HSCS makes every attempt to hire staff that represents the racial and ethnic diversity and linguistic needs of the population served. Regular in-service trainings are held annually

focusing on ethnic, cultural and other minority issues. Staff are also encouraged to attend off-site workshops and trainings that focus on cross cultural treatment.

CBHS contracted programs are reviewed annually to ensure that each program provides staffing to meet the characteristics and linguistic needs of the clients served. On an annual basis the agency is required to submit a Cultural Competence Plan with goals that the agency sets for itself in this area..

5. Consumer and Family Involvement

HSCS began as a grassroots organization that has a history of consumer and community involvement since its inception. Throughout all aspects of the organization, from its Board of Directors, employed peer counselors, to the Consumer Advisory Committee, consumers and family are involved in the planning, implementation, and evaluation of the programs.

Consumers and family members also participate in the county services planning process on a number of levels. Representatives from the Homeless Coalition, a consumer advocacy group, meet regularly with the CBHS Director. CBHS has the Office of Consumer Services, which solicits input from consumers and sets up periodic focus discussion groups. This office includes a consumer staff and a family liaison. One of the consumer staff facilitates a monthly Consumer Council made up of consumers and family members to advise and guide CBHS Systems of Care.

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

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, San Francisco Board of Supervisors	City elective office(s) held: Members, San Francisco Board of Supervisors
Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Hyde Street Community Services, Inc.	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
1) Board - Alicia English, President; Terri Day, Vice President/ Treasurer; Bonnie Weisel, Secretary; Roy Harrison; Paul Lentz; Sandra Lauer; Michael Saunter; Art Tapia	
2) Staff – Chief Executive Officer and Operating Officer - Cindy Gyori; Chief Financial Officer – Helen Cabiles (contracted through BAART)	
3) N/A	
4) N/A	
5) N/A	
Contractor address: 134 Golden Gate Ave., S.F., CA, 94102	
Date that contract was approved: 7-01-10	Amount of contract \$37,888
Describe the nature of the contract that was approved: PATH Grant – provide case management services to homeless clients	
Comments:	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form (Mayor, Gavin Newsom)
- a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board
- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits
Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Clerk of the Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102	E-mail: Bos.legislation@sfgov.org

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

Date Signed

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

Date Signed

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

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, San Francisco Board of Supervisors	City elective office(s) held: Members, San Francisco Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Curry Senior Center	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
1) Board – Sally Hatchett – President; Deborah Ogden – Vice President; Richard Sullivan – Treasurer; Dennis Kneepfel – Secretary; Walter DeVaughn, Cathy Murphy, Antonio Nierras; Susan Obata, MD; Joyce Pierson; Michelle Wood	
2) Executive Director: David Knego; Chief Administrative Officer – Rick Crane	
3) N/A	
4) N/A	
5) N/A	
Contractor address: 333 Turk Street San Francisco 94102	
Date that contract was approved: <i>July 1, 2010</i>	Amount of contract: 34,675
Describe the nature of the contract that was approved: PATH Grant - pays for case manager to provide services to homeless seniors	
Comments:	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form (Mayor, Gavin Newsom)
- a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board
- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits
- _____
Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Clerk of the Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102	E-mail: Bos.legislation@sfgov.org

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

Date Signed

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

Date Signed

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

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, San Francisco Board of Supervisors	City elective office(s) held: Members, SF Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: San Francisco Study Center	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
1) Board of Director – John Burks- President, Richard Livingston – Vice President , Libby Denebeim – Secretary-Treasurer; Reiko True; Herb Gunther, Stas Margaronis, Edgar Mercado, James McWilliams, Ben Fong-Torres 2) CEO – Geoffrey Link; CFO- Kevin Walsh; COO, Ken Harper 3) N/A 4) N/A 5) N/A	
Contractor address: 1095 Market Street #601, San Francisco CA 94103	
Date that contract was approved: 7/01/10	Amount of contract: \$53,311
Describe the nature of the contract that was approved: PATH Funding – homeless grant – funding will be used to provide stipends for peer training .	
Comments:	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form (Mayor, Gavin Newsom)

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

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

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Clerk of the Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102	E-mail: Bos.legislation@sfgov.org

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

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

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

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, San Francisco Board of Supervisors	City elective office(s) held: Members, San Francisco Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Swords to Plowshares	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
1) Board of Directors – Paul Cox, Gordon Erspamer, Steve Fields, Rick Houlberg, Judy Kridle, Maceo May, Pete McCorkle – secretary, Christine Mucker, Stephen Plath – vice chair, Larry Rosenberger – treasurer, Sara Seltzer, Mai Kha Shutt, Stephen Snyder, Robert Trevorrow, Linsay Rousseau Burnett, Ian Sharpe	
2) Chief Executive Officer – Michael Blecker, Chief Financial Officer – John Beem; Chief Operating Officer – Leon Winston	
3) N/A	
4) N/A	
5) N/A	
Contractor address: 1060 Howard Street San Francisco, CA	
Date that contract was approved: 7/01/2010	Amount of contract: \$204,192
Describe the nature of the contract that was approved: Case management services to homeless veterans	
Comments:	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form (Mayor, Gavin Newsom)
- a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board
- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Clerk of the Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102	E-mail: Bos.legislation@sfgov.org

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

Date Signed

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

Date Signed