



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> 18 Reasons	<b>TELEPHONE NUMBER</b> (415) 568-2710
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3674 18th Street, SF, CA 94110	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$35,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide outreach to targeted populations.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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	Tao	Rosabel	Board of Directors
13	Tsay	Calvin	Board of Directors
14	Wiggelsworth	Sarah	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 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

##### TYPE OF FILING

original

##### DATE OF ORIGINAL FILING (for amendment only)

##### AMENDMENT DESCRIPTION – Explain reason for amendment

#### 2. CITY ELECTIVE OFFICE OR BOARD

##### OFFICE OR BOARD

Board of Supervisors

##### NAME OF CITY ELECTIVE OFFICER

Members

#### 3. FILER'S CONTACT

##### NAME OF FILER'S CONTACT

Angela Calvillo

##### TELEPHONE NUMBER

415-554-5184

##### FULL DEPARTMENT NAME

office of the clerk of the Board

##### EMAIL

Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

##### NAME OF DEPARTMENTAL CONTACT

Gregory Wong

##### DEPARTMENT CONTACT TELEPHONE NUMBER

(415) 554-2521

##### FULL DEPARTMENT NAME

DPH Department of Public Health

##### DEPARTMENT CONTACT EMAIL

greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> 3rd Street Youth Center & Clinic	<b>TELEPHONE NUMBER</b> (415) 822-1707
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1728 Bancroft Ave, San Francisco, CA 94124	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$407,502		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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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	TYPE
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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Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> APA Family Support Services	<b>TELEPHONE NUMBER</b> (415) 617-0061
<b>STREET ADDRESS (including City, State and Zip Code)</b> 10 Nottingham Place, San Francisco, CA 94133	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$5,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide support for oral health program		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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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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<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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



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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$36,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> To restore specified marshes by replanting native cordgrass and marsh gumplant.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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**9. AFFILIATES AND SUBCONTRACTORS**

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b>  CARECEN	<b>TELEPHONE NUMBER</b>  (415) 642-4400
<b>STREET ADDRESS (including City, State and Zip Code)</b>  3101 Mission St Suite #101, San Francisco, CA 94110	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b>  \$5,000		
<b>NATURE OF THE CONTRACT (Please describe)</b>  Provide support for oral health program.		

7. COMMENTS

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This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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1	Loya-Talamantes	Michelle	Board of Directors
2	Rodenzio	Gabriella	Board of Directors
3	Smith	Richard	Board of Directors
4	Artiga	Jose	Board of Directors
5	Asturias	Elena	Board of Directors
6	Coll	Kathleen	Board of Directors
7	Flores	Carmen	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
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☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

**DATE SIGNED**

BOS Clerk of the Board



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 220688

Bid/RFP #:

### Notification of Contract Approval

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

A Public Document

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Catholic Charities - Leland House	<b>TELEPHONE NUMBER</b> (415) 972-1200
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1555 39th Ave, San Francisco, CA 94122	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$174,783		
<b>NATURE OF THE CONTRACT (Please describe)</b> To provide attendant care services in compliance with the Standard of Care for Client Centered Services to multiply diagnosed individuals at Leland House an RCF-CI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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Board of Supervisors	Members

#### 3. FILER'S CONTACT

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Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Catholic Charities Peter Claver Community	<b>TELEPHONE NUMBER</b> (415) 749-3800
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1340 Golden Gate Ave, San Francisco, CA 94115	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$180,336		
<b>NATURE OF THE CONTRACT (Please describe)</b> To provide attendant care services in compliance with the Standard of Care for Client Centered Services to multiply diagnosed individuals at Peter Claver Community an RCFCI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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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
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15	Ikeda	Lisa	Board of Directors
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17	Landis	Scott	Board of Directors
18	Leupp	Jay Paul	Board of Directors
19	McInerney	Maureen	Board of Directors

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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**

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Received On:

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Bid/RFP #:

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Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Children's Council of San Francisco	<b>TELEPHONE NUMBER</b> (415) 276-2900
<b>STREET ADDRESS (including City, State and Zip Code)</b> 445 Church Street, San Francisco, CA 94114	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$140,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide outreach to targeted populations.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Received On:

