

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

1

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,3
AMENDMENT DESCRIPTION – Explain reason for amendment	
	7 8
	X.

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
18 Reasons		(415) 56	8-2710
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3674 18th Street, SF, CA 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$35,000			
NATURE OF THE CONTRACT (Please describe)			
Provide outreach to targeted populations.	0.		
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7. COMMENTS			
9 CONTRACT ADDROVAL			
8. CONTRACT APPROVAL This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Farrar-Rivas	Patricia	Board of Directors		
2	Cogen	shannon w.	Board of Directors		
3	Rosner	Bob	Board of Directors		
4	Hardisty	Aaron	Board of Directors		
5	Baldauf	Marian Z.	Board of Directors		
6	Buwembo	Issac	Board of Directors		
7	Mogannam	Sam	Board of Directors		
8	Nelson	Sarah	Board of Directors		
9	Obst	Suzy	Board of Directors		
10	Singh	Poonam	Board of Directors		
11	Spicer	Maggie	Board of Directors		
12	Тао	Rosabel	Board of Directors		
13	Tsay	Calvin	Board of Directors		
14	Wiggelsworth	Sarah	Board of Directors		
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	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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AMENDMENT DESCRIPTION – Explain reason for amendment	0
	'0 ',

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
3rd Street Youth Center & Clinic		(415) 82	2-1707
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1728 Bancroft Ave, San Francisco, CA 94124			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688
			220000
DESCRIPTION OF AMOUNT OF CONTRACT			
\$407,502			
NATURE OF THE CONTRACT (Please describe)			
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	ract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Magee	Michelle	Board of Directors
2	Lacoster	Lyslynn	Board of Directors
3	Relyea	Jackie	Board of Directors
4	Fallon	Laura	Board of Directors
5	Moorthy	Savitha	Board of Directors
6	Patton	Misty	Board of Directors
7	Lelaind	Herschel	Board of Directors
8	Kunene	Glen	Board of Directors
9	Eng	Vanessa	Board of Directors
10	Rodriguez	Jose A.	Board of Directors
11	Savage	Michael	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



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Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	*
	10
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
APA Family Support Services		(415) 61	7-0061
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
10 Nottingham Place, San Francisco, CA 94133			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
			220000
DESCRIPTION OF AMOUNT OF CONTRACT			
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Provide support for oral health program	9		
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7. COMMENTS			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
□ Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Chung	Rosa	Board of Directors		
2	Chen	Cary	Board of Directors		
3	Huie	Jacqueline	Board of Directors		
4	Hoxie	Julie	Board of Directors		
5	Ts0	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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	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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DATE SIGNED

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR

BOS Clerk of the Board

CLERK



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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

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

1442-A Walnut St. #462, Berkeley, CA 94709			
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6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$36,000			
NATURE OF THE CONTRACT (Please describe)			
To restore specified marshes by replanting na	ative cordgr	ass and ma	rsh gumplant.
7. COMMENTS	St.	A CALL	
8. CONTRACT APPROVAL			
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	VE OFFICER(S) I	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Kerr	Drew	Board of Directors		
2	Matos	Juli	Board of Directors		
3	Godfrey	Sarah	Board of Directors		
4	Swanson	Amanda C.	Board of Directors		
5	Giessow	Jason	Board of Directors		
6	Addison	Steven	Board of Directors		
7	Gibson	Doug	Board of Directors		
8	кlock	Metha	Board of Directors		
9	Meyer	Tanya	Board of Directors		
10	Mila	LeeAnne	Board of Directors		
11	Oneto	Scott	Board of Directors		
12	Schoenig	Steve	Board of Directors		
13	Trinidad	Marcos	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	*
	10
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
CARECEN		(415) 64	2-4400
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3101 Mission St Suite #101, San Francisco, CA	94110		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
₹ <mark>S</mark>			220000
DESCRIPTION OF AMOUNT OF CONTRACT	•		
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Provide support for oral health program.	9		
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Provide support for oral nealth program.			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Loya-Talamantes	Michelle	Board of Directors			
2	Rodenzo	Gabriella	Board of Directors			
3	Smith	Richard	Board of Directors			
4	Artiga	Jose	Board of Directors			
5	Asturias	Elena	Board of Directors			
6	Co11	Kathleen	Board of Directors			
7	Flores	Carmen	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR **DATE SIGNED CLERK** BOS Clerk of the Board



