

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:

File #: 220688

1

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	* O
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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. <u>CO</u> N	ITRACTOR			
NAME	OF CONTRACTOR		TELEPHONE N	NUMBER
18 R	Reasons		(415) 56	8-2710
STREET	ADDRESS (including City, State and Zip Code)		EMAIL	
3674	18th Street, SF, CA 94110			
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6. CON				
DATE C	ONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRI	PTION OF AMOUNT OF CONTRACT			
\$35,				
NATUR	E OF THE CONTRACT (Please describe)			
Prov	vide outreach to targeted populations.	9		
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7. COM	IMENTS			
	TRACT APPROVAL			
	ntract was approved by:			
$ \Box ^{T}$	HE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
T	HE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Farrar-Rivas	Patricia	Board of Directors			
2	Cogen	shannon w.	Board of Directors			
3	Rosner	Bob	Board of Directors			
4	Hardisty	Aaron	Board of Directors			
5	Baldauf	Marian Z.	Board of Directors			
6	Buwembo	Issac	Board of Directors			
7	Mogannam	Sam	Board of Directors			
8	Nelson	Sarah	Board of Directors			
9	Obst	Suzy	Board of Directors			
10	Singh	Poonam	Board of Directors			
11	Spicer	Maggie	Board of Directors			
12	Тао	Rosabel	Board of Directors			
13	Tsay	Calvin	Board of Directors			
14	Wiggelsworth	Sarah	Board of Directors			
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	



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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
3rd Street Youth Center & Clinic		(415) 82	2-1707
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1728 Bancroft Ave, San Francisco, CA 94124			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>\</mark>			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$407,502			
NATURE OF THE CONTRACT (Please describe)			
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7. COMMENTS			
7. COMMENTS			
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 ELECTIV	/F OFFICER(S) II	DENTIFIED ON THIS FORM SITS
THE BOARD OF A STATE AGENCY ON WHICH AN AFPOINTEE OF	THE CITY ELECTIV	L OITICEN(3) II	DEIGHAILD ON THIS FORIN SHS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Magee	Michelle	Board of Directors		
2	Lacoster	Lyslynn	Board of Directors		
3	Relyea	Jackie	Board of Directors		
4	Fallon	Laura	Board of Directors		
5	Moorthy	Savitha	Board of Directors		
6	Patton	Misty	Board of Directors		
7	Lelaind	Herschel	Board of Directors		
8	Kunene	Glen	Board of Directors		
9	Eng	Vanessa	Board of Directors		
10	Rodriguez	Jose A.	Board of Directors		
11	Savage	Michael	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



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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

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NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
APA Family Support Services		(415) 617-0061		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
10 Nottingham Place, San Francisco, CA 94133				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688	
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DESCRIPTION OF AMOUNT OF CONTRACT				
\$5,000				
NATURE OF THE CONTRACT (Please describe)				
Provide support for oral health program	9			
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Provide support for oral health program				
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7. COMMENTS				
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Chung	Rosa	Board of Directors		
2	Chen	Cary	Board of Directors		
3	Huie	Jacqueline	Board of Directors		
4	Hoxie	Julie	Board of Directors		
5	Tso	Joyce	Board of Directors		
6	Chan	Mai-Sie	Board of Directors		
7	Culp	Kimberly	Board of Directors		
8	Diep	Van	Board of Directors		
9	Lam	Fanny	Board of Directors		
10	Lam	Kory	Board of Directors		
11	Ng	Jennifer	Board of Directors		
12	Sung	Susan	Board of Directors		
13	Yao	Dean	Board of Directors		
14	Yuen	Rick	Board of Directors		
15	Trac	Sonya	Board of Directors		
16	White	Shu	Board of Directors		
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COIIC	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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	DATE SIGNED	
BOS Clerk of the Board		



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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
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	YA COMPANY

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
Gregory	Wong	(415)554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
California Invasive Plant Council	(510) 843-3902
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1442-A Walnut St. #462, Berkeley, CA 94709	

14	42-A Walnut St. #462, Berkeley, CA 94/09		
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6. CC	DNTRACT		
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220688
DESC	RIPTION OF AMOUNT OF CONTRACT	1	
\$3	6,000		
NATU	JRE OF THE CONTRACT (Please describe)		
То	restore specified marshes by replanting na	tive cordgrass and ma	arsh gumplant.
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7. CC	DMMENTS		
	ONTRACT APPROVAL contract was approved by:		
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
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	A DOADD ON WHICH THE CITY ELECTIVE OFFICEDIC SERVICE		
X	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 OFFICED(S)	IDENTIFIED ON THIS FORM SITS
	THE SOURCE OF A STATE AGENCY ON WHICH AN AFFORNIEE OF	THE CITY LELCTIVE OFFICER(3)	DETAILED ON THIS FORMS SHS

cont	contract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Kerr	Drew	Board of Directors
2	Matos	Juli	Board of Directors
3	Godfrey	Sarah	Board of Directors
4	Swanson	Amanda C.	Board of Directors
5	Giessow	Jason	Board of Directors
6	Addison	Steven	Board of Directors
7	Gibson	Doug	Board of Directors
8	кТоск	Metha	Board of Directors
9	Meyer	Tanya	Board of Directors
10	Mila	LeeAnne	Board of Directors
11	Oneto	Scott	Board of Directors
12	Schoenig	Steve	Board of Directors
13	Trinidad	Marcos	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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 BOS Clerk of the Board



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	X
	YA COMPANY

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
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
CARECEN		(415) 64	2-4400
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3101 Mission St Suite #101, San Francisco, CA	94110		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Provide support for oral health program.	9		
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Provide support for oral health program.			
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7. COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Loya-Talamantes	Michelle	Board of Directors		
2	Rodenzo	Gabriella	Board of Directors		
3	Smith	Richard	Board of Directors		
4	Artiga	Jose	Board of Directors		
5	Asturias	Elena	Board of Directors		
6	Co11	Kathleen	Board of Directors		
7	Flores	Carmen	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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BOS Clerk of the Board		



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

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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Gregory N	Wong	415-554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Catholic Charities - Leland House		(415) 07	2 1200
Cathoric Charities - Levanu nouse		(415) 97	2-1200
STREET ADDRESS (including City, State and Zip Code)		EMAIL	_
1555 39th Ave, San Francisco, CA 94122			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) ORIGINAL BID/		RFP NUMBER	FILE NUMBER (If applicable)
			220688

1555 39th Ave, San Francisco, CA 94122		
6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
<i>₹</i>		220688
DESCRIPTION OF AMOUNT OF CONTRACT		
\$174,783		
NATURE OF THE CONTRACT (Please describe)		
To provide attendant care services in complia Centered Services to multiply diagnosed indiv Francisco with a special focus on the unique	iduals at Leland House needs of persons livi	an RCF-CI program in San ng with HIV/AIDS.
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7. COMMENTS		
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) I	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Cordileone	Salvatore J.	Board of Directors		
2	Boerio	Joe	Board of Directors		
3	Borromeo	Theodore	Board of Directors		
4	Grogan	Kathleen A.	Board of Directors		
5	Sundby	George B.	Board of Directors		
6	Bojorquez	Diana I.	Board of Directors		
7	Brigham	Martha	Board of Directors		
8	Clark	Philip	Board of Directors		
9	Dahik	Adriana	Board of Directors		
10	O'Brien Frimel	Susie	Board of Directors		
11	Gelt	Jerilyn	Board of Directors		
12	Ghilotti	Michael M.	Board of Directors		
13	Gonzalez	Eleanor	Board of Directors		
14	Hultman	David R.	Board of Directors		
15	Ikeda	Lisa	Board of Directors		
16	Kearney	Philip	Board of Directors		
17	Landis	Scott	Board of Directors		
18	Leupp	Jay Paul	Board of Directors		
19	McInerney	Maureen	Board of Directors		

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
20	Mirek	Lori	Board of Directors			
21	Nascimento	Dan	Board of Directors			
22	Pohlman	Jack	Board of Directors			
23	Reyes	Raymund	Board of Directors			
24	Reynaud	Louis	Board of Directors			
25	Sangiacomo	Jim .	Board of Directors			
26	Woody	Patrick	Board of Directors			
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BOS Clerk of the Board		



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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

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NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY WONG		(415)554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

<u>'^</u>			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Catholic Charities Peter Claver Community		(415) 74	9-3800
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1340 Golden Gate Ave, San Francisco, CA 94115			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$180,336			
NATURE OF THE CONTRACT (Please describe))		
To provide attendant care services in compliant Centered Services to multiply diagnosed individual program in San Francisco with a special focus of HIV/AIDS.	duals at Pet on the uniqu	ter Claver ue needs of	Community an RCFCI f persons living with
	9	DOKL	
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7. COMMENTS			
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			
		- A	
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF T	HE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Cordileone	Salvatore J.	Board of Directors		
2	Boerio	Joe	Board of Directors		
3	Borromeo	Theodore	Board of Directors		
4	Grogan	Kathleen A.	Board of Directors		
5	Sundby	George B.	Board of Directors		
6	Bojorquez	Diana I.	Board of Directors		
7	Brigham	Martha	Board of Directors		
8	Clark	Philip	Board of Directors		
9	Dahik	Adriana	Board of Directors		
10	O'Brien Frimel	Susie	Board of Directors		
11	Gelt	Jerilyn	Board of Directors		
12	Ghilotti	Michael M.	Board of Directors		
13	Gonzalez	Eleanor	Board of Directors		
14	Hultman	David R.	Board of Directors		
15	Ikeda	Lisa	Board of Directors		
16	Kearney	Philip	Board of Directors		
17	Landis	Scott	Board of Directors		
18	Leupp	Jay Paul	Board of Directors		
19	McInerney	Maureen	Board of Directors		

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
20	Mirek	Lori	Board of Directors		
21	Nascimento	Dan	Board of Directors		
22	Pohlman	Jack	Board of Directors		
23	Reyes	Raymund	Board of Directors		
24	Reynaud	Louis	Board of Directors		
25	Sangiacomo	Jim .	Board of Directors		
26	Woody	Patrick	Board of Directors		
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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	DATE SIGNED	
BOS Clerk of the Board		



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:

File #: 220688

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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
Gregory Wong		(415)554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

XX			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Children's Council of San Francisco		(415) 27	6-2900
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
445 Church Street, San Francisco, CA 94114			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			220688

445 Church Street, San Francisco, CA 94114			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/R	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$140,000			
NATURE OF THE CONTRACT (Please describe)			
Provide outreach to targeted populations.	9		
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A DOADD ON WHICH THE CITY ELECTIVE OFFICEDIC) CEDVEC			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE DOADS OF A STATE ASSAULT OF THE STATE ASSAULT O	THE OIT!	- OFFICED(S) ::	DENTIFIED ON THIS CORE SITE
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Nordberg	Anna	Board of Directors	
2	Sims	Deborah	Board of Directors	
3	Dusedau	Marga	Board of Directors	
4	Vause	Brandy	Board of Directors	
5	Murphy	Ashley	Board of Directors	
6	Moore	Fatima	Board of Directors	
7	Warehouse	Maegan	Board of Directors	
8	Pattinson	Charmaine	Board of Directors	
9	Israel	George	Board of Directors	
10	Salaam	Na'eem	Board of Directors	
11	Thomas	Chris	Board of Directors	
12	Levinson	Jake	Board of Directors	
13	Butler	Omar	Board of Directors	
14	Benavidez	Dominique	Board of Directors	
15	Hilberman	Jessica	Board of Directors	
16	Rosberg	Peter	Board of Directors	
17	Diana	Elizabeth	Board of Directors	
18	Kirk	Jim	Board of Directors	
19	Fram	Victoria	Board of Directors	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Page	Farris	Board of Directors
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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 39 40 41 42 43 44 45 46 47 48 49 50 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	DATE SIGNED	
BOS Clerk of the Board		



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:

File #: 220688

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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 DE	EPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Gregory	Wong	(415)554-2521	
FULL DEPART	TMENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Curry Senior Center		(415) 885-2274	
STREET ADDRESS (including City, State and Zip Code)	EN	/AIL	
333 Turk Street, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP	NUMBER	FILE NUMBER (If applicable)
			220688
DESCRIPTION OF AMOUNT OF CONTRACT		•	
\$114,273			
NATURE OF THE CONTRACT (Please describe)			
Provides support for older adults with mental losing their houses.	health issues	and are	homeless or risk of
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7. COMMENTS			
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			
Bould of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE O	FFICER(S) ID	DENTIFIED ON THIS FORM SITS

