



San Francisco Ethics Commission

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

Received On: 02-23-2022 | 22:21:09 PST

File #: 211129

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
Arlene Lee	(415) 255-3492
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	arlene.lee@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Bayview Hunters Point Foundation	TELEPHONE NUMBER (415) 468-5100
STREET ADDRESS (including City, State and Zip Code) 150 Executive Park Blvd, Ste 2800, SF, CA 94134	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 02/15/2022	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211129
DESCRIPTION OF AMOUNT OF CONTRACT NTE \$13,489,343		
NATURE OF THE CONTRACT (Please describe) Provides outpatient mental health services to adults, adolescents, and children; prevention and early intervention behavioral health services at Balboa High School; fiscal intermediary services for the Dimensions Clinic, providing primary care and behavioral health services to Lesbian/Gay/Bisexual/Transgender transitional age youth; and long-term residential and recovery programming through the Jelani Family 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

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	Watson	Susan	Board of Directors
2	Watson	Susan	Other Principal Officer
3	Fuller	Wayzel	Board of Directors
4	Fuller	Wayzel	Other Principal Officer
5	Kendrix	James	Board of Directors
6	Everhart	Claude	Board of Directors
7	Coulson	Chuck	Board of Directors
8	Cray	Adam	Board of Directors
9	Martens	Alycia	Board of Directors
10	Bouquin	James	CEO
11	Mayer	Steven	CFO
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9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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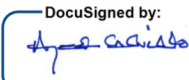
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

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.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p>  <p>DocuSigned by: 982C8F42C3084B5 Angela Calvillo</p>	<p>DATE SIGNED</p> <p>02-23-2022 22:21:09 PST</p>
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