



San Francisco Ethics Commission

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

Received On: 05-19-2022 | 15:47:50 PDT

File #: 220317

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
Kelly Hiramoto	415-255-3492
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	kelly.hiramoto@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Alternative Family Services, Inc.	TELEPHONE NUMBER 707-576-7700
STREET ADDRESS (including City, State and Zip Code) 131B Stony Circle, Suite 1200, Santa Rosa, CA 95401	EMAIL mduarte@afs4kids.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 05/17/2022	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220317
DESCRIPTION OF AMOUNT OF CONTRACT Not to Exceed \$24,959,253		
NATURE OF THE CONTRACT (Please describe) services to support permanency and stability for children and youth involved with the foster care system and their families		

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	Lipkin	Nathan	Board of Directors
2	Mitchell	Maurice	Board of Directors
3	Wentworth	Peter	Board of Directors
4	Reiner	Adam	Board of Directors
5	Mabadeje	Bukola	Board of Directors
6	Fruci	Inverleith	Board of Directors
7	Ford	Jeffrey	Board of Directors
8	Flores	Julio	Board of Directors
9	Toubba	Karim	Board of Directors
10	Davalos	Michelle	Board of Directors
11	Lelicoff	Nancy	Board of Directors
12	Bosin	Oriana	Board of Directors
13	Bafna	Rohan	Board of Directors
14	Lewis	Marsha	CEO
15	Johnson	Beverly	COO
16	Duarte	Martha	CFO
17	Barton	Craig	Other Principal Officer
18	Rath	Don	Board of Directors
19			

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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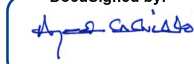
☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

DocuSigned by:

 988C8F42C3084B5
 Angela Calvillo

DATE SIGNED

05-19-2022 | 15:47:50 PDT