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Davila	Jonrie	Board of Directors	
2	Quituga	Shirely	Board of Directors	
3	Sklar	Diane	Board of Directors	
4	Bickham	David	Board of Directors	
5	slam	Arielle	Board of Directors	
6	Valente	Julie	Board of Directors	
7	Norton	Alycia	Board of Directors	
8	Pritchett	Pattie	Board of Directors	
9	Dwyer	Diane	Board of Directors	
10	Sullivan	Richard	Board of Directors	
11	Lincecum	Hannah	Board of Directors	
12	Selva	Sasha	Board of Directors	
13	Huh	Ja Eun Guerrero	Board of Directors	
14	Zachary	Wendy	Board of Directors	
15	Illig	Jim	Board of Directors	
16	Wulfovich	Yael	Board of Directors	
17	McKinnon	John	Board of Directors	
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COIIC	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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	ТҮРЕ
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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		
	ve used all reasonable diligence in prepar wledge the information I have provided h		statement and to the best of my
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 DATE SIGNED		

BOS Clerk of the Board

CLERK



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:

File #: 220688

1

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY WONG		(415)554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE	NUMBER
Dolores Street Community Services	(415) 2	82-6209
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
938 Valencia St, San Francisco, CA 94110		
6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220688
100		
DESCRIPTION OF AMOUNT OF CONTRACT		
\$240,656		
NATURE OF THE CONTRACT (Please describe)		
To improve and maintain the health of our resi	dents through the pr	ovision of facility-based
health care and other supportive services.	O	
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7 COMMITTEE		
7. COMMENTS		

8. C	ONTRACT 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

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	winn	Michael	Board of Directors
2	Avila	Rocio	Board of Directors
3	Lin	Kani	Board of Directors
4	Hernandez	Pedro	Board of Directors
5	Cameron	Anjali	Board of Directors
6	Penfold	Ward	Board of Directors
7	Leonard	Anat	Board of Directors
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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

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 BOS Clerk of the Board



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:

File #: 220688

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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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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
Gregory Wong		(415)554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Facente Consulting		415-999-	1310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
13300 Crossroads Parkway, Suite 450, CID CA 9	1746		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688
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DESCRIPTION OF AMOUNT OF CONTRACT			
\$95,203			
NATURE OF THE CONTRACT (Please describe)			
Professional consultation and technical Asssis			
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STORRETURE			
7. COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

COIIL	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
1	Facente	Shelley	Board of Directors			
2	Albers	Autumn	Board of Directors			
3	Bland	William	Board of Directors			
4	Burk	Katie	Board of Directors			
5	Duran	Sara	Board of Directors			
6	Geckeler	Dara	Board of Directors			
7	Hynes	Meghan	Board of Directors			
8	Paz-Gonzalez	Lazara	Board of Directors			
9	Rhodes III	Perry	Board of Directors			
10	Taylor	т	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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	DATE SIGNED	
BOS Clerk of the Board		



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

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File #: 220688

1

Bid/RFP #:

Notification of Contract Approval

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(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	* O
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER	
Board of Curamicana	Members	
Board of Supervisors		

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	
Gregory Wong		415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR NAME OF CONTRACTOR Family Services Agency (415) 474-7310			
Eamily Sonvitors Agency (415) 474–7310			
raility services Agency (413) 474-7310			
STREET ADDRESS (including City, State and Zip Code) EMAIL			
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) ORIGINAL BID/RFP NUMBER FILE NUMBER (If applicable)			
220688			
DESCRIPTION OF AMOUNT OF CONTRACT			
\$330,014			
NATURE OF THE CONTRACT (Please describe)			
Provides services First Episode Psychosis, families suffering from signs & symptoms of schizophrenia.			
· · · · · · · · · · · · · · · · · · ·			
7. COMMENTS			
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			
Board of Supervisors			
Board of Supervisors THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS			

1 2	AST NAME/ENTITY/SUBCONTRACTOR Skolnick Hofman Bobulsky	Darren Michael N. Susan	Board of Directors Board of Directors
2	Hofman Bobulsky	Michael N.	
	Bobulsky		Board of Directors
3		Susan	
	0		Board of Directors
4	Costello	Daniel	Board of Directors
5	Limpert	Terry M.	Board of Directors
6	Neal	Kathy	Board of Directors
7	Orias	Michael	Board of Directors
8	Rojo	Peter	Board of Directors
9	Steele	Tamara	Board of Directors
10	Woods	George	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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	DATE SIGNED	
BOS Clerk of the Board		



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:

File #: 220688

1

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
	100
	Y _X
	Y _A

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong		(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Felton Institute		(415) 47	4-7310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688
			220000
DESCRIPTION OF AMOUNT OF CONTRACT			
\$131,080			
NATURE OF THE CONTRACT (Please describe)			
Provide support for TAPP program.	9		
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7. COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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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
1	Furuzawa	Adriana	Board of Directors
2	Paschen	Kenji	Board of Directors
3	Penn	Curtis	Board of Directors
4	Spensley	Catherine	Board of Directors
5	Gilbert	Al C	Board of Directors
6	Davis	Marvin	Board of Directors
7	Dalmacio-Julien	Liz	Board of Directors
8	Ortiz	Robin	Board of Directors
9	Quiroz	Yohana	Board of Directors
10	Skolnick	Darren	Board of Directors
11	Hofman	Michael N.	Board of Directors
12	Bobulsky	Susan	Board of Directors
13	Costello	Daniel	Board of Directors
14	Limpert	Terry M.	Board of Directors
15	Neal	Kathy	Board of Directors
16	Orias	Michael	Board of Directors
17	Rojo	Peter	Board of Directors
18	Steele	Tamara	Board of Directors
19	Woods	George	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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 BOS Clerk of the Board



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Notification of Contract Approval

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A Public Document

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
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	X
	YA COMPANY

2. CITY ELECTIVE OFFICE OR BOARD		
FFICE 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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong		(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CON	ITRACTOR				
NAME OF CONTRACTOR			TELEPHONE NUMBER		
Felt	con Institute		(415) 47	4-7310	
STREET	ADDRESS (including City, State and Zip Code)		EMAIL		
1500	Franklin Street, San Francisco, CA 94109				
6. CON	ITRACT				
DATE C	ONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
				220688	
DESCRII	PTION OF AMOUNT OF CONTRACT	•			
\$469	9,821				
NATURI	E OF THE CONTRACT (Please describe)	_			
Prov	vide program support.	9			
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Provide program support.					
7. COMMENTS					
7. COIV	MINIENTS				
	ITRACT APPROVAL				
	entract was approved by:				
□ "	HE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
abla	Board of Supervisors				
7.	HE BOADD OF A STATE ACENCY ON WILLICH AN ADDOINTER OF	THE CITY ELECTIV	/E OEEICED/c) !!	DENTIFIED ON THIS EODS SITS	
□ "	HE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	INE CITT ELECTIV	L OFFICEK(S) II	DEMITTED ON THIS PURIN SHS	
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3	Penn	Curtis	Board of Directors
4	Spensley	Catherine	Board of Directors
5	Gilbert	A1	Board of Directors
6	Davis	Marvin	Board of Directors
7	Dalmacio-Julien	Liz	Board of Directors
8	Ortiz	Robin	Board of Directors
9	Quiroz	Yohana	Board of Directors
10	Skolnick	Darren	Board of Directors
11	Hofman	Michael N.	Board of Directors
12	Bobulsky	Susan	Board of Directors
13	Costello	Daniel	Board of Directors
14	Limpert	Terry M.	Board of Directors
15	Neal	Kathy	Board of Directors
16	Orias	Michael	Board of Directors
17	Rojo	Peter	Board of Directors
18	Steele	Tamara	Board of Directors
19	Woods	George	Board of Directors

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	' O
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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Felton Institute		(415) 47	4-7310	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1500 Franklin Street, San Francisco, CA 94109				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/F	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$20,000				
NATURE OF THE CONTRACT (Please describe)				
Provides mental health technical assistance to	community b	ased MH cı	risis response to trauma.	
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7. COMMENTS				
7. COMMENTS				
9 CONTRACT ADDROVAL				
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 ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	
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cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Furuzawa	Adriana	Board of Directors		
2	Paschen	Kenji	Board of Directors		
3	Penn	Curtis	Board of Directors		
4	Spensley	Catherine	Board of Directors		
5	Gilbert	A1 0	Board of Directors		
6	Davis	Marvin	Board of Directors		
7	Dalmacio-Julien	Liz	Board of Directors		
8	Ortiz	Robin	Board of Directors		
9	Quiroz	Yohana	Board of Directors		
10	Skolnick	Darren	Board of Directors		
11	ноfman	Michael N.	Board of Directors		
12	Bobulsky	Susan	Board of Directors		
13	Costello	Daniel	Board of Directors		
14	Limpert	Terry M.	Board of Directors		
15	Neal	Kathy	Board of Directors		
16	Orias	Michael	Board of Directors		
17	Rojo	Peter	Board of Directors		
18	Stelle	Tamara	Board of Directors		
19	Woods	George	Board of Directors		

#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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	DATE SIGNED	
BOS Clerk of the Board		



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

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Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
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A Public Document

1. FILING INFORMATION	2
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Felton Institute		(415) 47	4-7310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			220688
DESCRIPTION OF AMOUNT OF CONTRACT			I
\$155,359			
NATURE OF THE CONTRACT (Please describe)			
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7. COMMENTS			
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			
50010 01 Super v 13013			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Furuzawa	Adriana	Board of Directors
2	Paschen	Kenji	Board of Directors
3	Penn	Curtis	Board of Directors
4	Spensley	Catherine	Board of Directors
5	Gilbert	IA I	Board of Directors
6	Davis	Marvin	Board of Directors
7	Dalmacio-Julien	Liz	Board of Directors
8	Ortiz	Robin	Board of Directors
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14	Limpert	Terry M.	Board of Directors
15	Neal	Kathy	Board of Directors
16	Orias	Michael	Board of Directors
17	Rojo	Peter	Board of Directors
18	Steele	Tamara	Board of Directors
19	Woods	George	Board of Directors

#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.		
, , , , , ,	J J	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Felton Institute		(415) 47	4-7310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$344,787			
NATURE OF THE CONTRACT (Please describe)			
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7. COMMENTS			
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			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Furuzawa	Adriana	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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BOS Clerk of the Board		



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AMENDMENT DESCRIPTION – Explain reason for amendment	***
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	YA COMPANY

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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Harm Badyard Tharany Cantag	(415) 962 4292	
Harm Reduction Therapy Center	(415) 863-4282	
20		
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
45 Franklin Street San Francisco, CA 94102		
43 Trankiin Sciece Saniiraneiseo, CA 34102		
CCONTRACT		
6. CONTRACT		

45	Franklin Street San Francisco, CA 94102				
	-0				
6. CO	ONTRACT				
DATE	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP N	NUMBER	FILE NUMBER (If applicable) 220688	
DESC	CRIPTION OF AMOUNT OF CONTRACT				
\$1	8,480				
NAT	URE OF THE CONTRACT (Please describe)				
Pr	ovide Clinical Consultation Services to LINC	frontline staf	f.		
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7. COMMENTS					
	ONTRACT APPROVAL				
inis	contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
	THE CITY ELECTIVE OF THEE MAJOR PRODUCTION OF THE STORM				
	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 OF	FICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Weingand	Shantel	CF0		
2	Dennison	Sam	Board of Directors		
3	Del Pinal	Ale	Board of Directors		
4	Jia Son	Alice	Board of Directors		
5	Tidwell	Roy	Board of Directors		
6	Denning	Patt	Board of Directors		
7	Little	Jeannie	Board of Directors		
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contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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 39 40 41 42 43 44 45 46 47 48 49 50 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	DATE SIGNED	
BOS Clerk of the Board		



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:

File #: 220688

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

Y.A				
5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Hatchuel Tabernik & Associates Inc		(510) 55	9-3193	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
2560 9th St., Suite 211, Berkeley, CA 94710				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
			220688	
DESCRIPTION OF AMOUNT OF CONTRACT	I			
\$40,000				
NATURE OF THE CONTRACT (Please describe)				
Provide program evaluation services.	0			
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Provide program evaluation services.				
7. COMMENTS				
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

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Tabernik	Tim	Board of Directors		
2	Hatchuel	Dina	Board of Directors		
3	Toussaint	Danielle	Board of Directors		
4	Lobar	Russ	Board of Directors		
5	Akin	Sarah D.	Board of Directors		
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.