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#### 3. FILER'S CONTACT

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Angela Calvillo	415-554-5184
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office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Curry Senior Center	<b>TELEPHONE NUMBER</b> (415) 885-2274
<b>STREET ADDRESS (including City, State and Zip Code)</b> 333 Turk Street, San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$114,273		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides support for older adults with mental health issues and are homeless or risk of losing their houses.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Dolores Street Community Services	<b>TELEPHONE NUMBER</b> (415) 282-6209
<b>STREET ADDRESS (including City, State and Zip Code)</b> 938 Valencia St, San Francisco, CA 94110	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$240,656		
<b>NATURE OF THE CONTRACT (Please describe)</b> To improve and maintain the health of our residents through the provision of facility-based health care and other supportive services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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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☐ 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.**

<b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b>	<b>DATE SIGNED</b>
BOS Clerk of the Board	



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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Facente Consulting	<b>TELEPHONE NUMBER</b> 415-999-1310
<b>STREET ADDRESS (including City, State and Zip Code)</b> 13300 Crossroads Parkway, Suite 450, CID CA 91746	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$95,203		
<b>NATURE OF THE CONTRACT (Please describe)</b> Professional consultation and technical Assistance for Strategic Planning.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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	JT	Board of Directors
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office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Family Services Agency	<b>TELEPHONE NUMBER</b> (415) 474-7310
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1500 Franklin Street, San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$330,014		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides services First Episode Psychosis, families suffering from signs & symptoms of schizophrenia.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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1	Skolnick	Darren	Board of Directors
2	Hofman	Michael N.	Board of Directors
3	Bobulsky	Susan	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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Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Felton Institute	<b>TELEPHONE NUMBER</b> (415) 474-7310
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1500 Franklin Street, San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$131,080		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide support for TAPP program.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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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	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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<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$469,821		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide program support.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
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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
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13	Costello	Daniel	Board of Directors
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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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**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



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Felton Institute	<b>TELEPHONE NUMBER</b> (415) 474-7310
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1500 Franklin Street, San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$20,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides mental health technical assistance to community based MH crisis response to trauma.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS



**9. AFFILIATES AND SUBCONTRACTORS**

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office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Felton Institute	<b>TELEPHONE NUMBER</b> (415) 474-7310
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1500 Franklin Street, San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$155,359		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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BOS Clerk of the Board	





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office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Felton Institute	<b>TELEPHONE NUMBER</b> (415) 474-7310
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1500 Franklin Street, San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$344,787		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Harm Reduction Therapy Center	<b>TELEPHONE NUMBER</b> (415) 863-4282
<b>STREET ADDRESS (including City, State and Zip Code)</b> 45 Franklin Street San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$18,480		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide Clinical Consultation Services to LINC frontline staff.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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1	Weingand	Shantel	CFO
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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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Hatchuel Tabernik & Associates Inc	<b>TELEPHONE NUMBER</b> (510) 559-3193
<b>STREET ADDRESS (including City, State and Zip Code)</b> 2560 9th St., Suite 211, Berkeley, CA 94710	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$40,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide program evaluation services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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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☐ 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



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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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office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> HealthRight 360	<b>TELEPHONE NUMBER</b> 415-762-3700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1563 Mission St San Francisco CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$126,888		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide fiscal intermediary check-writing services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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**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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<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> HealthRight 360	<b>TELEPHONE NUMBER</b> (415) 762-3700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1563 Mission St, SF, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$142,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides Fiscal Intermediary services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

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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
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19	Balan	Yelen	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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**

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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.**

<b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b>	<b>DATE SIGNED</b>
BOS Clerk of the Board	



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

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Received On:

File #: 220688

Bid/RFP #:

### Notification of Contract Approval

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> HealthRight 360	<b>TELEPHONE NUMBER</b> (415) 762-3700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1563 Mission St, SF, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$448,033		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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<b>NAME OF CONTRACTOR</b> HealthRight 360	<b>TELEPHONE NUMBER</b> (415) 762-3700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1563 Mission St, SF, CA 94103	<b>EMAIL</b>

