

File No. 101472

Committee Item No. 2
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules

Date December 2, 2010

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input 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"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input type="checkbox"/> | <input 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 |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Linda Wong

Date November 29, 2010

Completed by: _____

Date _____

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



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-7714**

Print Application

Application for Boards, Commissions and Committees

Application for Appointment to: SOMA Community Stabilization Fund Community Advisory Committee
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): # 2 - Labor

Name: Conny Ford

Home Address: Winton Ave, SF, CA

Zip: 94115

Home Phone: 715

Occupation: union org.

Work Phone: 715 672-2226

Employer: OPERA, World 3

Business Address: 1050 So Van Ness, #202, SF, CA

Zip: 94116

Check All That Apply:

A citizen of the United States.

At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco Yes: No: (Place of Residence):

Please state your qualifications (attach supplemental sheet if necessary)

Education: BA, University of Redlands
Black Studies major

Business and/or professional experience:

workforce development / workplace organizing.

Civic Activities:

political activities / organizing, or fairs / community gardens

Ethnicity: (optional)

Sex (optional) M F

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

(Please Note: Once completed, this form, including all attachments, become public record)

Date: 5/20/10 Applicant's Signature: (required) [Signature]

Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____



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 City and County of San Francisco
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Print Application

Application for Boards, Commissions and Committees

Application for Appointment to: SOMA Community Stabilization Fund Community Advisory Committee
 Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): 4

Name: ADA HAN

Home Address: BRONX

Zip:

Home Phone: Occupation:

Work Phone: (510) 757-8646 Employer: City of Oakland

Business Address: Zip:

Check All That Apply:

A citizen of the United States.

At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco Yes: No: (Place of Residence): Oakland California

Please state your qualifications (attach supplemental sheet if necessary)

Education:

Masters Urban Planning

Business and/or professional experience:

affordable housing dev.
 dev and planning in SOMA + SF.

Civic Activities:

~~SEMINAR BOARD~~
 SEMINAR BOARD

Ethnicity: (optional)

Sex (optional) M F

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

(Please Note: Once completed, this form, including all attachments, become public record)

Date: _____ Applicant's Signature: (required)

Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, California 94102-4689
(415) 554-5184 FAX (415) 554-7714**

Application For Boards, Commissions and Committees

Application for Appointment to: SOMA COMMUNITY ADVISORY COMMITTEE
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If Applicable): 4

Enter your name, mailing address and daytime telephone number in the spaces provided. Because this form is a document available for public review, you may list your business/office address, telephone number and e-mail address in lieu of your home address or other personal contact information.

Do you authorize release of your private/personal information? yes no

Print Name: KATHLEEN EVASCO
Home Address: 420 BERRY ST #13, SF Zip 94158
Home Phone: 415-694-1338 Occupation: FUNDS DEVELOPER
Work Phone: 415-255-0440 Employer: BINDLESTIFF STUDIO
Business Address: 1172 FOLSOM ST. #470 SF Zip: 94103
E-Mail Address: KAT@BINDLESTIFFSTUDIO.ORG Fax #: _____

Are you a United States citizen? Yes No (Citizenship is a mandatory requirement for all appointments)
Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?
 Yes No. (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of those conviction(s), and the court(s) that convicted you.)

Education: BA - ASIAN AMERICAN STUDIES, SAN FRANCISCO STATE UNIVERSITY
2009

Business and/or professional experience: PERSONAL BANKER - CITIBANK (2004-2009)
2009-2010) ART INSTITUTE - FINANCIAL AID OFFICER, BINDLESTIFF STUDIO - FUNDS DEVELOPER
Civic Activities: VOLUNTEER - SOMA ACTIVITIES

Other Personal Information: (optional) TEACHER - PINOY EDUCATIONAL PARTNERSHIP (06-'08)
BOARD MEMBER - BINDLESTIFF STUDIO

Ethnicity: (optional) FILIPINO AMERICAN Sex: (optional) M F

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No
Would you be able to attend night meetings? _____ Day meetings? _____ Either X
Please state your qualifications (attach supplemental sheet if necessary)

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

Date: 11-14-2010 Applicant's Signature: (required) [Signature]
Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, California 94102-4689
(415) 554-5184 FAX (415) 554-7714**

Application For Boards, Commissions and Committees

Application for Appointment to: CAC OF SOMA STABILIZATION FUND
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If Applicable): 5- REPRESENTING A COMMUNITY-BASED ORGANIZATION IN SOMA

Enter your name, mailing address and daytime telephone number in the spaces provided. Because this form is a document available for public review, you may list your business/office address, telephone number and e-mail address in lieu of your home address or other personal contact information.

Do you authorize release of your private/personal information? yes no

Print Name: ALLAN S. MANALO
Home Address: 1072 FOLSOM ST. #470 SF, CA Zip 94103
Home Phone: (415) 515-2248 Occupation: ARTISTIC DIRECTOR
Work Phone: (415) 255-0440 Employer: BINDLESTIFF STUDIO
Business Address: Allan@bindlestiffstudio.org Zip: 94103
E-Mail Address: 1072 FOLSOM ST. #470 Fax #: (415) 255-0440

Are you a United States citizen? Yes No (Citizenship is a mandatory requirement for all appointments)
Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony?
 Yes No. (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of those conviction(s), and the court(s) that convicted you.)