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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:

File #: 220688

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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	
Gregory (Wong	415-554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR			
IAME OF CONTRACTOR		TELEPHONE NUMBER	
HealthRight 360		415-762-3700	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1563 Mission St San Francisco CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
			220000
DESCRIPTION OF AMOUNT OF CONTRACT			
\$126,888			
NATURE OF THE CONTRACT (Please describe)			
Provide fiscal intermediary check-writing serv	vices.		
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Provide fiscal Intermediary Check-writing Services.			
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	tract.	1	
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Hawgood	Sam	Board of Directors
2	Velaski	Paul	Board of Directors
3	Trimble	Gardner	Board of Directors
4	Clune	Michael	Board of Directors
5	Calger	Joseph	Board of Directors
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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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
	100
	Y _X
	Y _A

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. C	ONTRACTOR			
NAM	IAME OF CONTRACTOR		TELEPHONE NUMBER	
Не	althRight 360		(415) 76	2-3700
STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
15	63 Mission St, SF, CA 94103			
	-0			
6. C	ONTRACT			
DATI	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
				220688
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$1	42,000			
NAT	URE OF THE CONTRACT (Please describe)			
Р	rovides Fiscal Intermediary services.	9		
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7. C	OMMENTS			
8. C0	ONTRACT APPROVAL			
	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
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	A DO ADD ON WHICH THE CITY FIRETHIS CONTROL			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF 1	THE CITY ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Eisen	Vitka	Board of Directors			
2	Duong	Tony	Board of Directors			
3	Anandasakaran	Jegan	Board of Directors			
4	Valdes	Ana	Board of Directors			
5	Andreas	Demetrius	Board of Directors			
6	Baez	Maribel	Board of Directors			
7	Gattridge	Dylan	Board of Directors			
8	Hoese	Evan	Board of Directors			
9	Miazgowicz	Britt	Board of Directors			
10	Navarro	Anna C.	Board of Directors			
11	Roy	Alyssa	Board of Directors			
12	Siegel	Shabana	Board of Directors			
13	Torres	April	Board of Directors			
14	williams	Denise	Board of Directors			
15	Ireland	Diane	Board of Directors			
16	Mitchell	Natalie	Board of Directors			
17	Smart	Linda	Board of Directors			
18	Binder	Daniel	Board of Directors			
19	Balan	Yelen	Board of Directors			

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
20	Beaulieu	Natalie	Board of Directors			
21	Graham	Bryan	Board of Directors			
22	Gurley	Chris	Board of Directors			
23	Holmes	Kathryn	Board of Directors			
24	Macfarlane	Raquel	Board of Directors			
25	Pierluissi	Talia 🕠	Board of Directors			
26	Pointer	Karen E.	Board of Directors			
27	Pugh	Alex	Board of Directors			
28	Thomas	Ahmad	Board of Directors			
29	Torres	Timothy	Board of Directors			
30	Venkatraman	Sankar	Board of Directors			
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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 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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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 DATE SIGNED		
CLERK		
BOS Clerk of the Board		



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File #: 220688

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	' O
	Y _X
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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
Gregory Wong		(415)554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
AME OF CONTRACTOR		TELEPHONE NUMBER		
HealthRight 360		(415) 762-3700		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1563 Mission St, SF, CA 94103				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$448,033				
NATURE OF THE CONTRACT (Please describe)				
Fiscal Intermediary.	GA CY.			
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7. COMMENTS				
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 ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	
		, ,		

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Eisen	Vitka	Board of Directors			
2	Duong	Tony	Board of Directors			
3	Anandasakaran	Jegan	Board of Directors			
4	Valdes	Ana	Board of Directors			
5	Andreas	Demetrius	Board of Directors			
6	Baez	Maribel	Board of Directors			
7	Gattridge	Dylan	Board of Directors			
8	Hoese	Evan	Board of Directors			
9	Miazgowicz	Britt	Board of Directors			
10	Navarro	Anna C.	Board of Directors			
11	Roy	Alyssa	Board of Directors			
12	Siegel	Shabana	Board of Directors			
13	Torres	April	Board of Directors			
14	Williams	Denise	Board of Directors			
15	Ireland	Diane	Board of Directors			
16	Mitchell	Natalie	Board of Directors			
17	Smart	Linda	Board of Directors			
18	Binder	Daniel	Board of Directors			
19	Balan	Yelen	Board of Directors			

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
20	Beaulieu	Natalie	Board of Directors		
21	Graham	Bryan	Board of Directors		
22	Gurley	Chris	Board of Directors		
23	Holmes	Kathryn	Board of Directors		
24	Macfarlane	Raquel	Board of Directors		
25	Pierluissi	Talia 🕠	Board of Directors		
26	Pointer	Karen E.	Board of Directors		
27	Pugh	Alex	Board of Directors		
28	Thomas	Ahmad	Board of Directors		
29	Torres	Timothy	Board of Directors		
30	Venkatraman	Sankar	Board of Directors		
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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 con	nplete.	
,		
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.	
, , , , , ,	J J	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



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A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	' O
	Y _X
	\mathbf{Q}_{λ}

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
Gregory Wong		(415)554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
HealthRight 360		(415) 762-3700	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1563 Mission St, SF, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$220,925			
NATURE OF THE CONTRACT (Please describe)			
Fiscal Intermediary.			
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7. COMMENTS			
7. 651411121113			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Eisen	Vitka	Board of Directors		
2	Duong	Tony	Board of Directors		
3	Anandasakaran	Jegan	Board of Directors		
4	Valdes	Ana	Board of Directors		
5	Andreas	Demetrius	Board of Directors		
6	Baez	Maribel	Board of Directors		
7	Gattridge	Dylan	Board of Directors		
8	Hoese	Evan	Board of Directors		
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15	Ireland	Diane	Board of Directors		
16	Mitchell	Natalie	Board of Directors		
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19	Balan	Yelen	Board of Directors		

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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:

File #: 220688

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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	
Gregory Wong		(415)554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CON1	TRACTOR			
NAME O	NAME OF CONTRACTOR		TELEPHONE NUMBER	
Healt	thRight 360		(415) 76	2-3700
STREET A	ADDRESS (including City, State and Zip Code)		EMAIL	
1563	Mission St, SF, CA 94103			
6. CONT	TRACT			
DATE CO	ONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
				220688
DESCRIP	PTION OF AMOUNT OF CONTRACT			
\$419	, 301			
NATURE	OF THE CONTRACT (Please describe)			
Fisca	al Intermediary	9		
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Fiscal Intermediary				
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7. COM	IMENTS			
8. CONT	TRACT APPROVAL			
	ntract was approved by:			
│	HE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
AI	BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	·			
ТН	HE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
$ \Box $ \Box			= 002(0) !!	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Eisen	Vitka	Board of Directors
2	Duong	Tony	Board of Directors
3	Anandasakaran	Jegan	Board of Directors
4	Valdes	Ana	Board of Directors
5	Andreas	Demetrius	Board of Directors
6	Baez	Maribel	Board of Directors
7	Gattridge	Dylan	Board of Directors
8	Hoese	Evan	Board of Directors
9	Miazgowicz	Britt	Board of Directors
10	Navarro	Anna C.	Board of Directors
11	Roy	Alyssa	Board of Directors
12	Siegel	Shabana	Board of Directors
13	Torres	April	Board of Directors
14	Williams	Denise	Board of Directors
15	Ireland	Diane	Board of Directors
16	Mitchell	Natalie	Board of Directors
17	Smart	Linda	Board of Directors
18	Binder	Daniel	Board of Directors
19	Balan	Yelen	Board of Directors

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
20	Beaulieu	Natalie	Board of Directors		
21	Graham	Bryan	Board of Directors		
22	Gurley	Chris	Board of Directors		
23	Holmes	Kathryn	Board of Directors		
24	Macfarlane	Raquel	Board of Directors		
25	Pierluissi	Talia	Board of Directors		
26	Pointer	Karen E.	Board of Directors		
27	Pugh	Alex	Board of Directors		
28	Thomas	Ahmad	Board of Directors		
29	Torres	Timothy	Board of Directors		
30	Venkatraman	Sankar	Board of Directors		
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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 39 40 41 42 43 44 45 46 47 48 49 50 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 **DATE SIGNED CLERK** BOS Clerk of the Board



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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
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	X
	YA COMPANY

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	
Gregory Wong		415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. C	ONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Heluna Health		800-201-7320		
STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
13	300 Crossroads Parkway, Suite 450, CID, CA 917	'46		
		•		
6. C	ONTRACT			
DATI	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	RIGINAL BID/F	RFP NUMBER	FILE NUMBER (If applicable)
				220688
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$4	99,118			
NAT	URE OF THE CONTRACT (Please describe)			
Pr	ovide support for Expecting Justice Program.)		
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Provide Support for Expecting Justice Program.				
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/. C	OMMENTS			
8. CONTRACT APPROVAL				
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
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	A DOADD ON WHICH THE CITY ELECTIVE CONTOCOLOR			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
ш	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF TH	E CITY ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
$ \sqcup $				

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Cutler	Blayne	Board of Directors
2	Seifert	Tim	Board of Directors
3	Dale	Peter	Board of Directors
4	Gadd	Jordan	Board of Directors
5	Ghosh	Јо Кау	Board of Directors
6	Gieseler	Brian	Board of Directors
7	Robison	Elizabeth P.	Board of Directors
8	Saluja	Kiran	Board of Directors
9	Jenks	Robert R.	Board of Directors
10	Joseph	Tamara	Board of Directors
11	Baker	Alex	Board of Directors
12	Edwards	Carladenise	Board of Directors
13	Yip	Edward	Board of Directors
14	Casciato	Georgia	Board of Directors
15	O'Connor	Jean	Board of Directors
16	Vetticaden	Santosh	Board of Directors
17	Rich	Sarah M.	Board of Directors
18	Filer	Scott	Board of Directors
19	De Santi	Susan	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Nguyen	Von	Board of Directors
21	Macarchuk	Nicole J.	Board of Directors
22	Vasallo	Vivian	Board of Directors
23	Gorre	Celina	Board of Directors
24	Midura	Bonnie	Board of Directors
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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 DATE SIGNED		
BOS Clerk of the Board		



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Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
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A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong		(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Heluna Health		(800) 20	1-7320
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
13300 Crossroads Parkway, Suite 450, CID CA 91	.746		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$225,000			
NATURE OF THE CONTRACT (Please describe)			
Providing program administration and support s	ervices - F	iscal Inte	rmediary.
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
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THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Cutler	Blayne	Board of Directors
2	Seifert	Tim	Board of Directors
3	Dale	Peter	Board of Directors
4	Gadd	Jordan	Board of Directors
5	Ghosh	Јо Кау	Board of Directors
6	Gieseler	Brian	Board of Directors
7	Robinson	Elizabeth Power	Board of Directors
8	Saluja	Kiran	Board of Directors
9	Jenks	Robert R.	Board of Directors
10	Joseph	Tamara	Board of Directors
11	Baker	Alex	Board of Directors
12	Edwards	Carladenise	Board of Directors
13	Yip	Edward	Board of Directors
14	Casciato	Georgia	Board of Directors
15	O'Connor	Jean	Board of Directors
16	Vetticaden	Santosh	Board of Directors
17	Rich	Sarah M.	Board of Directors
18	Filer	Scott	Board of Directors
19	De Santi	Susan	Board of Directors

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
20	Nguyen	Von	Board of Directors		
21	Macarchuk	Nicole J.	Board of Directors		
22	Vasallo	Vivian	Board of Directors		
23	Gorre	Celina	Board of Directors		
24	Midura	Bonnie	Board of Directors		
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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	DATE SIGNED	
BOS Clerk of the Board		



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TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
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	X
	YA COMPANY

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	
Gregory Wong		(415)554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@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, Suite 450, CID, CA 9	1746				
6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688		
			220000		
DESCRIPTION OF AMOUNT OF CONTRACT					
\$175,000					
NATURE OF THE CONTRACT (Please describe)					
Providing program administration and support s					
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St. Othol Killer					
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7. COMMENTS					
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	Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS		

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Cutler	Blayne	Board of Directors			
2	Seifert	Tim	Board of Directors			
3	Dale	Peter	Board of Directors			
4	Gadd	Jordan	Board of Directors			
5	Ghosh	Jo Kay	Board of Directors			
6	Gieseler	Brian	Board of Directors			
7	Robison	Elizabeth P.	Board of Directors			
8	Saluja	Kiran	Board of Directors			
9	Jenks	Robert R.	Board of Directors			
10	Joseph	Tamara	Board of Directors			
11	Baker	Alex	Board of Directors			
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13	Yip	Edward	Board of Directors			
14	Casciato	Georgia	Board of Directors			
15	O'Connor	Jean	Board of Directors			
16	Vetticaden	Santosh	Board of Directors			
17	Rich	Sarah M.	Board of Directors			
18	Filer	Scott	Board of Directors			
19	De Santi	Susan	Board of Directors			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Nguyen	Von	Board of Directors
21	Macarchuk	Nicole J.	Board of Directors
22	Vasallo	Vivian	Board of Directors
23	Gorre	Celina	Board of Directors
24	Midura	Bonnie	Board of Directors
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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	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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AMENDMENT DESCRIPTION – Explain reason for amendment	***
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	X
	YA COMPANY

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	
Gregory Wong		(415)554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Horizons Unlimited		(415) 48	7-6700
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
440 Potrero Avenue, San Francisco 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$22,500			
NATURE OF THE CONTRACT (Please describe)			
provide MH/SUD program services.	9		
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provide MH/SUD program services.			
7. COMMENTS			
9. CONTRACT ARRESOVAL			
8. CONTRACT APPROVAL This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A POARD ON WHICH THE CITY ELECTIVE COTTON OF			
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 ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Moretti	Matthew	Board of Directors			
2	Таріа	Virgina	Board of Directors			
3	Amador	Donna	Board of Directors			
4	Corona	Cristina	Board of Directors			
5	Johnson	Zachary	Board of Directors			
6	Boin	Isabelle P.	Board of Directors			
7	Serrano	Salvador	Board of Directors			
8	Williams	Jillian	Board of Directors			
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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10. VERIFICATION			
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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	DATE SIGNED		
BOS Clerk of the Board			



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TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	
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	X.

