

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:<sup>03-08-2022</sup> | 15:17:52 PST

File #: 220043

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: <u>https://sfethics.org/compliance/city-officers/contract-approval-city-officers</u>

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. CONTRACTIN	IG DEPARTMENT CONTACT	
NAME OF DEPAR	TMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
HANNA HJORE	)	628.217.6316
FULL DEPARTMEN	NT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	hanna.hjord@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco AIDS Foundation	(415) 487-3000
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1035 Market Street, Suite 400, San Francisco, CA 94103	

6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)			
03/01/2022		220043			
03, 01, 2022					
DESCRIPTION OF AMOUNT OF CONTRACT					
\$80,000					
NATURE OF THE CONTRACT (Please describe)					
San Francisco AIDS Foundation will pilot mobile contingency management with people experiencing homelessness.					

## 7. COMMENTS

San Francisco AIDS Foundation is a 501 ( c ) 3 Nonprofit with a Board of Directors.

Amount	of	Contract	is	reflected	in	the	Revised	Component	А	Budget,	Section	н.	CONTRACTUAL
table.													

### 8. CONTRACT APPROVAL

This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Marquis	Matthew	Other Principal Officer
2	Garcia	Ferd	Other Principal Officer
3	Borkon	Peter	Board of Directors
4	Brooke	Keri	Board of Directors
5	Brooks	Douglas	Board of Directors
6	Cowen	Christopher	Board of Directors
7	Damalas	Alex	Board of Directors
8	Duff	Frank	Board of Directors
9	Edwards	Kenneth	Board of Directors
10	Lazarre	Zoe Harris	Board of Directors
11	Hodges	Philip	Board of Directors
12	Huang	Stephen	Board of Directors
13	Kinsley	Michael	Board of Directors
14	Livingston	Sean	Board of Directors
15	Mapps	Rosco	Board of Directors
16	Nungaray	Manny	Board of Directors
17	Pincow	James	Board of Directors
18	Reid	Katrina	Board of Directors
19	Silva	Fredo	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Vastardis	William	Board of Directors
21	Watson	Maureen	Board of Directors
22	Walker	La Shon	Board of Directors
23	Wong	Dora	Board of Directors
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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	ТҮРЕ
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	Check this box if you need to include add Select "Supplemental" for filing type.	litional names. Please submit a separate	form with complete information.

### **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.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
CLERK DocuSigned by:	03-08-2022   15:17:52 PST



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File #: 220043

Bid/RFP #:

# **Notification of Contract Approval**

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1. FILING INFORMATION								
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)							
Original								
AMENDMENT DESCRIPTION – Explain reason for amendment	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 DEPART	DEPARTMENT CONTACT TELEPHONE NUMBER				
Hanna Hjord	i	628.217.6316			
FULL DEPARTMEN	NT NAME	DEPARTMENT CONTACT EMAIL			
DPH	Department of Public Health	hanna.hjord@sfdph.org			

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Facente Consulting	415-999-1310
STREET ADDRESS (including City, State and Zip Code)	EMAIL
5601 Van Fleet Avenue, Richmond, CA 94804	

6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)			
03/01/2022		220043			
DESCRIPTION OF AMOUNT OF CONTRACT					
\$183,582					
NATURE OF THE CONTRACT (Please describe)					
Facente Consulting will be funded to coordinat Leadership Institute (CHLI) in year 1 in partn					

listed above (\$60,000 will go to community organizations, experts and members). The CHLI will serve as a model for the type of transformative change that is called for to address the major health disparities that have persisted in SF.

### 7. COMMENTS

Facente Consulting is a 501 ( c ) 3 Nonprofit with a Board of Directors

Amount	of	Contract	is	reflected	in	the	Revised	Component	А	Budget,	Section	н.	CONTRACTUAL
table.													

#### 8. CONTRACT APPROVAL

This	contract was approved by:
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	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Facente	Shelley	Board of Directors
2	Maxim	Cindy	Board of Directors
3	Albers	Autumn	Board of Directors
4	Geckeler	Dara	Board of Directors
5	Jimenez	Jose	Board of Directors
6	Blea	LeRoy	Board of Directors
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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 ac Select "Supplemental" for filing type.	lditional names. Please submit a separate	form with complete information.