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Board of Supervisors	Members	

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Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

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

1555 39th Ave, San Francisco, CA	4 94122		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY E	LECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
	A	,	220688
	40		
DESCRIPTION OF AMOUNT OF CONTRACT	Q A		
	30		
\$174,783	9.3.		
NATURE OF THE CONTRACT (Please describe)			
			6 - 6 - 71
To provide attendant care service Centered Services to multiply d	ces in complian	ce with the Standard	of Care for Client
Francisco with a special focus	on the unique	needs of persons liv	ing with HIV/AIDS.
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED	ON THIS FORM		
A BOARD ON WHICH THE CITY ELECTIVE O	FFICER(S) SERVES		
Board of Supervisors			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHIC	CH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S)	IDENTIFIED ON THIS FORM SITS
🗀			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Cordileone	Salvatore J.	Board of Directors
2	Boerio	Joe	Board of Directors
3	Borromeo	Theodore	Board of Directors
4	Grogan	Kathleen A.	Board of Directors
5	Sundby	George B.	Board of Directors
6	Bojorquez	Diana I.	Board of Directors
7	Brigham	Martha	Board of Directors
8	Clark	Philip	Board of Directors
9	Dahik	Adriana	Board of Directors
10	O'Brien Frimel	Susie	Board of Directors
11	Gelt	Jerilyn	Board of Directors
12	Ghilotti	Michael M.	Board of Directors
13	Gonzalez	Eleanor	Board of Directors
14	Hultman	David R.	Board of Directors
15	Ikeda	Lisa	Board of Directors
16	Kearney	Philip	Board of Directors
17	Landis	Scott	Board of Directors
18	Leupp	Jay Paul	Board of Directors
19	McInerney	Maureen	Board of Directors

3

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
20	Mirek	Lori	Board of Directors			
21	Nascimento	Dan	Board of Directors			
22	Pohlman	Jack	Board of Directors			
23	Reyes	Raymund	Board of Directors			
24	Reynaud	Louis	Board of Directors			
25	Sangiacomo	Jim .	Board of Directors			
26	Woody	Patrick	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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	Check this box if you need to include ad Select "Supplemental" for filing type.	lditional names. Please submit a	separate form with complete inform	nation.

# 10. VERIFICATION I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

Bid/RFP #:

#### **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

XA				
5. CONTRACTOR				
NAME OF CONTRACTOR	Т	ELEPHONE N	UMBER	
Catholic Charities Peter Claver Community		(415) 749-3800		
STREET ADDRESS (including City, State and Zip Code)	E	MAIL		
1340 Golden Gate Ave, San Francisco, CA 94115				
	·			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) ORIG	INAL BID/RF	P NUMBER	FILE NUMBER (If applicable) 220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$180,336				
NATURE OF THE CONTRACT (Please describe)				
To provide attendant care services in 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:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				

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

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

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
20	Mirek	Lori	Board of Directors		
21	Nascimento	Dan	Board of Directors		
22	Pohlman	Jack	Board of Directors		
23	Reyes	Raymund	Board of Directors		
24	Reynaud	Louis	Board of Directors		
25	Sangiacomo	Jim .	Board of Directors		
26	Woody	Patrick	Board of Directors		
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## 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

# 10. VERIFICATION I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



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#### **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	<b>3</b> ,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER	
Board of Supervisors	Members	

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Children's council of Con Emphasian		(415) 27	C 2000
Children's Council of San Francisco		(415) 27	6-2900
STREET ADDRESS (including City, State and Zip Code)		EMAIL	_
445 Church Street, San Francisco, CA 94114			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			220688

44	5 Church Street, San Francisco, CA 94114		
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6. C	ONTRACT		
	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
	<b>₩</b>		220688
DESC	RIPTION OF AMOUNT OF CONTRACT		
\$1	40,000		
NAT	JRE OF THE CONTRACT (Please describe)		
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8 C	ONTRACT APPROVAL		
	contract was approved by:		· · · · · · · · · · · · · · · · · · ·
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
_	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
	Board of Supervisors		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) I	DENTIFIED ON THIS FORM SITS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

DATE OF ORIGINAL FILING (for amendment only)
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER		
Board of Supervisors	Members	