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	
Gregory Wong		(415)554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Horizons Unlimited		(415) 48	7-6700
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
440 Potrero Avenue, san Francisco 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$82,549			
NATURE OF THE CONTRACT (Please describe)			
provide MH/SUD program services.	G		
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7. COMMENTS			
7. COMMENTS			
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 ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Moretti	Matthew	Board of Directors			
2	Таріа	Virginia	Board of Directors			
3	Amador	Donna	Board of Directors			
4	Corona	Cristina	Board of Directors			
5	Johnson	Zachary	Board of Directors			
6	Boin	Isabelle P.	Board of Directors			
7	Serrano	Salvador	Board of Directors			
8	Williams	Jillian	Board of Directors			
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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 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 BOS Clerk of the Board



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:

File #: 220688

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong		(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Jamestown Community Center		(415) 64	7-4709
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3382 26th St, San Francisco 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688
R. C.			220000
DESCRIPTION OF AMOUNT OF CONTRACT			
\$105,495			
NATURE OF THE CONTRACT (Please describe)			
provide MH/SUD program services.	9		
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7. COMMENTS			
7. 651			
9 CONTRACT ADDROVAL			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Pazmino	Betty	Board of Directors		
2	Zavaleta	Aleks	Board of Directors		
3	Gross	Rich	Board of Directors		
4	Barahona	Luis	Board of Directors		
5	Barraza	Patricia	Board of Directors		
6	Barrera	Efrain	Board of Directors		
7	Brackenridge	Katie	Board of Directors		
8	Bransten	Lisa	Board of Directors		
9	Furney	Gary	Board of Directors		
10	Karir	Renu	Board of Directors		
11	Vega	Paul	Board of Directors		
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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 o	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	



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:

File #: 220688

1

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

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<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Japanese Community Youth Council		(415) 563-8052		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
2012 Pine Street, San Francisco 94109				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
			220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$14,603				
NATURE OF THE CONTRACT (Please describe)				
provide MH/SUD program services.	9			
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provide MH/SUD program services.				
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7. COMMENTS				
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 ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	MacDonald	Angus	Board of Directors
2	Dunlap	Oliver	Board of Directors
3	Nagree	Shah	Board of Directors
4	Harrigan	Asia	Board of Directors
5	Santiago	Breonna	Board of Directors
6	Abantao	Darryl	Board of Directors
7	С	Dinesh	Board of Directors
8	Wayne	Evan	Board of Directors
9	Littleton	Heather	Board of Directors
10	Anderson	Jerome	Board of Directors
11	Kuo	Johnny	Board of Directors
12	Mah	Kitty	Board of Directors
13	Carroll	Louise	Board of Directors
14	Mah	Max	Board of Directors
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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 con	ıplete.		
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
CLERK			
BOS Clerk of the Board			



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:

File #: 220688

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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	
Gregory \	Wong	(415)554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
NICOS Chinese Health Coalition		(415) 788-6426		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1208 Mason St, San Francisco, CA 94108				
6. CONTRACT	ODIONAL DID	DED 444.050	EUE AUGABER (IC. III.)	
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	KFP NUMBER	FILE NUMBER (If applicable) 220688	
DESCRIPTION OF AMOUNT OF CONTRACT	L			
\$5,000				
NATURE OF THE CONTRACT (Please describe)				
Provide support for oral health program.	9			
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Provide support for oral health program.				
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
THE CITY ELECTIVE OFFICER(3) 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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

COIII	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Woo	Kent	Board of Directors			
2	Liao	Michael	Board of Directors			
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9. A	FFILIATES AND SUBCONTRACTORS				
List	the names of (A) members of the contrac	tor's board of directors; (B) the contracto	r's principal officers, including chief		
	cutive officer, chief financial officer, chief				
	has an ownership interest of 10 percent	or more in the contractor; and (D) any su	bcontractor listed in the bid or		
cont	ract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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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.				
	VERIFICATION				
	ve used all reasonable diligence in prepartive the information I have provided h		tatement and to the best of my		

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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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	' O
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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CC	ONTRACTOR			
	NAME OF CONTRACTOR		TELEPHONE NUMBER	
Pr	oject Open Hand		(415) 44	7-2300
STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
73	O Polk St, San Francisco, CA 94109			
6. CC	ONTRACT			
DATE	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) ORI	GINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
				220688
DESC	RIPTION OF AMOUNT OF CONTRACT			
\$1	,408,026			
NATU	JRE OF THE CONTRACT (Please describe)			
	improve the nutritional health of all people li roceries, nutrition assessments and other food a			
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7. CC	DMMENTS			
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	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
X	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 C	ITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Henry	Mike	Board of Directors
2	Yankoupe	Ruth	Board of Directors
3	Colton	John	Board of Directors
4	Wakankar	Aditya	Board of Directors
5	Chandra	Vishwa	Board of Directors
6	Petraglia	Jennifer	Board of Directors
7	Chang	Andrew	Board of Directors
8	Maring	Preston	Board of Directors
9	McSwine	Ginny	Board of Directors
10	Ng Chang	Theresa	Board of Directors
11	Wilkinson	Andrea	Board of Directors
12	York	Helene	Board of Directors
13	Drimmer-Rokovich	Jennifer	Board of Directors
14	Long	Richard	Board of Directors
15	wood	Arthur	Board of Directors
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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	DATE SIGNED	
BOS Clerk of the Board		



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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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY 1	WONG	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	(415) 504-6738
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plz, Ste 808, San Francisco, CA 94102	

1 Hallidle PIZ, Ste 808, San Francisco, CA 94.	LUZ	
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6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
<i>▲</i>		220688
DESCRIPTION OF AMOUNT OF CONTRACT		
\$1,419		
NATURE OF THE CONTRACT (Please describe)	6	
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7. COMMENTS		
O CONTRACT ADDRESS		
8. CONTRACT APPROVAL This contract was approved by:		
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS PORM		
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
Board of Supervisors		
Board of Supervisor's		
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) I	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Eardley	Penny	Board of Directors		
2	Petrosova	Anastasija	Board of Directors		
3	Toatelegese	Kellsa	Board of Directors		
4	Thornton	Kitty	Board of Directors		
5	Campos	Laura	Board of Directors		
6	Mikalacki-Sublett	Jehnifer	Board of Directors		
7	Cather	Christy	Board of Directors		
8	Falk	Nicole	Board of Directors		
9	Bennett	Ayanna	Board of Directors		
10	Longstreth	Elizabeth	Board of Directors		
11	Lyles	Courtney	Board of Directors		
12	Moore	Melissa	Board of Directors		
13	Villagomez	Alice	Board of Directors		
14	Sharma	Adam	Board of Directors		
15	Morewitz	Mark	Board of Directors		
16	Oxford	Nick	Board of Directors		
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COIIC	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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 39 40 41 42 43 44 45 46 47 48 49 50 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			
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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 DATE SIGNED			
BOS Clerk of the Board			



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A Public Document

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
	100
	Y _X
	Y _A

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	
Gregory N	Wong	(415)554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

A A			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
UCSF Alliance Health Project		(415) 476-3902	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1930 Market St, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
\$168,837			
NATURE OF THE CONTRACT (Please describe)			
The program goal is to provide outpatient mental health services to people living with HIV - including Long-Term Survivors - to reduce symptoms and functional impairments resulting from mental health and/or substance use disorders. 7. COMMENTS			
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

cont	ontract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Dilley	James W.	Board of Directors		
2	Thoemmes	Lori	Board of Directors		
3	Flentje	Annesa	Board of Directors		
4	Garcia	Braulio	Board of Directors		
5	Haas	DK	Board of Directors		
6	Matos	Ramon	Board of Directors		
7	Murphy	Jessica	Board of Directors		
8	Rhodes	Perry	Board of Directors		
9	Shockey	Jen	Board of Directors		
10	Wong	но11у	Board of Directors		
11	Shumate	Kate	Board of Directors		
12	Breall	Susan M.	Board of Directors		
13	Hare	Brad	Board of Directors		
14	Hillmon	Reginald	Board of Directors		
15	Liu	Enchi	Board of Directors		
16	Mettler	Berenice	Board of Directors		
17	Pearce	Ken	Other Principal Officer		
18	тоһ	Sophia	Board of Directors		
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COIIC	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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 39 40 41 42 43 44 45 46 47 48 49 50 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 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 BOS Clerk of the Board



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:

File #: 220688

1

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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	
Gregory Wong		(415)554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Behavioral Health Commission		(415) 55	4-5184	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1380 Howard Street, San Francisco, CA 94103				
6. CONTRACT				
DATE CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
	,	-	220688	
DESCRIPTION OF AMOUNT OF CONTRACT			<u> </u>	
\$61,488				
NATURE OF THE CONTRACT (Please describe)				
Support Administrative oversight of system-of-maintain level of finding for training.	care fiscal	intermedia	ary funding in order to	
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7. COMMENTS				
7. COMMENTS				
9 CONTRACT ARREOVAL				
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 ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Jackson-Lane	Carletta	Board of Directors
2	Slota	Richelle L.	Board of Directors
3	Vigil	Bahlam	Board of Directors
4	Banuelos	Stephen	Board of Directors
5	Drummond	Judy Z.	Board of Directors
6	Klain	Judith	Board of Directors
7	Parks	Toni	Board of Directors
8	Stevens	Harriett S.	Board of Directors
9	Thakore-Dunlap	ulash	Board of Directors
10	Idell	Wilson	Board of Directors
11	Bohrer	Terezie	Board of Directors
12	Ashel	Sempel	Board of Directors
13	Safai	Ahsha	Board of Directors
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	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.