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<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$220,925		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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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

**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
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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☐ 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



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> HealthRight 360	<b>TELEPHONE NUMBER</b> (415) 762-3700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1563 Mission St, SF, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$419,301		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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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Received On:

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Bid/RFP #:

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#### 1. FILING INFORMATION

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original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$499,118		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide support for Expecting Justice Program.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

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1	Cutler	Blayne	Board of Directors
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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
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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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Received On:

File #: 220688

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### Notification of Contract Approval

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$225,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing program administration and support services - Fiscal Intermediary.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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	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



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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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#### 1. FILING INFORMATION

##### TYPE OF FILING

original

##### DATE OF ORIGINAL FILING (for amendment only)

##### AMENDMENT DESCRIPTION – Explain reason for amendment

#### 2. CITY ELECTIVE OFFICE OR BOARD

##### OFFICE OR BOARD

Board of Supervisors

##### NAME OF CITY ELECTIVE OFFICER

Members

#### 3. FILER'S CONTACT

##### NAME OF FILER'S CONTACT

Angela Calvillo

##### TELEPHONE NUMBER

415-554-5184

##### FULL DEPARTMENT NAME

office of the clerk of the Board

##### EMAIL

Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

##### NAME OF DEPARTMENTAL CONTACT

Gregory Wong

##### DEPARTMENT CONTACT TELEPHONE NUMBER

(415) 554-2521

##### FULL DEPARTMENT NAME

DPH Department of Public Health

##### DEPARTMENT CONTACT EMAIL

greg.wong@sfdph.org

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

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<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$175,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing program administration and support services - Fiscal Intermediary.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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8	Saluja	Kiran	Board of Directors
9	Jenks	Robert R.	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 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



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Horizons Unlimited	<b>TELEPHONE NUMBER</b> (415) 487-6700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 440 Potrero Avenue, San Francisco 94110	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$22,500		
<b>NATURE OF THE CONTRACT (Please describe)</b> provide MH/SUD program services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Moretti	Matthew	Board of Directors
2	Tapia	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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<b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b>	<b>DATE SIGNED</b>
BOS Clerk of the Board	



## San Francisco Ethics Commission

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Received On:

File #: 220688

Bid/RFP #:

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#### 1. FILING INFORMATION

##### TYPE OF FILING

original

##### DATE OF ORIGINAL FILING (for amendment only)

##### AMENDMENT DESCRIPTION – Explain reason for amendment

#### 2. CITY ELECTIVE OFFICE OR BOARD

##### OFFICE OR BOARD

Board of Supervisors

##### NAME OF CITY ELECTIVE OFFICER

Members

#### 3. FILER'S CONTACT

##### NAME OF FILER'S CONTACT

Angela Calvillo

##### TELEPHONE NUMBER

415-554-5184

##### FULL DEPARTMENT NAME

office of the clerk of the Board

##### EMAIL

Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

##### NAME OF DEPARTMENTAL CONTACT

Gregory Wong

##### DEPARTMENT CONTACT TELEPHONE NUMBER

(415) 554-2521

##### FULL DEPARTMENT NAME

DPH Department of Public Health

##### DEPARTMENT CONTACT EMAIL

greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Horizons Unlimited	<b>TELEPHONE NUMBER</b> (415) 487-6700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 440 Potrero Avenue, San Francisco 94110	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$82,549		
<b>NATURE OF THE CONTRACT (Please describe)</b> provide MH/SUD program services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Moretti	Matthew	Board of Directors
2	Tapia	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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

**10. VERIFICATION**

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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



## San Francisco Ethics Commission

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Received On:

File #: 220688

Bid/RFP #:

### Notification of Contract Approval

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#### 1. FILING INFORMATION

##### TYPE OF FILING

original

##### DATE OF ORIGINAL FILING (for amendment only)

##### AMENDMENT DESCRIPTION – Explain reason for amendment

#### 2. CITY ELECTIVE OFFICE OR BOARD

##### OFFICE OR BOARD

Board of Supervisors

##### NAME OF CITY ELECTIVE OFFICER

Members

#### 3. FILER'S CONTACT

##### NAME OF FILER'S CONTACT

Angela Calvillo

##### TELEPHONE NUMBER

415-554-5184

##### FULL DEPARTMENT NAME

office of the clerk of the Board

##### EMAIL

Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

##### NAME OF DEPARTMENTAL CONTACT

Gregory Wong

##### DEPARTMENT CONTACT TELEPHONE NUMBER

(415) 554-2521

##### FULL DEPARTMENT NAME

DPH Department of Public Health

##### DEPARTMENT CONTACT EMAIL

greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Jamestown Community Center	<b>TELEPHONE NUMBER</b> (415) 647-4709
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3382 26th St, San Francisco 94110	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$105,495		
<b>NATURE OF THE CONTRACT (Please describe)</b> provide MH/SUD program services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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.**

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**DATE SIGNED**

BOS Clerk of the Board



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Received On:

File #: 220688

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### Notification of Contract Approval

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Japanese Community Youth Council	<b>TELEPHONE NUMBER</b> (415) 563-8052
<b>STREET ADDRESS (including City, State and Zip Code)</b> 2012 Pine Street, San Francisco 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$14,603		
<b>NATURE OF THE CONTRACT (Please describe)</b> provide MH/SUD program services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS



**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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	C	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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Received On:

File #: 220688

Bid/RFP #:

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<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> NICOS Chinese Health Coalition	<b>TELEPHONE NUMBER</b> (415) 788-6426
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1208 Mason St, San Francisco, CA 94108	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$5,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide support for oral health program.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Woo	Kent	Board of Directors
2	Liao	Michael	Board of Directors
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**9. AFFILIATES AND SUBCONTRACTORS**

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

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

**DATE SIGNED**

BOS Clerk of the Board





## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Project Open Hand	<b>TELEPHONE NUMBER</b> (415) 447-2300
<b>STREET ADDRESS (including City, State and Zip Code)</b> 730 Polk St, San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$1,408,026		
<b>NATURE OF THE CONTRACT (Please describe)</b> To improve the nutritional health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments and other food and nutrition services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$1,419		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal intermediary		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

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



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Board of Supervisors	Members

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> UCSF Alliance Health Project	<b>TELEPHONE NUMBER</b> (415) 476-3902
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1930 Market St, San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$168,837		
<b>NATURE OF THE CONTRACT (Please describe)</b> 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:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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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	Holly	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	Toh	Sophia	Board of Directors
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Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Behavioral Health Commission	<b>TELEPHONE NUMBER</b> (415) 554-5184
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1380 Howard Street, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$61,488		
<b>NATURE OF THE CONTRACT (Please describe)</b> Support Administrative oversight of system-of-care fiscal intermediary funding in order to maintain level of finding for training.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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	Ashe1	Sempel	Board of Directors
13	Safai	Ahsha	Board of Directors
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#### 1. FILING INFORMATION

##### TYPE OF FILING

Original

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##### AMENDMENT DESCRIPTION – Explain reason for amendment

#### 2. CITY ELECTIVE OFFICE OR BOARD

##### OFFICE OR BOARD

Board of Supervisors

##### NAME OF CITY ELECTIVE OFFICER

Members

#### 3. FILER'S CONTACT

##### NAME OF FILER'S CONTACT

Angela Calvillo

##### TELEPHONE NUMBER

415-554-5184

##### FULL DEPARTMENT NAME

Office of the Clerk of the Board

##### EMAIL

Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

##### NAME OF DEPARTMENTAL CONTACT

Gregory Wong

##### DEPARTMENT CONTACT TELEPHONE NUMBER

(415) 554-2521

##### FULL DEPARTMENT NAME

DPH Department of Public Health

##### DEPARTMENT CONTACT EMAIL

greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Japanese Community Youth Council	<b>TELEPHONE NUMBER</b> (415) 563-8052
<b>STREET ADDRESS (including City, State and Zip Code)</b> 2012 Pine Street, San Francisco 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$60,049		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide MH/SUD program services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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	C	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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**9. AFFILIATES AND SUBCONTRACTORS**