Education: BS-BUSINESS ADMINISTRATION-SF STATE UNIV. 1991
AA-LIBERAL ARTS-UNIV. OF HAWAII-LEeward CC 1985

Business and/or professional experience: SYSTEMS ADMIN - MAUS HAUS 1998-2000,
BARISTA - CAPPEROMA 1996-99, SAVINGS COUNSELOR - HOME SAVINGS 1986-1993

Civic Activities: MEMBER OF SOUTH OF MARKET PROJECT AREA COM. (SOMPAC)
BOND MEMBER - PHILIPPINE ARTISTS & WRITERS ASSOC. (PAWA)

Other Personal Information: (optional) THEATER ARTIST / WRITER / STAND UP COMIC

Ethnicity: (optional) FILIPINO AMERICAN Sex: (optional) M F

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Would you be able to attend night meetings? _____ Day meetings? _____ Either

Please state your qualifications (attach supplemental sheet if necessary) LONG TIME WORKER AND FORMER
RESIDENT OF SOMA.

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

Date: 11/01/2010 Applicant's Signature: (required) [Signature]
Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-7714**

Print Application

Application for Boards, Commissions and Committees

Application for Appointment to: SOMA Community Stabilization Fund Community Advisory Committee
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): Direct services to SOMA families, seat 6

Name: Judith E. Baker

Home Address: Laguna St #5

Zip: 94115

Home Phone: 415- _____ Occupation: Family Resource Center Director

Work Phone: 415-820-3508 Employer: South of Market Child Care, Inc

Business Address: 790 Tolson St Zip: 94107

Check All That Apply:

A citizen of the United States. At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco Yes: No: (Place of Residence):

Please state your qualifications (attach supplemental sheet if necessary)

Education: M.A. Early Childhood Education
Supervision Permit - Child Development

Business and/or professional experience: Employed by South of Market Child Care, Inc
Since 1971 serving low-income primarily immigrant families.

Civic Activities: Member Child Care Planning and Advisory Committee
Member SOMA Youth Task Force

Ethnicity: (optional) White

Sex (optional) M F

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

(Please Note: Once completed, this form, including all attachments, become public record)

Date: 5/20/10 Applicant's Signature: (required) _____

Judith E. Baker

Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____



Board of Supervisors
 City and County of San Francisco
 1 Dr. Carlton B. Goodlett Place, Room 244
 (415) 554-5184 FAX (415) 554-7714

Print Application

Application for Boards, Commissions and Committees

Application for Appointment to: SOMA Community Stabilization Fund
 Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): Small Business representative, seat 7

Name: Christian Noto

Home Address: Eureka Street, San Francisco, CA 94114 Zip: _____

Home Phone: 415-... Occupation: Chef/Owner

Work Phone: 415-606-6689 Employer: Jersey Tomatoes LLC dba Split Pea Secrets

Business Address: 138 6th Street, San Francisco, CA 94103 Zip: _____

Check All That Apply:

A citizen of the United States.

At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco Yes: No: (Place of Residence): _____

Please state your qualifications (attach supplemental sheet if necessary)

Education: Monmouth University, Long Branch, NJ 1994
Bachelors Degree in Economics, Pop Culture Music History Minor

Business and/or professional experience:
SEE supplemental

Civic Activities:

Ethnicity: (optional) white- Italian-American Sex (optional) M F

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

(Please Note: Once completed, this form, including all attachments, become public record)

Date: 6.18.10 Applicant's Signature: (required) [Signature]
 Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____



Board of Supervisors
City and County of San Francisco
 1 Dr. Carlton B. Goodlett Place, Room 244
 (415) 554-5184 FAX (415) 554-7714

Public Application

Application for Boards, Commissions and Committees

Application for Appointment to: **SOMA Community Stabilization Fund Community Advisory Committee**
 Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): **Seat 7**

Name: **Thomas John Temprano**

Home Address: **24th St.**

Zip: **94110**

Home Phone: **(805) -**

Occupation: **Program Associate**

Work Phone: **(415) 348-6203**

Employer: **Renaissance Entrepreneurship Center**

Business Address: **275 5th St.**

Zip: **94103**

Check All That Apply:

A citizen of the United States.

At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco Yes: No: (Place of Residence):

Please state your qualifications (attach supplemental sheet if necessary)

See Attached

Education:

B.A. in Political Science from San Francisco State University awarded in 2009. Graduated magna cum laude.