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File #: 220688

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Japanese Community Youth Council		(415) 56	3-8052
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
2012 Pine Street, San Francisco 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(ORIGINAL BID	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>o</mark>			220688
DESCRIPTION OF AMOUNT OF CONTRACT	•		
\$60,049	,		
NATURE OF THE CONTRACT (Please describe)	O_		
Provide MH/SUD program services.	<i>'</i> O'		
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7. COMMENTS			
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 ELECTIV	VE OFFICER(S) I	DENTIFIED ON THIS FORM SITS
$ oldsymbol{ol}oldsymbol{oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{ol}ol{ol}}}}}}}}}}}$			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	McDonald	Angus	Board of Directors
2	Dunlap	Oliver	Board of Directors
3	Nagree	Shah	Board of Directors
4	Harrigan	Asia	Board of Directors
5	Santiago	Breonna	Board of Directors
6	Abantao	Darryl	Board of Directors
7	С	Dinesh	Board of Directors
8	Wayne	Evan	Board of Directors
9	Littleton	Heather	Board of Directors
10	Anderson	Jerome	Board of Directors
11	Kuo	Johnny	Board of Directors
12	Mah	Kitty	Board of Directors
13	Carroll	Louise	Board of Directors
14	Mah	Max	Board of Directors
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COIIC	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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	DATE SIGNED	
BOS Clerk of the Board		



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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Maitri AIDS Hospice		(415) 558-3000		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
401 Duboce Ave, San Francisco, CA 94117				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
			220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$681,216				
NATURE OF THE CONTRACT (Please describe)				
To provide safe housing, medical care and nutralife and those needing respite to return to in	ition suppor dependence a	rts for the as defined	ose with HIV at end of by the resident.	
		10		
Short Line				
7. COMMENTS				
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
1	Lapointe	Ray	Board of Directors			
2	Wong	Jane	Board of Directors			
3	Miller	Austin	Board of Directors			
4	Cummings	Gregg	Board of Directors			
5	King	mic	Board of Directors			
6	Casados	Johannes	Board of Directors			
7	Mishra	Bismay	Board of Directors			
8	Cummings	Donna	Board of Directors			
9	Dilawri	Namita	Board of Directors			
10	Rana	Sameera	Board of Directors			
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contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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10. VERIFICATION		
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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	DATE SIGNED	
BOS Clerk of the Board		



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AMENDMENT DESCRIPTION – Explain reason for amendment	' O
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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Napa County		707-253-	4540
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
2751 Napa Valley Corporate Drive Bldg B Napa,	CA 94558		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688
DESCRIPTION OF AMOUNT OF CONTRACT	ı		
\$200,000			
NATURE OF THE CONTRACT (Please describe)			
Co-recipient of grant funds.	0		
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Co-recipient of grant funds.			
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7. COMMENTS			
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 ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Wagenknecht	Brad	Board of Directors
2	Gregory	Ryan	Board of Directors
3	Dillon	Diane	Board of Directors
4	Pedroza	Alfredo	Board of Directors
5	Ramos	Belia	Board of Directors
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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	DATE SIGNED	
BOS Clerk of the Board		



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1. FILING INFORMATION	
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Gregory N	Wong	(415)554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
PRC		415-777-0333		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
170 9th Street, San Francisco, CA 94103				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$146,772				
NATURE OF THE CONTRACT (Please describe)				
Providing Equal Access to Health Care Program	Services			
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7. COMMENTS				
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 ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	
└-				

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.

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Schneider	Brian	Board of Directors			
2	Roger	Kent M.	Board of Directors			
3	Schroder	Tim	Board of Directors			
4	Brown	Chris	Board of Directors			
5	Callaghan	Larkin	Board of Directors			
6	Freiman	Josh	Board of Directors			
7	Gonzalez	Nelson	Board of Directors			
8	Ishida	Ryo	Board of Directors			
9	Michaels	Jacques	Board of Directors			
10	Niczyporuk	Michael	Board of Directors			
11	Papilion	Zack	Board of Directors			
12	Smith	Darren	Board of Directors			
13	Steinberg	Michael	Board of Directors			
14	Treaster	Merredith	Board of Directors			
15	Andrews	Brett	CEO			
16	Alouf	Joe	CF0			
17	Clark	Elaine	CF0			
18	Fostel	John	Other Principal Officer			
19	Henneman	Tasha	Other Principal Officer			

3

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Teng	Chuan	Other Principal Officer
21	Paul	Randi	Other Principal Officer
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.

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TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Gregory \	Wong	(415)554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CO	NTRACTOR			
NAME	E OF CONTRACTOR		TELEPHONE N	IUMBER
RAM	1S		(415) 66	8-5955
STREE	T ADDRESS (including City, State and Zip Code)		EMAIL	
362	26 Balboa St, SF, CA 94124			
6. CO	NTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCR	RIPTION OF AMOUNT OF CONTRACT			
\$24	19,691			
NATU	RE OF THE CONTRACT (Please describe)			
cou	rovides Peer Internship Program that prepare inseling	Sclients fo	or employme	ent in peer support and
	NTRACT APPROVAL			
	ontract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	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 ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Muhammad	Jayvon	Board of Directors
2	Giovannini	Domenica	Board of Directors
3	Shea	Christina	Board of Directors
4	Tang	Angela	Board of Directors
5	Agajanian	Eduard	Board of Directors
6	De Joya	Trina	Board of Directors
7	Inoue	Sachi	Board of Directors
8	Castorena-O'Keefe	Carmen	Board of Directors
9	Chan	Flora	Board of Directors
10	Sinaga	Hasian	Board of Directors
11	Kronenberg	Dennielle C.	Board of Directors
12	Zozulinsky	Anna	Board of Directors
13	Wong	Janny	Board of Directors
14	Chun	Kristin	Board of Directors
15	Vong	Vivian	Board of Directors
16	Peng	Rebecca	Board of Directors
17	Huie	Cynthia	Board of Directors
18	Scholtz	Marjorie	Board of Directors
19	Chaudhuri	Anoshua	Board of Directors

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
20	Hsu	Lee	Board of Directors		
21	Roberts	Maggie	Board of Directors		
22	Yeh	Tom	Board of Directors		
23	Chow	Wade	Board of Directors		
24	Quinn	Maire	Board of Directors		
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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	DATE SIGNED	
BOS Clerk of the Board		



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:

File #: 220688

1

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
RAMS		(415) 66	8-5955	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
3626 Balboa St, SF, CA 94124				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$273,182				
NATURE OF THE CONTRACT (Please describe)				
Provides Bilingual-designated counselor posit	ions.			
Trovides Brinigual designated counselor positi				
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Provides Bilingual-designated counselor positions.				
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7. COMMENTS				
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

# LAST NAME/ENTITY/SUBCONTRACTOR FIRST NAME TYPE 1 Muhammad Jayvon Board of Directors 2 Giovannini Domenica Board of Directors 3 Shea Christina Board of Directors 4 Tang Angela Board of Directors 5 Agajanian Eduard Board of Directors 6 De Joya Trina Board of Directors 7 Inoue Sachi Board of Directors 8 Castorena-O'Keefe Carmen Board of Directors 9 Chan Flora Board of Directors 10 Sinaga Hasian Board of Directors 11 Kronenberg Dennielle C. Board of Directors 12 Zozulinsky Anna Board of Directors 13 Wong Janny Board of Directors 14 Chun Kristin Board of Directors 15 Vong Vivian Board of Directors 16 Peng Rebecca Board of Directors 17 Huie Cynthia Board of Directors 18 Scholtz Marjorie Board of Directors	contract.				
Giovannini Domenica Board of Directors Shea Christina Board of Directors A Tang Angela Board of Directors Agajanian Eduard Board of Directors De Joya Trina Board of Directors Trina Board of Directors Carmen Board of Directors Anna Board of Directors Carmen	#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
3 Shea Christina Board of Directors 4 Tang Angela Board of Directors 5 Agajanian Eduard Board of Directors 6 De Joya Trina Board of Directors 7 Inoue Sachi Board of Directors 8 Castorena-O'Keefe Carmen Board of Directors 9 Chan Flora Board of Directors 10 Sinaga Hasian Board of Directors 11 Kronenberg Dennielle C. Board of Directors 12 Zozulinsky Anna Board of Directors 13 Wong Janny Board of Directors 14 Chun Kristin Board of Directors 15 Vong Vivian Board of Directors 16 Peng Rebecca Board of Directors 17 Huie Cynthia Board of Directors 18 Scholtz Marjorie Board of Directors	1	Muhammad	JayVon	Board of Directors	
Angela Board of Directors Agajanian Eduard Board of Directors De Joya Trina Board of Directors Trina Board of Directors Castorena-O'Keefe Carmen Board of Directors Chan Flora Board of Directors Sinaga Hasian Board of Directors Kronenberg Dennielle C. Board of Directors Zozulinsky Anna Board of Directors Wong Janny Board of Directors Kristin Board of Directors Kristin Board of Directors Nong Vivian Board of Directors Rebecca Board of Directors Huie Cynthia Board of Directors Marjorie Board of Directors	2	Giovannini	Domenica	Board of Directors	
5 Agajanian Eduard Board of Directors 6 De Joya Trina Board of Directors 7 Inoue Sachi Board of Directors 8 Castorena-O'Keefe Carmen Board of Directors 9 Chan Flora Board of Directors 10 Sinaga Hasian Board of Directors 11 Kronenberg Dennielle C. Board of Directors 12 Zozulinsky Anna Board of Directors 13 Wong Janny Board of Directors 14 Chun Kristin Board of Directors 15 Vong Vivian Board of Directors 16 Peng Rebecca Board of Directors 17 Huie Cynthia Board of Directors 18 Scholtz Marjorie Board of Directors	3	Shea	Christina	Board of Directors	
Trina Board of Directors Inoue Sachi Board of Directors Carmen Board of Directors Carmen Board of Directors Carmen Board of Directors Dennielle C. Board of Directors Carmen Boar	4	Tang	Angela	Board of Directors	
7 Inoue Sachi Board of Directors 8 Castorena-O'Keefe Carmen Board of Directors 9 Chan Flora Board of Directors 10 Sinaga Hasian Board of Directors 11 Kronenberg Dennielle C. Board of Directors 12 Zozulinsky Anna Board of Directors 13 Wong Janny Board of Directors 14 Chun Kristin Board of Directors 15 Vong Vivian Board of Directors 16 Peng Rebecca Board of Directors 17 Huie Cynthia Board of Directors 18 Scholtz Marjorie Board of Directors	5	Agajanian	Eduard	Board of Directors	
8 Castorena-O'Keefe Carmen Board of Directors 9 Chan Flora Board of Directors 10 Sinaga Hasian Board of Directors 11 Kronenberg Dennielle C. Board of Directors 12 Zozulinsky Anna Board of Directors 13 Wong Janny Board of Directors 14 Chun Kristin Board of Directors 15 Vong Vivian Board of Directors 16 Peng Rebecca Board of Directors 17 Huie Cynthia Board of Directors 18 Scholtz Marjorie Board of Directors	6	De Joya	Trina	Board of Directors	
9 Chan Flora Board of Directors 10 Sinaga Hasian Board of Directors 11 Kronenberg Dennielle C. Board of Directors 12 Zozulinsky Anna Board of Directors 13 Wong Janny Board of Directors 14 Chun Kristin Board of Directors 15 Vong Vivian Board of Directors 16 Peng Rebecca Board of Directors 17 Huie Cynthia Board of Directors 18 Scholtz Marjorie Board of Directors	7	Inoue	Sachi	Board of Directors	
10 Sinaga Hasian Board of Directors 11 Kronenberg Dennielle C. Board of Directors 12 Zozulinsky Anna Board of Directors 13 Wong Janny Board of Directors 14 Chun Kristin Board of Directors 15 Vong Vivian Board of Directors 16 Peng Rebecca Board of Directors 17 Huie Cynthia Board of Directors 18 Scholtz Marjorie Board of Directors	8	Castorena-O'Keefe	Carmen	Board of Directors	
11 Kronenberg Dennielle C. Board of Directors 12 Zozulinsky Anna Board of Directors 13 Wong Janny Board of Directors 14 Chun Kristin Board of Directors 15 Vong Vivian Board of Directors 16 Peng Rebecca Board of Directors 17 Huie Cynthia Board of Directors 18 Scholtz Marjorie Board of Directors	9	Chan	Flora	Board of Directors	
12ZozulinskyAnnaBoard of Directors13WongJannyBoard of Directors14ChunKristinBoard of Directors15VongVivianBoard of Directors16PengRebeccaBoard of Directors17HuieCynthiaBoard of Directors18ScholtzMarjorieBoard of Directors	10	Sinaga	Hasian	Board of Directors	
13 Wong Janny Board of Directors 14 Chun Kristin Board of Directors 15 Vong Vivian Board of Directors 16 Peng Rebecca Board of Directors 17 Huie Cynthia Board of Directors 18 Scholtz Marjorie Board of Directors	11	Kronenberg	Dennielle C.	Board of Directors	
14 Chun Kristin Board of Directors 15 Vong Vivian Board of Directors 16 Peng Rebecca Board of Directors 17 Huie Cynthia Board of Directors 18 Scholtz Marjorie Board of Directors	12	Zozulinsky	Anna	Board of Directors	
15 Vong Vivian Board of Directors 16 Peng Rebecca Board of Directors 17 Huie Cynthia Board of Directors 18 Scholtz Marjorie Board of Directors	13	Wong	Janny	Board of Directors	
16 Peng Rebecca Board of Directors 17 Huie Cynthia Board of Directors 18 Scholtz Marjorie Board of Directors	14	Chun	Kristin	Board of Directors	
17 Huie Cynthia Board of Directors 18 Scholtz Marjorie Board of Directors	15	Vong	Vivian	Board of Directors	
18 Scholtz Marjorie Board of Directors	16	Peng	Rebecca	Board of Directors	
	17	Huie	Cynthia	Board of Directors	
19 Chaudhuri Anoshua Board of Directors	18	Scholtz	Marjorie	Board of Directors	
	19	Chaudhuri	Anoshua	Board of Directors	