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

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

<b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b>	<b>DATE SIGNED</b>
BOS Clerk of the Board	



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Maitri AIDS Hospice	<b>TELEPHONE NUMBER</b> (415) 558-3000
<b>STREET ADDRESS (including City, State and Zip Code)</b> 401 Duboce Ave, San Francisco, CA 94117	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$681,216		
<b>NATURE OF THE CONTRACT (Please describe)</b> To provide safe housing, medical care and nutrition supports for those with HIV at end of life and those needing respite to return to independence as defined by the resident.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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	Jim	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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**9. AFFILIATES AND SUBCONTRACTORS**

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

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

**DATE SIGNED**

BOS Clerk of the Board



## San Francisco Ethics Commission

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Received On:

File #: 220688

Bid/RFP #:

### Notification of Contract Approval

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Napa County	<b>TELEPHONE NUMBER</b> 707-253-4540
<b>STREET ADDRESS (including City, State and Zip Code)</b> 2751 Napa Valley Corporate Drive Bldg B Napa, CA 94558	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$200,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Co-recipient of grant funds.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS



**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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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**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:

File #: 220688

Bid/RFP #:

### Notification of Contract Approval

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b>  PRC	<b>TELEPHONE NUMBER</b>  415-777-0333
<b>STREET ADDRESS (including City, State and Zip Code)</b>  170 9th Street, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b>  \$146,772		
<b>NATURE OF THE CONTRACT (Please describe)</b>  Providing Equal Access to Health Care Program Services		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES  Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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	CFO
17	Clark	Elaine	CFO
18	Fostel	John	Other Principal Officer
19	Henneman	Tasha	Other Principal Officer

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Teng	Chuan	Other Principal Officer
21	Paul	Randi	Other Principal Officer
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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**DATE SIGNED**

BOS Clerk of the Board





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Received On:

File #: 220688

Bid/RFP #:

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b>  RAMS	<b>TELEPHONE NUMBER</b>  (415) 668-5955
<b>STREET ADDRESS (including City, State and Zip Code)</b>  3626 Balboa St, SF, CA 94124	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b>  \$249,691		
<b>NATURE OF THE CONTRACT (Please describe)</b>  Provides Peer Internship Program that prepares clients for employment in peer support and counseling		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

<b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b>	<b>DATE SIGNED</b>
BOS Clerk of the Board	



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b>  RAMS	<b>TELEPHONE NUMBER</b>  (415) 668-5955
<b>STREET ADDRESS (including City, State and Zip Code)</b>  3626 Balboa St, SF, CA 94124	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b>  \$273,182		
<b>NATURE OF THE CONTRACT (Please describe)</b>  Provides Bilingual-designated counselor positions.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES  Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b>  RAMS	<b>TELEPHONE NUMBER</b>  (415) 668-5955
<b>STREET ADDRESS (including City, State and Zip Code)</b>  3626 Balboa St, SF, CA 94124	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b>  \$5,000		
<b>NATURE OF THE CONTRACT (Please describe)</b>  Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic - Job training wages.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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BOS Clerk of the Board	



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Received On:

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Bid/RFP #:

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Board of Supervisors	Members

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



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b>  RAMS	<b>TELEPHONE NUMBER</b>  (415) 668-5955
<b>STREET ADDRESS (including City, State and Zip Code)</b>  3626 Balboa St, SF, CA 94124	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b>  \$150,266		
<b>NATURE OF THE CONTRACT (Please describe)</b>  Provides support of consumer-run centers serving many dually-diagnosed individuals		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES  Board of Supervisors
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#### 1. FILING INFORMATION

##### TYPE OF FILING

original

##### DATE OF ORIGINAL FILING (for amendment only)

##### AMENDMENT DESCRIPTION – Explain reason for amendment

#### 2. CITY ELECTIVE OFFICE OR BOARD

##### OFFICE OR BOARD

Board of Supervisors

##### NAME OF CITY ELECTIVE OFFICER

Members

#### 3. FILER'S CONTACT

##### NAME OF FILER'S CONTACT

Angela Calvillo

##### TELEPHONE NUMBER

415-554-5184

##### FULL DEPARTMENT NAME

office of the clerk of the Board

##### EMAIL

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##### DEPARTMENT CONTACT TELEPHONE NUMBER