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Curry Senior Center		(415) 88	5-2274
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
333 Turk Street, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>0</mark>			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$114,273			
NATURE OF THE CONTRACT (Please describe)			
Provides support for older adults with mental losing their houses.		es and are	
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	ontract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Davila	Jonrie	Board of Directors		
2	Quituga	Shirely	Board of Directors		
3	Sklar	Diane	Board of Directors		
4	Bickham	David	Board of Directors		
5	slam	Arielle	Board of Directors		
6	Valente	Julie	Board of Directors		
7	Norton	Alycia	Board of Directors		
8	Pritchett	Pattie	Board of Directors		
9	Dwyer	Diane	Board of Directors		
10	Sullivan	Richard	Board of Directors		
11	Lincecum	Hannah	Board of Directors		
12	Selva	Sasha	Board of Directors		
13	Huh	Ja Eun Guerrero	Board of Directors		
14	Zachary	Wendy	Board of Directors		
15	Illig	Jim	Board of Directors		
16	Wulfovich	Yael	Board of Directors		
17	McKinnon	John	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS				
List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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	Check this box if you need to include add Select "Supplemental" for filing type.	ditional names. Please submit a separate	form with complete information.	
	VERIFICATION			
	ve used all reasonable diligence in prepar wledge the information I have provided h	_	statement and to the best of my	
I ce	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGI	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED			

BOS Clerk of the Board

**CLERK** 



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT		
NAME OF FILER'S CONTACT	TELEPHONE NUMBER	
Angela Calvillo	415-554-5184	
FULL DEPARTMENT NAME	EMAIL	
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org	

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

YA .				
5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Dolores Street Community Services			(415) 282-6209	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
938 Valencia St, San Francisco, CA 94110				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
<b>A</b>			220688	

93	8 Valencia St, San Francisco, CA 94110			
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6. C	ONTRACT			
	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
				220688
	400			
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$2	40,656			
	10,000			
NAT	URE OF THE CONTRACT (Please describe)			
To he	improve and maintain the health of our resicalth care and other supportive services.		gh the pro	
7. COMMENTS				
8. C	ONTRACT APPROVAL			
	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

con	contract.						
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ				
1	winn	Michael	Board of Directors				
2	Avila	Rocio	Board of Directors				
3	Lin	Kani	Board of Directors				
4	Hernandez	Pedro	Board of Directors				
5	Cameron	Anjali	Board of Directors				
6	Penfold	Ward	Board of Directors				
7	Leonard	Anat	Board of Directors				
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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File #: 220688

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

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

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Facente Consulting		415-999-1310	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
13300 Crossroads Parkway, Suite 450, CID CA 9	1746		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$95,203			
NATURE OF THE CONTRACT (Please describe)			
Professional consultation and technical Asssis			
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A POADD ON WHICH THE CITY OF FCTIVE OFFICED(S) SERVES			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
□ Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

			contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ					
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	тс	Board of Directors					
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,3
AMENDMENT DESCRIPTION – Explain reason for amendment	
	<b>7</b> 8
	X.

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Family Services Agency		(415) 474-7310	
CTREET ADDRESS (including Situs State and Zin Code)		FRANII	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
			220000
DESCRIPTION OF AMOUNT OF CONTRACT			
\$330,014			
NATURE OF THE CONTRACT (Please describe)			
Provides services First Episode Psychosis, fam schizophrenia.	ilies suffe	ring from s	signs & symptoms of
Schizophi enra.	S.,		
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schizophrenia.			
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7 COMMANDITO			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
□ Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

# I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	2
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0
	<b>'0</b> ',

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

3. FILER'S CONTACT		
NAME OF FILER'S CONTACT	TELEPHONE NUMBER	
Angela Calvillo	415-554-5184	
FULL DEPARTMENT NAME	EMAIL	
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org	