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
20	Hsu	Lee	Board of Directors	
21	Roberts	Maggie	Board of Directors	
22	Yeh	Tom	Board of Directors	
23	Chow	wade	Board of Directors	
24	Quinn	Maire	Board of Directors	
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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	DATE SIGNED	
BOS Clerk of the Board		



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:

File #: 220688

1

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
	100
	Y _X
	Y _A

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
RAMS		(415) 66	8-5955
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3626 Balboa St, SF, CA 94124			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Peer wages for consumers participating in run Health Clinic - Job training wages.			
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T COMMENTS			
7. COMMENTS			
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 ADPOINTED OF	THE CITY EI ECTIV	/E UEEICED/S/ II	DENTIFIED ON THIS FORM SITS
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	L OFFICER(3) II	PERMITTED OIN THIS FORIN SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Muhammad	Jayvon	Board of Directors
2	Giovannini	Domenica	Board of Directors
3	Shea	Christina	Board of Directors
4	Tang	Angela	Board of Directors
5	Agajanian	Eduard	Board of Directors
6	De Joya	Trina	Board of Directors
7	Inoue	Sachi	Board of Directors
8	Castorena-O'Keefe	Carmen	Board of Directors
9	Chan	Flora	Board of Directors
10	Sinaga	Hasian	Board of Directors
11	Kronenberg	Dennielle C.	Board of Directors
12	Zozulinsky	Anna	Board of Directors
13	Wong	Janny	Board of Directors
14	Chun	Kristin	Board of Directors
15	Vong	Vivian	Board of Directors
16	Peng	Rebecca	Board of Directors
17	Huie	Cynthia	Board of Directors
18	Scholtz	Marjorie	Board of Directors
19	Chaudhuri	Anoshua	Board of Directors

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
20	Hsu	Lee	Board of Directors		
21	Roberts	Maggie	Board of Directors		
22	Yeh	Tom	Board of Directors		
23	Chow	wade	Board of Directors		
24	Quinn	Maire	Board of Directors		
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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	DATE SIGNED	
BOS Clerk of the Board		



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:

File #: 220688

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
RAMS		(415) 668-5955	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3626 Balboa St, SF, CA 94124			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$150,266			
NATURE OF THE CONTRACT (Please describe)			
Provides support of consumer-run centers servi	ng many dua	lly-diagnos	sed individuals
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7. COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
<u> </u>			

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Muhammad	Jayvon	Board of Directors	
2	Giovannini	Domenica	Board of Directors	
3	Shea	Christina	Board of Directors	
4	Tang	Angela	Board of Directors	
5	Agajanian	Eduard	Board of Directors	
6	De Joya	Trina	Board of Directors	
7	Inoue	Sachi	Board of Directors	
8	Castorena-O'Keefe	Carmen	Board of Directors	
9	Chan	Flora	Board of Directors	
10	Sinaga	Hasian	Board of Directors	
11	Kronenberg	Dennielle C.	Board of Directors	
12	Zozulinsky	Anna	Board of Directors	
13	Wong	Janny	Board of Directors	
14	Chun	Kristin	Board of Directors	
15	Vong	Vivian	Board of Directors	
16	Peng	Rebecca	Board of Directors	
17	Huie	Cynthia	Board of Directors	
18	Scholtz	Marjorie	Board of Directors	
19	Chaudhuri	Anoshua	Board of Directors	
-				

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
20	Hsu	Lee	Board of Directors		
21	Roberts	Maggie	Board of Directors		
22	Yeh	Tom	Board of Directors		
23	Chow	wade	Board of Directors		
24	Quinn	Maire	Board of Directors		
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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 39 40 41 42 43 44 45 46 47 48 49 50 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	DATE SIGNED	
BOS Clerk of the Board		



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

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File #: 220688

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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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	* O
	30
	Q_{λ}

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Richmond Area Multi-Services		(415) 80	0-0699
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3626 Balboa St, SF, CA 94124			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT	1		
\$247,302			
NATURE OF THE CONTRACT (Please describe)			
Provide Peer Internship Program that prepares counseling positions.	clients for	employment	t in peer support and
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7. COMMENTS			
<u> </u>			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICED(C) CEDVEC			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Muhammad	JayVon	Board of Directors		
2	Giovannini	Domenica	Board of Directors		
3	Shea	Christina	Board of Directors		
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5	Agajanian	Eduard	Board of Directors		
6	De Joya	Trina	Board of Directors		
7	Inoue	Sachi	Board of Directors		
8	Castorena-O'Keefe	Carmen	Board of Directors		
9	Chan	Flora	Board of Directors		
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16	Peng	Rebecca	Board of Directors		
17	Huie	Cynthia	Board of Directors		
18	Scholtz	Marjorie	Board of Directors		
19	Chaudhuri	Anoshua	Board of Directors		

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Hsu	Lee	Board of Directors
21	Roberts	Maggie	Board of Directors
22	Yeh	Tom	Board of Directors
23	Chow	wade	Board of Directors
24	Quinn	Marian	Board of Directors
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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 39 40 41 42 43 44 45 46 47 48 49 50 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	DATE SIGNED	
BOS Clerk of the Board		



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Bid/RFP #:

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<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
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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
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	(415) 504-6738
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plz, Ste 808, San Francisco, CA 94102	
6. CONTRACT	

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6. C	ONTRACT			
DATI	E CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220688
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DESC	RIPTION OF AMOUNT OF CONTRACT	8	l	
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NAT	JRE OF THE CONTRACT (Please describe)	10		
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7. C	DMMENTS			
	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED	D ON THIS FORM		
	A BOARD ON WHICH THE CITY ELECTIVE	OFFICER(S) SERVES		
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WH	ICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) I	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Eardley	Penny	Board of Directors		
2	Petrosova	Anastasija	Board of Directors		
3	Toatelegese	Kellsa	Board of Directors		
4	Thornton	Kitty	Board of Directors		
5	Campos	Laura	Board of Directors		
6	Mikalacki- Sublett	Jennifer	Board of Directors		
7	Cather	Christy	Board of Directors		
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13	Villagomez	Alice	Board of Directors		
14	Sharma	Adam	Board of Directors		
15	Morewitz	Mark	Board of Directors		
16	Oxford	Nick	Board of Directors		
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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

DATE SIGNED

SAN FRANCISCO ETHICS COMMISSION – SFEC Form 126(f)4 v.12.7.18

BOS Clerk of the Board

CLERK



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:

File #: 220688

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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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
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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
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	(415) 504-6738
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plz, Ste 808, San Francisco, СА 94102	

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6. CONTRACT				
	OVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RI	FP NUMBER	FILE NUMBER (If applicable)
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DESCRIPTION OF AMOUNT	OF CONTRACT			
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NATURE OF THE CONTRACT	(Please describe)			
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approve				
THE CITY ELECTIVE OF	FICER(S) IDENTIFIED ON THIS FORM			
	THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Super	rvisors			
THE BOARD OF A 2-2-2	FE A CENCY ON MUNICIPAL AND ADDRESS OF	THE OITH ELECTION	OFFICED(0):	DENITIFIED ON THIS TORSE STO
THE BOARD OF A STAT	TE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE	OFFICER(S) I	DENTIFIED ON THIS FORM SITS

cont	contract.					
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14	Sharma	Adam	Board of Directors			
15	Morewitz	Mark	Board of Directors			
16	Oxford	Nick	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR **DATE SIGNED CLERK** BOS Clerk of the Board



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

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Bid/RFP #:

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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	
Gregory N	Wong	(415)554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	(415) 504-6738
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plz, Ste 808, San Francisco, СА 94102	
6 CONTRACT	

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6. C	ONTRACT				
DATI	E CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/F	RFP NUMBER	FILE NUMBER (If applicable) 220688
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DESC	CRIPTION OF AMOUNT OF CONTRACT	W			
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NAT	URE OF THE CONTRACT (Please describe)	, ()			
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	ONTRACT APPROVAL				
This	contract was approved by:				
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	A BOARD ON WHICH THE CITY ELECTIVE	OFFICER(S) SERVES			
	Board of Supervisors				
	THE BOARD OF A STATE AGENCY ON WH	ICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.					
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14	Sharma	Adam	Board of Directors			
15	Morewitz	Mark	Board of Directors			
16	Oxford	Nick	Board of Directors			
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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

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Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

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<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
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	X
	YA COMPANY

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
Gregory Wong		(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	(415) 504-6738
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plz, Ste 808, San Francisco, СА 94102	

_	marriare F12, See 500, San Francisco, CA 541	.02		
6. CC	DNTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFF	NUMBER	FILE NUMBER (If applicable) 220688
DECC	PURTION OF AMOUNT OF CONTRACT			
DESC	RIPTION OF AMOUNT OF CONTRACT			
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NAT	JRE OF THE CONTRACT (Please describe)			
Pr	oviding program administration in support of	SF Tobacco Fr	ree Proje	ect.
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8. CC	ONTRACT APPROVAL			
	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 C	OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Eardley	Penny	Board of Directors	
2	Petrosova	Anastasija	Board of Directors	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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Bid/RFP #:

Notification of Contract Approval

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(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	' O
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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

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NAME OF CONTRACTOR	TELEPHONE NUMBER
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STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plz, Ste 808, San Francisco, CA 94102	

110	arriure F12, Ste 500, San F1	alicisco, CA 541	.02		
6. CON	NTRACT				
DATE C	CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable) 220688
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DESCRI	PTION OF AMOUNT OF CONTRACT	W			•
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8. COA	ITRACT APPROVAL				
	ontract was approved by:				
П	THE CITY ELECTIVE OFFICER(S) IDENTIFIED	O ON THIS FORM			
Δ	A BOARD ON WHICH THE CITY ELECTIVE (OFFICER(S) SFRVFS			
	Board of Supervisors	2			
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т	THE BOARD OF A STATE AGENCY ON WH	ICH AN APPOINTEE OF	THE CITY ELECTIV	F OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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BOS Clerk of the Board		



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Original	3 ,
AMENDMENT DESCRIPTION – Explain reason for amendment	
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	' O.

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

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1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	

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6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)			ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220688	
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DESCRIPTION OF AMOUNT OF CONTRACT					
\$8	,964	6 %.			
NATURE OF THE CONTRACT (Please describe)					
Fiscal Intermediary.					
	Fiscal Intermediary.				
7. COMMENTS					
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cont	contract.				
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13	Villagomez	Alice	Board of Directors		
14	Sharma	Adam	Board of Directors		
15	Morewitz	Mark	Board of Directors		
16	Oxford	Nick	Board of Directors		
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contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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	ТҮРЕ	
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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 DATE SIGNED			

BOS Clerk of the Board

CLERK



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:

File #: 220688

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

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XX

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 DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory	Wong	(415)554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	(415) 504-6738
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plz, Ste 808, San Francisco, CA 94102	

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6. CO	ONTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220688
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7. 00	JAME 1413			
	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED	O ON THIS FORM		
	A BOARD ON WHICH THE CITY ELECTIVE (OFFICER(S) SERVES		
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WH	ICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) II	DENTIFIED ON THIS FORM SITS

	ract.	FIDET NAME	TVDF
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Eardley	Penny	Board of Directors
2	Petrosova	Anastasija	Board of Directors
3	Toatelegese	Kellsa	Board of Directors
4	Thornton	Kitty	Board of Directors
5	Campos	Laura	Board of Directors
6	Mikalacki- Sublett	Jehnifer	Board of Directors
7	Cather	Christy	Board of Directors
8	Falk	Nicole	Board of Directors
9	Bennett	Ayanna	Board of Directors
10	Longstreth	Elizabeth	Board of Directors
11	Lyles	Courtney	Board of Directors
12	Moore	Melissa	Board of Directors
13	Villagomez	Alice	Board of Directors
14	Sharma	Adam	Board of Directors
15	Morewitz	Mark	Board of Directors
16	Oxford	Nick	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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	DATE SIGNED	
BOS Clerk of the Board		