(415) 554-2521

##### FULL DEPARTMENT NAME

DPH Department of Public Health

##### DEPARTMENT CONTACT EMAIL

greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Richmond Area Multi-Services	<b>TELEPHONE NUMBER</b> (415) 800-0699
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3626 Balboa St, SF, CA 94124	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$247,302		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide Peer Internship Program that prepares clients for employment in peer support and counseling positions.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$19,228		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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3	Toatelegese	Kellsa	Board of Directors
4	Thornton	Kitty	Board of Directors
5	Campos	Laura	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 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



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$181,818		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary Svc for California TB Controller's Association.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS



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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.**

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**DATE SIGNED**

BOS Clerk of the Board



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Received On:

File #: 220688

Bid/RFP #:

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#### 1. FILING INFORMATION

##### TYPE OF FILING

original

##### DATE OF ORIGINAL FILING (for amendment only)

##### AMENDMENT DESCRIPTION – Explain reason for amendment

#### 2. CITY ELECTIVE OFFICE OR BOARD

##### OFFICE OR BOARD

Board of Supervisors

##### NAME OF CITY ELECTIVE OFFICER

Members

#### 3. FILER'S CONTACT

##### NAME OF FILER'S CONTACT

Angela Calvillo

##### TELEPHONE NUMBER

415-554-5184

##### FULL DEPARTMENT NAME

office of the clerk of the Board

##### EMAIL

Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

##### NAME OF DEPARTMENTAL CONTACT

Gregory Wong

##### DEPARTMENT CONTACT TELEPHONE NUMBER

(415) 554-2521

##### FULL DEPARTMENT NAME

DPH Department of Public Health

##### DEPARTMENT CONTACT EMAIL

greg.wong@sfdph.org

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$14,885		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal intermediary		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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15	Morewitz	Mark	Board of Directors
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**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

**DATE SIGNED**

BOS Clerk of the Board





## San Francisco Ethics Commission

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Received On:

File #: 220688

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#### 1. FILING INFORMATION

##### TYPE OF FILING

Original

##### DATE OF ORIGINAL FILING (for amendment only)

##### AMENDMENT DESCRIPTION – Explain reason for amendment

#### 2. CITY ELECTIVE OFFICE OR BOARD

##### OFFICE OR BOARD

Board of Supervisors

##### NAME OF CITY ELECTIVE OFFICER

Members

#### 3. FILER'S CONTACT

##### NAME OF FILER'S CONTACT

Angela Calvillo

##### TELEPHONE NUMBER

415-554-5184

##### FULL DEPARTMENT NAME

Office of the Clerk of the Board

##### EMAIL

Board.of.Supervisors@sfgov.org

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##### NAME OF DEPARTMENTAL CONTACT

Gregory Wong

##### DEPARTMENT CONTACT TELEPHONE NUMBER

(415) 554-2521

##### FULL DEPARTMENT NAME

DPH Department of Public Health

##### DEPARTMENT CONTACT EMAIL

greg.wong@sfdph.org

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$135,354		
<b>NATURE OF THE CONTRACT (Please describe)</b> Providing program administration in support of SF Tobacco Free Project.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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**9. AFFILIATES AND SUBCONTRACTORS**

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Received On:

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#### 1. FILING INFORMATION

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original	
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#### 2. CITY ELECTIVE OFFICE OR BOARD

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Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
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6. CONTRACT		
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<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$14,161		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal intermediary.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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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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**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.

