File No. 10162	Committee Item No
	Board Item No.

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee CITY OPERATIONS AND NEIGHBORHOOD SERVICES	Date	9/27/10						
Board of Supervisors Meeting Date								
Cmte Board								
Motion Resolution Ordinance Legislative Digest Budget Analyst Report Legislative Analyst Report Introduction Form (for hearin Department/Agency Cover Legislative Analyst Report MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Award Letter Application Public Correspondence		ort						
OTHER (Use back side if additional s								
Completed by: Gail Johnson Completed by:	Date Date	9/23/10						

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

 6

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Resolution authorizing the San Francisco Department of Public Health (DPH) to accept and expend retroactively a grant from the US Department of Health and Human 4 Services in the amount of \$631,739 to fund the Project for Transition From

Homelessness; for the period July 1, 2010 through June 30, 2011.

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

[Accept and expend grant - Project for Transition from Homelessness (PATH) - \$631,739]

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

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

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

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

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

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

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

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

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

RECOMMENDED:

mul his

Mitchell Katz, M.D. Director of Health

APPROVED:

Office of the Mayor

Office of the Controller

City and County of San Francisco

Department of Public Health



Gavin Newsom Mayor Mitchell H. Katz, MD Director of Health

TO:		Angela Calvillo, Clerk of the Board of Supervisors						
FRO	OM:	Mitchell H. Katz, M.D. W. Director of Health						
DAT	E:	August 30, 2010						
SUE	Expend							
GR	ANT TITLE:	Path for Homele	ss Program- \$631,739					
Atta	ched please f	ind the original and	4 copies of each of the following:					
\boxtimes	Proposed gi	ant resolution, orig	inal signed by Department					
\boxtimes	Grant inform	nation form, includir	ng disability checklist					
\boxtimes	Grant budge	et and justification						
\boxtimes	Award Lette	i.						
\boxtimes	Grant Applic	cation						
	·							
•		Requirements:	ceive a copy of the adopted resolution:					
Del	artinentar re	presentative to re-	solve a copy of the daopted recolution.					
Name: Ann Santos Phone: 255-3546								
Inte	roffice Mail Ad	ldress: DPH, Comr	munity Programs, 1380 Howard St., 4 th Floor					
Cer	tified copy req	uired 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):
[xx] 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? [XX] 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

accept and expend	I these funds retroactive to July 01	We respectfully request for approval to , 2010. The Department received I to revise the grant budget and get		
*Disability Access Check	list***			
13. This Grant is intended fo	or activities at (check all that apply):			
x] Existing Site(s)] Rehabilitated Site(s)] New Site(s)	Rehabilitated Site(s) [] Rehabilitated Structure(s) [] New Program(s) or Service(s)			
and concluded that the project of th	ect as proposed will be in compliance	e on Disability have reviewed the proposal with the Americans with Disabilities Act and d will allow the full inclusion of persons with described in the comments section:		
Comments:				
Departmental or Mayor's Of	fice of Disability Reviewer:)orf)		
Date Reviewed: 4/1	met hus	√ (Jason Hashimoto))		
	(Mitchell Katz, MD)) (Direct	or of Health)		

[] Other (please explain):

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	Unîon	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		82,077		
			2.90	214,854		
Premium Pay (Bilingual Pay)			-		-	
Salaries Sub-total				214,854		
Fringes @ 35%	0.35			75,199	~	000.050
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

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:

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.

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.

County Mental Health Director

Date

for BOB CABAL, M.D

PATH PROGRAM PROVIDER INTENDED USE PLAN - FACE SHEET Rev(3/02) Fiscal Year: 2010/11 San Francisco County \$37,888.00 Allocation: **Hyde Street Community Services** Provider Community Mental Health Provider Type Service Area (county, city, region, neighborhood, etc) San Franc Ernestina Carrillo County Contact Person: FAX: (415) 255-3567 (415) 255-3560 Telephone: ernestina.carrillo@sfdph.org email: 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 X Housing Services Case Management Х Alcohol or Drug Treatment Indicate which budget categories are funded by PATH: Travel Equipment Personnel Other Supplies Consultants 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

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PATH

COUNTY: San Francisco FISCAL CONTACT: Ernestina Carrillo	SUBMISSION DATE: 18- TELEPHONE NUMBER: _(415)255-3650_	May-10
PROGRAM NAME: Hyde Community Services	E-MAIL ADDRE emestina.carrillo@sfdph.org	