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

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File #: 220688

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

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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AMENDMENT DESCRIPTION – Explain reason for amendment	Y O
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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

Y.A		
5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHO	NE NUMBER
San Francisco Study Center	(415)	626-1650
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
1663 Mission Street, Suite 310,San Francisco,	CA 94103	
	'	
6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUME	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT		
\$13,732		
NATURE OF THE CONTRACT (Please describe)		
Peer wages for consumers participating in runn Clinic.	C. C	
7. COMMENTS		
8. CONTRACT APPROVAL		
This contract was approved by:		
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		

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

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

Board of Supervisors

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Livingston	Richard	Board of Directors		
2	Yee	Tina Tong	Board of Directors		
3	True	Reiko H.	Board of Directors		
4	Elbgal	Hazim	Board of Directors		
5	Eldon	Eric	Board of Directors		
6	Kutnick	Benjamin A.	Board of Directors		
7	Kwong	Jeanne	Board of Directors		
8	Margaronis	Stas	Board of Directors		
9	McWilliams	Jim	Board of Directors		
10	Link	Geoffrey	Board of Directors		
11	Chen	Jaden	Board of Directors		
12	Nunez	John	Board of Directors		
13	Vera	Leonor	Board of Directors		
14	Kuo	Linda	Board of Directors		
15	Soriano	Irene	Board of Directors		
16	Beggs	Marjorie	Board of Directors		
17	Stampfli	Lise	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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		
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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Bid/RFP #:

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(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

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1. FILING INFORMATION	9_
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	♥ .
AMENDMENT DESCRIPTION – Explain reason for amendment	0
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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

<u> </u>			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
San Francisco Unified School District		(415) 24	1-6085
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
555 Franklin Street, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			220688
DESCRIPTION OF AMOUNT OF CONTRACT	l		
\$215,000			
NATURE OF THE CONTRACT (Please describe)			
Provide outreach to targeted populations.	9		
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Provide outreach to targeted populations.			
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7. COMMENTS			
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 ELECTIV	/F OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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con	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Matthews	Vincent	Board of Directors	
2	Leigh	Myong	Board of Directors	
3	Morthel	Enikia F.	Board of Directors	
4	Blythe	Gentle	Board of Directors	
5	Lam	Jenny	Board of Directors	
6	Boggess	Kevin	Board of Directors	
7	Alexander	Matt	Board of Directors	
8	Hsu	Ann	Board of Directors	
9	Motamedi	Lainie	Board of Directors	
10	Sanchez	Mark	Board of Directors	
11	Weissman-Ward	Lisa	Board of Directors	
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COIIC	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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 39 40 41 42 43 44 45 46 47 48 49 50 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

DATE SIGNED

SAN FRANCISCO ETHICS COMMISSION - SFEC Form 126(f)4 v.12.7.18

BOS Clerk of the Board

CLERK



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Bid/RFP #:

Notification of Contract Approval

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1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	* O
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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
San Francisco Unified School District		(415) 241-6000	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
555 Franklin Street, San Francisco, CA 94102			
6. CONTRACT	ODICINAL DID	DED AULIA ADED	FUE AUDADED (If were l'emble)
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	KED NOMBEK	FILE NUMBER (If applicable) 220688
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DESCRIPTION OF AMOUNT OF CONTRACT			
\$105,932			
NATURE OF THE CONTRACT (Please describe)			
Provide outreach to targeted populations.	9		
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7. COMMENTS			
C CONTRACT ARRESTA			
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 ELECTIV	/E OFFICER(S)	DENTIFIED ON THIS FORM SITS
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con	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Matthews	Vincent	Board of Directors	
2	Leigh	Myong	Board of Directors	
3	Morthel	Enikia F.	Board of Directors	
4	Blythe	Gentle	Board of Directors	
5	Lam	Jenny	Board of Directors	
6	Boggess	Kevin	Board of Directors	
7	Alexander	Matt	Board of Directors	
8	Hsu	Ann	Board of Directors	
9	Motamedi	Lainie	Board of Directors	
10	Sanchez	Mark	Board of Directors	
11	Weissman-Ward	Lisa	Board of Directors	
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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		
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
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	Y _X
	Y _A

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 DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory	Wong	(415)554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Seneca Family of Agencies		510-654-	4004
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
8945 Golf Links Rd, Oakland, CA 94605			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			220688
DESCRIPTION OF AMOUNT OF CONTRACT	1		I
\$270,500			
NATURE OF THE CONTRACT (Please describe)			
Fiscal Intermediary.	9		
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Fiscal Intermediary.			
7. COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Gilbert	Neil	Board of Directors			
2	Galyean	Leticia	Board of Directors			
3	Aroner	Dion	Board of Directors			
4	Le Plastrier	Geoffrey	Board of Directors			
5	Benning	Rochelle	Board of Directors			
6	Davi	Jeff	Board of Directors			
7	Foster	Gwen	Board of Directors			
8	Pizzini	Sylvia	Board of Directors			
9	Pena	Nancy	Board of Directors			
10	Church	Jamie	Board of Directors			
11	Citron	Jason	Board of Directors			
12	Cohen	Zach	Board of Directors			
13	нill	Zach	Board of Directors			
14	Ке	Venus	Board of Directors			
15	Mortensen	Anders	Board of Directors			
16	Redmon	Dwayne	Board of Directors			
17	Thatch	Hong	Board of Directors			
18	Gaywood	Stephanie	Board of Directors			
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cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
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	Y _X
	Y _A

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Shanti		(415) 674-4700	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
730 Polk Street, 3rd Floor San Francisco, CA 9	4109		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$95,203			
NATURE OF THE CONTRACT (Please describe)			
Provides Hepatitis C prevention services.	9		
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Provides Hepatitis C prevention services.			
7. COMMENTS			
7. COMMENTS			
a contract approve			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Dawes	William L.	Board of Directors			
2	Ennis	Jamie	Board of Directors			
3	Francone	Jerry	Board of Directors			
4	Kiernan	Sheila F.	Board of Directors			
5	Klearman	Micki	Board of Directors			
6	Sell	John	Board of Directors			
7	Sullivan	Ethan M.	Board of Directors			
8	Supanich	Chip	Board of Directors			
9	Weinstein	Marc	Board of Directors			
10	Weinstein	Josh	Board of Directors			
11	Yee	Stanley	Board of Directors			
12	Roy	Kaushik	Board of Directors			
13	Meade	Charlie	Board of Directors			
14	Schnedar	Patricia J.	Board of Directors			
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cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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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 39 40 41 42 43 44 45 46 47 48 49 50 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	DATE SIGNED	
BOS Clerk of the Board		



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:

File #: 220688

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	' O
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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
Gregory N	Wong	(415)554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Sonoma County		(707) 565-2241	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
625 5th Street Santa Rosa, CA 95404			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$400,000			
NATURE OF THE CONTRACT (Please describe)			
Co-recipient of grant funds	9		
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		DO KU	Co.
7. COMMENTS			
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			
Βοαια οι σαρείνισοις			
THE BOARD OF A STATE ASSESSMENT OF A STATE A	THE OF !	IF OFFICE (6)	DENTIFIED ON THE FORM STO
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

			contract.						
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ						
1	Gorin	Susan	Board of Directors						
2	Rabbitt	David	Board of Directors						
3	Coursey	Chris	Board of Directors						
4	Gore	James	Board of Directors						
5	Hopkins	Lynda	Board of Directors						
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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	DATE SIGNED	
BOS Clerk of the Board		



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:

File #: 220688

1

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

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	
	Q_{λ}

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
Gregory Wong		(415)554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

NUMBER
INDIVIDER
282-7494

6. CC	ONTRACT				
	CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable)
		A			220688
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DESC	RIPTION OF AMOUNT OF CONTRACT	NA THE			
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\$70	8,872	4. 3*			
NATU	JRE OF THE CONTRACT (Please describe)				
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7. 00	NAME (CTS)				
	ONTRACT APPROVAL				
Inis	contract was approved by:	D 011 TING 50014			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIE	D ON THIS FORM			
\square	A BOARD ON WHICH THE CITY ELECTIVE	OFFICER(S) SERVES			
	Board of Supervisors				
			THE AITH	- 0	
	THE BOARD OF A STATE AGENCY ON WH	ICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Auil	Maria J.	Board of Directors		
2	Albert	Sarah L.	Board of Directors		
3	McDonald	Sally C.	Board of Directors		
4	Berthold	Jessica	Board of Directors		
5	Shepherd	Kathy B.	Board of Directors		
6	Binko	Christine	Board of Directors		
7	Castillo-Lartigue	Tiffani	Board of Directors		
8	Fram	Nicholas	Board of Directors		
9	Griffiths	Julia	Board of Directors		
10	Harten	Rosena	Board of Directors		
11	ноllyfield	Amy	Board of Directors		
12	Leap	Jeffrey	Board of Directors		
13	Lin	Tiffany	Board of Directors		
14	Mason	Glynis	Board of Directors		
15	Nieto	Monique	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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 **DATE SIGNED**

SAN FRANCISCO ETHICS COMMISSION – SFEC Form 126(f)4 v.12.7.18

BOS Clerk of the Board

CLERK



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File #: 220688

1

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	* O
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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
The Latino Commission		650-244-1444	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
161 Margaret Avenue, San Francisco 94112			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$286,115			
NATURE OF THE CONTRACT (Please describe)			
Provide MH/SUD program services.	9		
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Provide MH/SUD program services.			
		`\	
7. COMMENTS			
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			
		/F 0 FF 0 F - ' - '	DENIETED AN EURO EAST - CO-C
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Aldana	Olga	Board of Directors
2	Rodriguez	Dee D.	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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	DATE SIGNED	
BOS Clerk of the Board		



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:

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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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

``^			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
University of California, San Francisco		415-476-1000	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
550 16th Street, 7th Floor, San Francisco CA 9	4143		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>o</mark>			220688
DESCRIPTION OF AMOUNT OF CONTRACT	l		
\$351,543			
NATURE OF THE CONTRACT (Please describe)			
Conduct a new comprehensive client assessment	and produce	a modifie	d Treatment Dlan
Conduct a new comprehensive criefic assessment	and produce	a mourrie	u Heatment Flan.
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S. Grade Harrison			
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7. COMMENTS			
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 ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS
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cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Hammarskjold	Philip	Board of Directors			
2	Ballard	Andrew	Board of Directors			
3	Briger	Peter	Board of Directors			
4	Carter	Todd	Board of Directors			
5	Chen	Connie E.	Board of Directors			
6	Cohen	Fred	Board of Directors			
7	Coulter	Phyllis	Board of Directors			
8	Deb	Dipanjan	Board of Directors			
9	Emery	Dana	Board of Directors			
10	Fisher	William S.	Board of Directors			
11	Friedman	Catherine	Board of Directors			
12	Gandhi	Sameer	Board of Directors			
13	на]]	Kathryn	Board of Directors			
14	Нао	Kenneth	Board of Directors			
15	Hartz	Julia	Board of Directors			
16	Kawaja	Carl	Board of Directors			
17	Kahn	Michael	Board of Directors			
18	Kimball	Richard	Board of Directors			
19	Malka	Meyer	Board of Directors			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	McKinnon	Ian	Board of Directors
21	Morris	Diane	Board of Directors
22	Prizker	Lisa S.	Board of Directors
23	Read	Steven	Board of Directors
24	Sanghvi	Ruchi	Board of Directors
25	Scangos	George	Board of Directors
26	Soghikian	Shahan	Board of Directors
27	weill	Joan	Board of Directors
28	Bakar	Barbara B.	Board of Directors
29	Benioff	Lynne	Board of Directors
30	Davidow	william н.	Board of Directors
31	Kern	Arthur H.	Board of Directors
32	Marcus	George	Board of Directors
33	Policy	Carmen	Board of Directors
34	Rosenberg	Richard M.	Board of Directors
35	Safier	Jaclyn	Board of Directors
36	Byers	Brook н.	Board of Directors
37	Derr	Kenneth T.	Board of Directors
38	Fisher	Doris F.	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39	Friend	Robert B.	Board of Directors
40	Newman	Ellen	Board of Directors
41	Oberndorf	William E.	Board of Directors
42	Wilsey	Diane B.	Board of Directors
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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.		
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 DATE SIGNED CLERK		
CLERK		
BOS Clerk of the Board		



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1. FILING INFORMATION		
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)	
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Original	03.	
AMENDMENT DESCRIPTION – Explain reason for amendment		
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	YA COMPANY	