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

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

**DATE SIGNED**

BOS Clerk of the Board



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$8,964		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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	Bennent	Ayanna	Board of Directors
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11	Lyles	Courtney	Board of Directors
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Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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



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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$214,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

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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.**

<b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b>	<b>DATE SIGNED</b>
BOS Clerk of the Board	



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#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Study Center	<b>TELEPHONE NUMBER</b> (415) 626-1650
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1663 Mission Street, Suite 310, San Francisco, CA 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$13,732		
<b>NATURE OF THE CONTRACT (Please describe)</b> Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Livingston	Richard	Board of Directors
2	Yee	Tina Tong	Board of Directors
3	True	Reiko H.	Board of Directors
4	Elbga1	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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**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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Board of Supervisors	Members

#### 3. FILER'S CONTACT

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Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Unified School District	<b>TELEPHONE NUMBER</b> (415) 241-6085
<b>STREET ADDRESS (including City, State and Zip Code)</b> 555 Franklin Street, San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$215,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide outreach to targeted populations.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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	Bogges	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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<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Unified School District	<b>TELEPHONE NUMBER</b> (415) 241-6000
<b>STREET ADDRESS (including City, State and Zip Code)</b> 555 Franklin Street, San Francisco, CA 94102	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$105,932		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide outreach to targeted populations.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS



**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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	Bogges	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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**9. AFFILIATES AND SUBCONTRACTORS**

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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.**

<b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b>	<b>DATE SIGNED</b>
BOS Clerk of the Board	



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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

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#### 1. FILING INFORMATION

TYPE OF FILING

original

DATE OF ORIGINAL FILING (for amendment only)

AMENDMENT DESCRIPTION – Explain reason for amendment

#### 2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD

Board of Supervisors

NAME OF CITY ELECTIVE OFFICER

Members

#### 3. FILER'S CONTACT

NAME OF FILER'S CONTACT

Angela Calvillo

TELEPHONE NUMBER

415-554-5184

FULL DEPARTMENT NAME

office of the clerk of the Board

EMAIL

Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT

Gregory Wong

DEPARTMENT CONTACT TELEPHONE NUMBER

(415) 554-2521

FULL DEPARTMENT NAME

DPH Department of Public Health

DEPARTMENT CONTACT EMAIL

greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Seneca Family of Agencies	<b>TELEPHONE NUMBER</b> 510-654-4004
<b>STREET ADDRESS (including City, State and Zip Code)</b> 8945 Golf Links Rd, Oakland, CA 94605	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$270,500		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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	Hill	Zach	Board of Directors
14	Ke	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
19			

**9. AFFILIATES AND SUBCONTRACTORS**

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

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

**DATE SIGNED**

BOS Clerk of the Board





## San Francisco Ethics Commission

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Received On:

File #: 220688

Bid/RFP #:

### Notification of Contract Approval

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Shanti	<b>TELEPHONE NUMBER</b> (415) 674-4700
<b>STREET ADDRESS (including City, State and Zip Code)</b> 730 Polk Street, 3rd Floor San Francisco, CA 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$95,203		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provides Hepatitis C prevention services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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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**9. AFFILIATES AND SUBCONTRACTORS**

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

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

<b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b>	<b>DATE SIGNED</b>
BOS Clerk of the Board	



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

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Received On:

File #: 220688

Bid/RFP #:

### Notification of Contract Approval

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A Public Document

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Sonoma County	<b>TELEPHONE NUMBER</b> (707) 565-2241
<b>STREET ADDRESS (including City, State and Zip Code)</b> 625 5th Street Santa Rosa, CA 95404	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$400,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Co-recipient of grant funds		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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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☐ 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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Received On:

File #: 220688

Bid/RFP #:

### Notification of Contract Approval

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Support for Families of Children with Disabilities	<b>TELEPHONE NUMBER</b> (415) 282-7494
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1663 Mission Street, Suite 700, San Francisco, CA 9410	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$78,872		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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	Hollyfield	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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**9. AFFILIATES AND SUBCONTRACTORS**

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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.**

<b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b>	<b>DATE SIGNED</b>
BOS Clerk of the Board	



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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