PODGONING	i -			1		2		3
PERSONNEL	ANNUAL		FF	DERAL PATH	NONFI	EDERAL MATCH		. *
TITLE OF POSITION	SALARY	FTE		AMOUNT		AMOUNT	7	OTAL
	24,855	0.5	\$	24,855	\$	8,285		
Therapist	27,000		<u></u>	2 1,000				· · · · · · · · · · · · · · · · · · ·
		·····						
							\$	-
							\$	-
							\$	_
			,				\$	
							\$	<u>.</u>
							\$	
FRINGE BENEFITS @28%			\$	6,290	\$		\$	8,387.00
TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ 24,855	0.50	S	31,145	\$		\$	41,527.00
Consultant Costs (Itemize):							\$	
							\$	-
							\$	
>							\$	
Equipment (Where feasible lease or rent) (Itemize):							\$	*
							\$	-
							\$	
							\$	-
							\$	
Supplies (Itemize):							\$ \$	-
	**************************************						<u>\$</u>	-
1				· · · · · · · · · · · · · · · · · · ·			<u>\$</u> \$	*
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7							Ψ <u></u>	
Travel -Per diem, Mileage, & Vehicle Rental/Lease							\$	
							<u>*</u> \$	······································
Other Expenses (Itemize):			\$	6,000	\$	2,000	<u> </u>	
Security Deposit/eviction prevention			3	0,000	3		\$	
2							\$	*
}							\$	*
					 		\$	
5					 		\$	-
COUNTY ADMINISTRATIVE COSTS (2% PATH	N .		S	743	\$	247	\$	990
NET PROGRAM EXPENSES (sum lines 12 t	S	37,888	\$.		\$	42,517		
OTHER FEDERAL FUNDING SOURCES						(\$	1,073,706
							_	
TOTAL OTHER FUNDING SOURCES (sum lines	39 & 40)		S	-	\$	-	\$	1,073,706
						10.000	¢	1 116 222
GROSS COST OF PROGRAM (sum lines 38 and	41)		S	37,888	<u>></u>	12,629	3	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 evicition.

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.

<u>Coordination with other Community Agencies</u>—Services ill 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 Cutltural 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 (Please print clearly.)	Chair Collador Code § 1.120)
Name of City elective officer(s):	City elective office(s) held:
Name of City elective officer(s).	City clock to cance (c) accura
Members, San Francisco Board of Supervisors	Members, San Francisco Board of Supervisors
Control V. Control (Plane wint Joseph)	
Contractor Information (Please print clearly.) Name of contractor:	
Hyde Street Community Services, Inc.	
Please list the names of (1) members of the contractor's board of financial officer and chief operating officer; (3) any person who any subcontractor listed in the bid or contract; and (5) any polit additional pages as necessary. 1) Board - Alicia English, President; Terri Day, Vice President/Lentz; Sandra Lauer; Michael Saunter; Art Tapia 2) Staff - Chief Executive Officer and Operating Officer - Cind through BAART) 3) N/A 4) N/A 5) N/A	has an ownership of 20 percent or more in the contractor; (4) ical committee sponsored or controlled by the contractor. Use Treasurer; Bonnie Weisel, Secretary; Roy Harrison; Paul
Contractor address: 134 Golden Gate Ave., S.F., CA, 94102	
Date that contract was approved:	Amount of contract
7-01-10	\$37,888
Describe the nature of the contract that was approved: PATH Grant – provide case management services to homeless c Comments:	lients
This contract was approved by (check applicable): the City elective officer(s) identified on this form (Mayor a board on which the City elective officer(s) serves Sat the board of a state agency (Health Authority, Housing A Board, Parking Authority, Redevelopment Agency Comminute Development Authority) on which an appointee of the City	n Francisco Board of Supervisors Print Name of Board uthority Commission, Industrial Development Authority ssion, Relocation Appeals Board, Treasure Island
Print Name of Board	
Filer Information (Please print clearly.)	
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 of	officer) Date Signed
Signature of Board Secretary or Clerk (if submitted by Board Sec	cretary or Clerk) Date Signed