#### **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.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
CLERK DocuSigned by: 988C8F42C3084B5 Angela Calvillo	03-08-2022   15:17:09 PST



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:<sup>03-08-2022</sup> | 15:16:07 PST

File #: 220043

Bid/RFP #:

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1. FILING INFORMATION						
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AMENDMENT DESCRIPTION – Explain reason for amendment						

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

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

4. CONTRACTIN	G DEPARTMENT CONTACT	
NAME OF DEPART	TMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Hanna Hjord	i	628.217.6316
FULL DEPARTMEN	NT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	hanna.hjord@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Harm Reduction Coalition	(510) 285-2799
STREET ADDRESS (including City, State and Zip Code)	EMAIL
45 Franklin Street, Suite 320, San Francisco CA 94102	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
03/01/2022		220043
DESCRIPTION OF AMOUNT OF CONTRACT		
\$5,000		
NATURE OF THE CONTRACT (Please describe)		
Harm Reduction Coalition will provide overdose unites and work with tenant leaders to ensure		in supportive housing

# 7. COMMENTS

Harm Reduction is a 501 ( c ) 3 Nonprofit with a Board of Directors

Amount	of	Contract	is	reflected	in	the	Revised	Component	А	Budget,	Section	н.	CONTRACTUAL
table.													

## 8. CONTRACT APPROVAL

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	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Sherman	Susan	Other Principal Officer
2	Barbour	Russell	Other Principal Officer
3	Kinzly	Mark	Other Principal Officer
4	Kral	Alex H.	Other Principal Officer
5	McIntosh	Marcia S.	Other Principal Officer
6	Pillai	Nandini	Other Principal Officer
7	Fuentes	Tino	Board of Directors
8	Green	Corinne	Board of Directors
9	Larriett	Dakarai	Board of Directors
10	Pick	william O.	Board of Directors
11	Ramirez	Lisa	Board of Directors
12	Roig	Carlos	Board of Directors
13	Stampler	Julie	Board of Directors
14	Tookes	Hansel	Board of Directors
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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
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
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1. FILING INFORMATION			
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AMENDMENT DESCRIPTION – Explain reason for amendment			

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
Hanna Hjord		628.217.6316	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	hanna.hjord@sfdph.org	

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
03/01/2022		220043
DESCRIPTION OF AMOUNT OF CONTRACT	I	
\$670,568		
NATURE OF THE CONTRACT (Please describe)		
Heluna Health will provide fiscal intermediary over consultants selected by CHEP.	services to SFDPH and	d contractual oversight
Heluna Health is a 501 ( c ) 3 Nonprofit with	a Board of Directors	

### 7. COMMENTS

Amount of Contract is reflected as the sum of the entries in Section H. CONTRACTUAL table in both Revised Component A Budget (\$614, 168) and Component C (\$56,400).

X

This contract was approved by:

THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM

A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES

Board of Supervisors

THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Ramanathan	Erik D.	Other Principal Officer
2	Baker	Alex	Other Principal Officer
3	Jenks	Robert R.	Other Principal Officer
4	Joseph	Tamara	Other Principal Officer
5	Gieseler	Brian	CFO
6	Cutler	Blayne	CEO
7	Edwards	Carladenise	Board of Directors
8	Yip	Edward	Board of Directors
9	Casciato	Georgia	Board of Directors
10	0'Connor	Jean C.	Board of Directors
11	Macarchuk	Nicole J.	Board of Directors
12	Vetticaden	Santosh	Board of Directors
13	Rich	Sarah Mullen	Board of Directors
14	Filer	Scott	Board of Directors
15	DeSanti	Susan	Board of Directors
16	Filer	Scott	Board of Directors
17	Vasallo	Vivian	Board of Directors
18	Nguyen	Von	Board of Directors
19			

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
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