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#### 1. FILING INFORMATION

##### TYPE OF FILING

Original

##### DATE OF ORIGINAL FILING (for amendment only)

##### AMENDMENT DESCRIPTION – Explain reason for amendment

#### 2. CITY ELECTIVE OFFICE OR BOARD

##### OFFICE OR BOARD

Board of Supervisors

##### NAME OF CITY ELECTIVE OFFICER

Members

#### 3. FILER'S CONTACT

##### NAME OF FILER'S CONTACT

Angela Calvillo

##### TELEPHONE NUMBER

415-554-5184

##### FULL DEPARTMENT NAME

Office of the Clerk of the Board

##### EMAIL

Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

##### NAME OF DEPARTMENTAL CONTACT

Gregory Wong

##### DEPARTMENT CONTACT TELEPHONE NUMBER

(415) 554-2521

##### FULL DEPARTMENT NAME

DPH Department of Public Health

##### DEPARTMENT CONTACT EMAIL

greg.wong@sfdph.org



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> The Latino Commission	<b>TELEPHONE NUMBER</b> 650-244-1444
<b>STREET ADDRESS (including City, State and Zip Code)</b> 161 Margaret Avenue, San Francisco 94112	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$286,115		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide MH/SUD program services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Aldana	Olga	Board of Directors
2	Rodriguez	Dee D.	Board of Directors
3			
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original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	415-554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$351,543		
<b>NATURE OF THE CONTRACT (Please describe)</b> Conduct a new comprehensive client assessment and produce a modified Treatment Plan.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

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5	Chen	Connie E.	Board of Directors
6	Cohen	Fred	Board of Directors
7	Coulter	Phyllis	Board of Directors
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14	Hao	Kenneth	Board of Directors
15	Hartz	Julia	Board of Directors
16	Kawaja	Carl	Board of Directors
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18	Kimball	Richard	Board of Directors
19	Malka	Meyer	Board of Directors

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25	Scangos	George	Board of Directors
26	Soghikian	Shahan	Board of Directors
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31	Kern	Arthur H.	Board of Directors
32	Marcus	George	Board of Directors
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34	Rosenberg	Richard M.	Board of Directors
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BOS Clerk of the Board	



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Received On:

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##### OFFICE OR BOARD

Board of Supervisors

##### NAME OF CITY ELECTIVE OFFICER

Members

#### 3. FILER'S CONTACT

##### NAME OF FILER'S CONTACT

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##### TELEPHONE NUMBER

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##### FULL DEPARTMENT NAME

office of the clerk of the Board

##### EMAIL

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(415) 554-2521

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DPH Department of Public Health

##### DEPARTMENT CONTACT EMAIL

greg.wong@sfdph.org

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$146,582		
<b>NATURE OF THE CONTRACT (Please describe)</b> Technical Assistance: HIV Global Health.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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25	Scangos	George	Board of Directors
26	Soghikian	Shahan	Board of Directors
27	Weill	Joan	Board of Directors
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29	Benioff	Lynne	Board of Directors
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31	Kern	Arthur H.	Board of Directors
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<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$5,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide support for oral health program.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$107,140		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

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4	Carter	Todd	Board of Directors
5	Chen	Connie E.	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





## San Francisco Ethics Commission

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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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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org

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

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<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$486,611		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fiscal Intermediary.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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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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**DATE SIGNED**

BOS Clerk of the Board



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Received On:

File #: 220688

Bid/RFP #:

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DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> University of California, San Francisco	<b>TELEPHONE NUMBER</b> (415) 476-1000
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1001 Potrero Avenue, San Francisco 94110	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$99,323		
<b>NATURE OF THE CONTRACT (Please describe)</b> provide MH/SUD program services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$321,802		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide MH/SUD program services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Gregory Wong	(415) 554-2521
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	greg.wong@sfdph.org



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Youth Leadership Institute	<b>TELEPHONE NUMBER</b> (628) 400-9252
<b>STREET ADDRESS (including City, State and Zip Code)</b> 201 9th Street Suite 200, San Francisco 94103	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$60,049		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide MH/SUD program services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

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

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

**DATE SIGNED**

BOS Clerk of the Board



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

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#### 1. FILING INFORMATION

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> YMCA Urban Services	<b>TELEPHONE NUMBER</b> (415) 561-0631
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1426 Fillmore Street, Suite 204, San Francisco CA 94115	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220688
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$68,049		
<b>NATURE OF THE CONTRACT (Please describe)</b> provide MH/SUD program services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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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
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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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**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