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

City Elective Officer Information (Please print clearly.)	imental Conduct Code § 1.126)
Name of City elective officer(s):	City elective office(s) held:
Name of City elective officer(s).	City execuve office(s) hera.
Members, San Francisco Board of Supervisors	Members, San Francisco Board of Supervisors
Contractor Information (Please print clearly.)	
Name of contractor:	
Curry Senior Center	
	no has an ownership of 20 percent or more in the contractor; (4) litical committee sponsored or controlled by the contractor. Use President; Richard Sullivan – Treasurer; Dennis Kneeppel –
2) Executive Director: David Knego; Chief Administrative (3) N/A 4) N/A 5) N/A	Officer – Rick Crane
Contractor address: 333 Turk Street San Francisco 94102	
Date that contract was approved: July 1, 2010	Amount of contract: 34,675
Describe the nature of the contract that was approved: PATH Grant - pays for case manager to provide services to he	omeless seniors
Comments:	
his contract was approved by (check applicable):	
the City elective officer(s) identified on this form (Mayo	or, Gavin Newsom)
a board on which the City elective officer(s) servesS	an Francisco Board of Supervisors
and the following state of the first state of the f	Print Name of Board
I the board of a state agency (Health Authority, Housing A Board, Parking Authority, Redevelopment Agency Comm	Authority Commission, Industrial Development Authority
Development Authority) on which an appointee of the Cit	
Print Name of Board	
Filer Information (Please print clearly.)	
Name of filer:	Contact telephone number:
Clerk of the Board of Supervisors	(415) 554-5184
Address: City Hall, Room 244	E-mail: Bos.legislation@sfgov.org
1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102	
Signature of City Elective Officer (if submitted by City elective	officer) Date Signed
Signature of City Elective Officer (it shouldness by City elective	onnow, Date Signed
Signature of Board Secretary or Clerk (if submitted by Board Se	ecretary or Clerk) Date Signed

FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

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

(S.F. Campaign and Governm	chtai Conduct Code y 1.120)
City Elective Officer Information (Please print clearly.)	
Name of City elective officer(s):	City elective office(s) held:
Members, San Francisco Board of Supervisors	Members, SF Board of Supervisors
Contractor Information (Please print clearly.)	
Name of contractor: San Francisco Study Center	
Please list the names of (1) members of the contractor's board of financial officer and chief operating officer; (3) any person who any subcontractor listed in the bid or contract; and (5) any political additional pages as necessary. 1) Board of Director — John Burks- President, Richard Live Treasurer; Reiko True; Herb Gunther, Stas Margaronis, 2) CEO — Geoffrey Link; CFO- Kevin Walsh; COO, Ken 13) N/A 4) N/A 5) N/A Contractor address:	has an ownership of 20 percent or more in the contractor; (4) ical committee sponsored or controlled by the contractor. Use vingston – Vice President, Libby Denebeim – Secretary-Edgar Mercado, James McWilliams, Ben Fong-Torres
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 prove	
Comments:	
This contract was approved by (check applicable): the City elective officer(s) identified on this form (Mayor, a board on which the City elective officer(s) servesSar_ the board of a state agency (Health Authority, Housing Authority, Parking Authority, Redevelopment Agency Commist Development Authority) on which an appointee of the City	Print Name of Board of Supervisors Print Name of Board athority Commission, Industrial Development Authority ssion, Relocation Appeals Board, Treasure Island
Print Name of Board	
Filer Information (Please print clearly.)	
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 o	fficer) Date Signed
Signature of Board Secretary or Clerk (if submitted by Board Sec	retary or Clerk) Date Signed

FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

	ental Conduct Code § 1.126)
City Elective Officer Information (Please print clearly.)	
Name of City elective officer(s):	City elective office(s) held:
Members, San Francisco Board of Supervisors	Members, San Francisco Board of Supervisors
Contractor Information (Please print clearly.)	
Name of contractor: Swords to Plowshares	
Please list the names of (1) members of the contractor's board of financial officer and chief operating officer; (3) any person who any subcontractor listed in the bid or contract; and (5) any political additional pages as necessary. 1) Board of Directors – Paul Cox, Gordon Erspamer, Steve Field secretary, Christine Mucker, Stephen Plath – vice chair, Larry Rosnyder, Robert Trevorrow, Linsay Rousseau Burnett, Ian Sharpe 2) Chief Executive Officer – Michael Blecker, Chief Financial C3) N/A 4) N/A 5) N/A Contractor address:	has an ownership of 20 percent or more in the contractor; (4) ical committee sponsored or controlled by the contractor. Use ds, Rick Houlberg, Judy Kridle, Maceo May, Pete McCorkle—osenberger—treasurer, Sara Seltzer, Mai Kha Shutt, Stephen
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, ☐ a board on which the City elective officer(s) serves Sar	·
	Print Name of Board
☐ the board of a state agency (Health Authority, Housing Au Board, Parking Authority, Redevelopment Agency Commis Development Authority) on which an appointee of the City	sion, Relocation Appeals Board, Treasure Island
Print Name of Board	
Filer Information (Please print clearly.)	
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 o	fficer) Date Signed
Signature of Board Secretary or Clerk (if submitted by Board Sec	retary or Clerk) Date Signed