Business and/or professional experience:

Program Associate - Renaissance Entrepreneurship Center

Civic Activities:

**Intern - Office of Supervisor Chris Daly
 Volunteer - SF Housing Rights Committee, Equality California
 Girls on the Run.**

Ethnicity: (optional) Hispanic Caucasian Sex (optional) M F

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

(Please Note: Once completed, this form, including all attachments, become public record)

Date: **06/04/2010** Applicant's Signature: (required)

Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

As the Program Associate at Renaissance Entrepreneurship Center's SoMa office, I am primarily responsible for working directly with small business owners to help them grow sustainable local businesses. Renaissance Entrepreneurship Center is a 501 (c) 3 non-profit micro-enterprise development organization whose clients are predominantly low/moderate income and accurately represent the socio-economic diversity of our SoMa neighborhood. Our client's businesses span the entire Bay Area and represent all industries from professional services to food carts. My experience working with such a diverse group of businesses and entrepreneurs makes me an ideal representative of the variety of interests, needs and concerns small businesses hold. This experience allows me to bring my knowledge about a wide array of small business concerns and needs to the table in a way that someone who has expertise primarily in one type of industry or with one group of specific businesses might not.

I currently serve as Renaissance's representative to the South of Market Business Association and Golden Gate Business Association, and play an active role in recruiting new members to these organizations and adding my small business knowledge to the decision making process of these organizations particularly as a member of the GGBA's training committee. At Renaissance I have also used my knowledge of the SoMa neighborhood and belief in collaboration to build relationships with a number of community organizations including Episcopal Community Service's CHEFS program.

I have worked in SoMa since moving to San Francisco and lived on 6th and Natoma for 2 ½ years, making me keenly aware of the varied needs of the neighborhood. In 2008 I served as an intern in the office of District 6 Supervisor Chris Daly and acted as a constituent liaison to SoMa. I brought a youthful perspective and passion for social justice to my position at Supervisor Daly's office and that, coupled with my knowledge of local affairs and pragmatic approach, made me an asset to his pursuit of a higher quality of life for all district residents. I have also spent a good deal of time advocating on behalf of the LGBTQ community, volunteering for Equality California and working on the No on 8 campaign.

My unique mix of qualifications and skills make me the ideal candidate to serve on the SoMa Community Stabilization Fund Committee as I have a background in economic development, small business assistance, and community activism and have been engaged in SoMa. Having graduate Magna Cum Laude with a degree in Political Science from San Francisco State University, and having spent time volunteering with Supervisors Daly and Avalos I will also be able to further the fund's efforts to build relationships with local government officials. My experiences make me the ideal candidate to represent SoMa's small business community and integrate their needs with the diverse needs of array of community stakeholders

San Francisco
BOARD OF SUPERVISORS

Date Printed: November 19, 2010

Date Established: August 19, 2005

Active

**SOMA COMMUNITY STABILIZATION FUND COMMUNITY ADVISORY
COMMITTEE**

Contact and Address:

Claudine Del Rosario
1 So. Van Ness Avenue
5th Floor
San Francisco, CA 94103

Phone: (415) 749-2519

Fax: (415) 749-2501

Email: claudine.delrosario@sfgov.org

Authority:

Planning Code Section 318; Ord. No. 217-05.

Board Qualifications:

The SOMA Community Stabilization Fund Community Advisory Committee shall advise Mayor's Office of Community Development (MOCD) and the Board of Supervisors on the administration of the SOMA Community Stabilization Fund.

The Community Advisory Committee shall be composed of seven members appointed as follows: one member representing low-income families who lives with his or her family in SOMA; one member who has expertise in employment development and/ or represents labor; one member who is a senior or disabled resident of SOMA; one member with affordable housing expertise and familiarity with the SOMA neighborhood; one member who represents a community-based organization in SOMA; one member who provides direct services to SOMA families; one member who has small business expertise and a familiarity with the SOMA neighborhood.

The Community Advisory Committee shall comply with all applicable public records and meetings laws and shall be subject to the Conflict of Interest provisions of the City's Charter and Administrative Code. The initial meeting of the Advisory Committee shall be called within 30 days from the day the Board of Supervisors completes its initial appointments. MOCD shall provide administrative support to the Committee.

The members of the Community Advisory Committee shall be appointed for a term of two

"R Board Description" (Screen Print)

San Francisco
BOARD OF SUPERVISORS

years; provided, however, that the members first appointed shall, by lot at the first meeting, classify their terms so that three shall serve for a term of one year and four shall serve for a term of two years. At the initial meeting of the Committee and yearly thereafter, the Committee members shall select such officer or officers as deemed necessary by the Committee. The Committee shall promulgate such rules or regulations as are necessary for the conduct of its business under this Section. In the event a vacancy occurs, a successor shall be appointed to fill the vacancy consistent with the process and requirements to appoint the previous appointee. When a vacancy occurs for any reason other than the expiration of a term of office, the appointee to fill such vacancy shall hold office for the unexpired term of his or her predecessor. Any appointee who misses four meetings within a 12-month period, without the approval of the Committee, shall be deemed to have resigned from the Committee.

Within 90 days of the effective date of this ordinance, the Director of MOCD shall propose rules, regulations and a schedule for administrative support governing the SOMA Community Stabilization Fund to the Board of Supervisors for its approval.

Reports: The Committee shall develop annual recommendations to MOCD on the Expenditure Plan.

Sunset Date: None.