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
Gregory Wong		(415)554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
O _A	
University of California, San Francisco	(415) 476-1000
STREET ADDRESS (including City, State and Zip Code)	EMAIL
550 16th Street, 7th Floor, San Francisco, CA 94143	
333 2361 361 363, 141 363 , 311 312 3	
6. CONTRACT	

	50 200. 50. 600, 10. Corr, 50. Francisco, 6.	. 5.2.5	
6. C	ONTRACT		
DATI	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220688
DESC	RIPTION OF AMOUNT OF CONTRACT		
\$1	46,582		
NAT	JRE OF THE CONTRACT (Please describe)		
Те	chnical Assistance: HIV Global Health.	9	
		St. Othora	
		3	
		*	
		Q	A CONTRACTOR OF THE CONTRACTOR
7. C	DMMENTS		
8. C	ONTRACT 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		
$ \overline{} $	Board of Supervisors		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) II	DENTIFIED ON THIS FORM SITS
	THE SOUND OF A STATE AGENCY ON WHICH AN ALT ORNIEL OF	Sirr Elective Office N(3)	

cont	ract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Hammarskjold	Philip	Board of Directors
2	Ballard	Andrew	Board of Directors
3	Briger	Peter	Board of Directors
4	Carter	Todd	Board of Directors
5	Chen	Connie E.	Board of Directors
6	Cohen	Fred	Board of Directors
7	Coulter	Phyllis	Board of Directors
8	Deb	Dipanjan	Board of Directors
9	Emery	Dana	Board of Directors
10	Fisher	William S.	Board of Directors
11	Friedman	Catherine	Board of Directors
12	Gandhi	Sameer	Board of Directors
13	на]]	Kathryn	Board of Directors
14	Нао	Kenneth	Board of Directors
15	Hartz	Julia	Board of Directors
16	Kawaja	Carl	Board of Directors
17	Kahn	Michael	Board of Directors
18	Kimball	Richard	Board of Directors
19	Meyer	Malka	Board of Directors

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22	Prtizker	Lisa S.	Board of Directors
23	Read	Steven	Board of Directors
24	Sanghvi	Ruchi	Board of Directors
25	Scangos	George	Board of Directors
26	Soghikian	Shahan	Board of Directors
27	weill	Joan	Board of Directors
28	Bakar	Barbara B.	Board of Directors
29	Benioff	Lynne	Board of Directors
30	Davidow	william н.	Board of Directors
31	Kern	Arthur H.	Board of Directors
32	Marcus	George	Board of Directors
33	Policy	Carmen	Board of Directors
34	Rosenberg	Richard M.	Board of Directors
35	Safier	Jaclyn	Board of Directors
36	Byers	Brook н.	Board of Directors
37	Derr	Kenneth T.	Board of Directors
38	Fisher	Doris F.	Board of Directors

COIIL	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
39	Friend	Robert B.	Board of Directors		
40	Newman	Ellen M.	Board of Directors		
41	Oberndorf	William E.	Board of Directors		
42	Wilsey	Diane B.	Board of Directors		
43		20			
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	Check this box if you need to include add Select "Supplemental" for filing type.	itional 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.		
I certify under penalty of perjury under the laws of the State o	r California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



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:

File #: 220688

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	YX
	YA COMPANY

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

<u> </u>			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
University of California, San Francisco		(415) 47	6-1000
STREET ADDRESS (including City, State and Zip Code)		EMAIL	*
550 16th Street, 7th Floor, San Francisco, CA 94143			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/F	RFP NUMBER	FILE NUMBER (If applicable)

) 55	U 16th Street, 7th Floor, San Francisco, CA	94143	
		•	
6. C	ONTRACT		
DAT	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	R FILE NUMBER (If applicable) 220688
DESC	CRIPTION OF AMOUNT OF CONTRACT		
	,000		
NAT	URE OF THE CONTRACT (Please describe)		
Pr	ovide support for oral health program.	O	
		S. Onder	
		, Ø, Ç,	
7. C	OMMENTS	_	
8. Ç	ONTRACT APPROVAL		
	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

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Hammarskjold	Philip	Board of Directors		
2	Ballard	Andrew	Board of Directors		
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5	Chen	Connie E.	Board of Directors		
6	Cohen	Fred	Board of Directors		
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14	Нао	Kenneth	Board of Directors		
15	Hartz	Julia	Board of Directors		
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25	Scangos	George	Board of Directors
26	Soghikian	Shahan	Board of Directors
27	weill	Joan	Board of Directors
28	Bakar	Barbara B.	Board of Directors
29	Benioff	Lynne	Board of Directors
30	Davidow	william н.	Board of Directors
31	Kern	Arthur H.	Board of Directors
32	Marcus	George	Board of Directors
33	Policy	Carmen	Board of Directors
34	Rosenberg	Richard M.	Board of Directors
35	Safier	Jaclyn	Board of Directors
36	Byers	Brook Н.	Board of Directors
37	Derr	Kenneth T.	Board of Directors
38	Fisher	Doris F.	Board of Directors

contract.			
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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	DATE SIGNED	
BOS Clerk of the Board		



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Notification of Contract Approval

SFEC Form 126(f)4
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A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	' O
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	\mathbf{Q}_{λ}

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
University of California, San Francisco	(415) 476-1000
STREET ADDRESS (including City, State and Zip Code)	EMAIL
550 16th Street, 7th Floor, San Francisco, CA 94143	

)))	o ioth Street, 7th Floor, San	i Francisco, CA	94143	
6. C	ONTRACT			
DATI	E CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMB	
		40		220688
DESC	CRIPTION OF AMOUNT OF CONTRACT	8		
\$1	07,140	67.		
NAT	URE OF THE CONTRACT (Please describe)	1		
Fi	scal Intermediary.		9	
			S. C. Strong	
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7. C	OMMENTS			
	ONTRACT APPROVAL contract was approved by:			
11113	THE CITY ELECTIVE OFFICER(S) IDENTIFIED	ON THIS FORM		
$ \square $	A BOARD ON WHICH THE CITY ELECTIVE C	OFFICER(S) SERVES		
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHI	CH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER	S) IDENTIFIED ON THIS FORM SITS
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cont	contract.				
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35	Safier	Jaclyn	Board of Directors
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37	Derr	Kenneth T.	Board of Directors
38	Fisher	Doris F.	Board of Directors

COIIL	contract.			
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43		20		
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50				
	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.	•
knowledge the information I have provided here is true and com-	nplete.
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	DATE SIGNED
BOS Clerk of the Board	



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A Public Document

E OF ORIGINAL FILING (for amendment only)
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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		
Gregory Wong		(415)554-2521		
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL		
DPH	Department of Public Health	greg.wong@sfdph.org		

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	NUMBER	
University of California, San Francisco		(415) 476-1000		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
550 16th Street, 7th Floor, San Francisco, CA	94143			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$486,611				
NATURE OF THE CONTRACT (Please describe)				
Fiscal Intermediary.	9			
	S.			
		, O, X		

7. C	OMMENTS
8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
$ \sqcup $	
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES
	Board of Supervisors
	Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

2

cont	contract.						
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ				
1	Hammarskjold	Philip	Board of Directors				
2	Ballard	Andrew	Board of Directors				
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6	Cohen	Fred	Board of Directors				
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cont	contract.					
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20	McKinnon	Ian	Board of Directors			
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27	weill	Joan	Board of Directors			
28	Vajar	Barbara B.	Board of Directors			
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35	Safier	Jaclyn	Board of Directors			
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38	Fisher	Doris F.	Board of Directors			

COIIL	contract.				
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39	Friend	Robert B.	Board of Directors		
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	Check this box if you need to include add Select "Supplemental" for filing type.	itional 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.		
I certify under penalty of perjury under the laws of the State o	r California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



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Bid/RFP #:

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A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
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	YA COMPANY

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
Gregory Wong		(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
University of California, San Francisco		(415) 47	6-1000
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1001 Potrero Avenue, San Francisco 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT	•		
\$99,323			
NATURE OF THE CONTRACT (Please describe)			
provide MH/SUD program services.	0		
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7. COMMENTS			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			

8. C	ONTRACT 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

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
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COIIL	contract.				
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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	DATE SIGNED	
BOS Clerk of the Board		



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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	(415)554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
University of California, San Francisco		(415) 47	6-1000
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1001 Potrero Avenue, San Francisco 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
			220000
DESCRIPTION OF AMOUNT OF CONTRACT			
\$321,802			
NATURE OF THE CONTRACT (Please describe)			
Provide MH/SUD program services.	9	A CO	
	<i>S</i>		
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			(0)
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
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31	Kern	Arthur H.	Board of Directors
32	Marcus	George	Board of Directors
33	Policy	Carmen	Board of Directors
34	Rosenberg	Richard M.	Board of Directors
35	Safier	Jaclyn	Board of Directors
36	Byers	Brook н.	Board of Directors
37	Derr	Kenneth T.	Board of Directors
38	Fisher	Doris F.	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
39	Friend	Robert B.	Board of Directors	
40	Newman	Ellen M.	Board of Directors	
41	Oberndorf	William E.	Board of Directors	
42	Wilsey	Diane B.	Board of Directors	
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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 o	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	



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:

File #: 220688

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	♂ .
AMENDMENT DESCRIPTION – Explain reason for amendment	
	6
	YX.
	8

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	
Gregory Wong		(415)554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
Youth Leadership Institute		(628) 400-9252	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
201 9th Street Suite 200, San Francisco 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$60,049			
NATURE OF THE CONTRACT (Please describe)			
Provide MH/SUD program services.	9		
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	Y		
	5	3	
Provide MH/SUD program services.			
			<u>`</u>
7. COMMENTS			
7. COMMENTS			
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			
Bualu di Supervisul'S			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Belden	Kristin	Board of Directors
2	Cung	Thu	Board of Directors
3	Rowe	Joshua E.	Board of Directors
4	Goulding	Matthew	Board of Directors
5	Harmon	Laura	Board of Directors
6	Kurtz	Cameron	Board of Directors
7	Leitsch	Bill	Board of Directors
8	Gonzalez	Phillip M.	Board of Directors
9	Pletcher	Anna	Board of Directors
10	Robinson	Ivoree	Board of Directors
11	Romero	Elizabeth	Board of Directors
12	Talai	Nawz	Board of Directors
13	Wiley	James	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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 39 40 41 42 43 44 45 46 47 48 49 50 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	DATE SIGNED		
BOS Clerk of the Board			



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Received On:

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1

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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		
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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	
Gregory Wong		415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
U _A	
YMCA Urban services	(415) 561-0631
30	
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1426 Fillmore Street, Suite 204, San Francisco CA 94115	
6. CONTRACT	

14	26 Fillmore Street, Suite 204, San Francisc	o CA 94115		
<u> </u>	-0			
6. CC	ONTRACT			
DATE	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$6	8,049	•		
NATI	URE OF THE CONTRACT (Please describe)	Ò_		
pr	ovide MH/SUD program services.	. O.		
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7. CO	OMMENTS			
8 (ONTRACT APPROVAL			
	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
Ш				
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE	OF THE CITY ELECTIV	/F OFFICER(S) I	DENTIFIED ON THIS FORM SITS
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE	J. THE CITT ELECTIV	L OITICEN(3) I	DEIGHNIED ON HINS FOUND 3113

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Susko	Peter M.	Board of Directors
2	Ly	Phat	Board of Directors
3	Gadamasetti	Pratik	Board of Directors
4	Chisholm	Richard	Board of Directors
5	Robins	Richard	Board of Directors
6	Li	Samuel	Board of Directors
7	Seitz	Shane	Board of Directors
8	Tsai	Shelby P.	Board of Directors
9	Hankins	Stephen	Board of Directors
10	Rogers	Stephen	Board of Directors
11	Lee	Theodora	Board of Directors
12	Kearney	Thomas	Board of Directors
13	Wheeler	Brian	Board of Directors
14	Thomas	Cecilia	Board of Directors
15	Lau	Jason	Board of Directors
16	Gordon-Creed	Geoffrey	Board of Directors
17	Guevara	Joseph	Board of Directors
18	Bolts	Kathleen	Board of Directors
19	Birnbaum	Katy	Board of Directors

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
20	Shea	Keith	Board of Directors	
21	Walker	La Shon	Board of Directors	
22	Bargman	Matt	Board of Directors	
23	Brown	Myesha	Board of Directors	
24	Mapps	Roscoe	Board of Directors	
25	Ramler	Sarah	Board of Directors	
26	Pham	Young	Board of Directors	
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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						
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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 additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.					
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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 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 BOS Clerk of the Board