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Felton Institute		(415) 47	4-7310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$131,080			
NATURE OF THE CONTRACT (Please describe)			
Provide support for TAPP program.	9		
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Furuzawa	Adriana	Board of Directors
2	Paschen	Kenji	Board of Directors
3	Penn	Curtis	Board of Directors
4	Spensley	Catherine	Board of Directors
5	Gilbert	Al C	Board of Directors
6	Davis	Marvin	Board of Directors
7	Dalmacio-Julien	Liz	Board of Directors
8	Ortiz	Robin	Board of Directors
9	Quiroz	Yohana	Board of Directors
10	Skolnick	Darren	Board of Directors
11	Hofman	Michael N.	Board of Directors
12	Bobulsky	Susan	Board of Directors
13	Costello	Daniel	Board of Directors
14	Limpert	Terry M.	Board of Directors
15	Neal	Kathy	Board of Directors
16	Orias	Michael	Board of Directors
17	Rojo	Peter	Board of Directors
18	Steele	Tamara	Board of Directors
19	Woods	George	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

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

3. FILER'S CONTACT		
NAME OF FILER'S CONTACT	TELEPHONE NUMBER	
Angela Calvillo	415-554-5184	
FULL DEPARTMENT NAME	EMAIL	
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org	

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Felton Institute		(415) 474-7310		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1500 Franklin Street, San Francisco, CA 94109				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
₹ <mark>S</mark>			220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$469,821				
NATURE OF THE CONTRACT (Please describe)	)_			
Provide program support.	9			
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Provide program support.				
7 COMMENTS				
7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
Board of Supervisors				
			_	
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Furuzawa	Adriana	Board of Directors		
2	Paschen	Kenji	Board of Directors		
3	Penn	Curtis	Board of Directors		
4	Spensley	Catherine	Board of Directors		
5	Gilbert	A1 0	Board of Directors		
6	Davis	Marvin	Board of Directors		
7	Dalmacio-Julien	Liz	Board of Directors		
8	Ortiz	Robin	Board of Directors		
9	Quiroz	Yohana	Board of Directors		
10	Skolnick	Darren	Board of Directors		
11	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		

cont	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my

# I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	2
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0
	<b>'0</b> ',

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Felton Institute		(415) 47	4-7310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/F	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$20,000			
NATURE OF THE CONTRACT (Please describe)			
Provides mental health technical assistance to	community b	ased MH cı	risis response to trauma.
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A DOADD ON MUCH THE CITY ELECTIVE OFFICED(C) CEDVEC			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
1			

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Furuzawa	Adriana	Board of Directors		
2	Paschen	Kenji	Board of Directors		
3	Penn	Curtis	Board of Directors		
4	Spensley	Catherine	Board of Directors		
5	Gilbert	A1	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	Stelle	Tamara	Board of Directors		
19	Woods	George	Board of Directors		

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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## 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR

**DATE SIGNED** 

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

BOS Clerk of the Board

**CLERK** 



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

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

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

3. FILER'S CONTACT		
NAME OF FILER'S CONTACT	TELEPHONE NUMBER	
Angela Calvillo	415-554-5184	
FULL DEPARTMENT NAME	EMAIL	
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org	

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

5. C	ONTRACTOR			
NAN	IE OF CONTRACTOR		TELEPHONE N	IUMBER
Fe	lton Institute		(415) 47	4-7310
STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
15	00 Franklin Street, San Francisco, CA 94109			
6. C	ONTRACT			
DAT	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
				220688
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$1	55,359			
NAT	URE OF THE CONTRACT (Please describe)			
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	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
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	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY FI FCTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Furuzawa	Adriana	Board of Directors		
2	Paschen	Kenji	Board of Directors		
3	Penn	Curtis	Board of Directors		
4	Spensley	Catherine	Board of Directors		
5	Gilbert	A1 0	Board of Directors		
6	Davis	Marvin	Board of Directors		
7	Dalmacio-Julien	Liz	Board of Directors		
8	Ortiz	Robin	Board of Directors		
9	Quiroz	Yohana	Board of Directors		
10	Skolnick	Darren	Board of Directors		
11	Hofman	Michael N.	Board of Directors		
12	Bobulsky	Susan	Board of Directors		
13	Costello	Daniel	Board of Directors		
14	Limpert	Terry M.	Board of Directors		
15	Neal	Kathy	Board of Directors		
16	Orias	Michael	Board of Directors		
17	Rojo	Peter	Board of Directors		
18	Steele	Tamara	Board of Directors		
19	Woods	George	Board of Directors		

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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## 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR **DATE SIGNED**

BOS Clerk of the Board

**CLERK** 



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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)

A Public Document

DATE OF ORIGINAL FILING (for amendment only)
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<b>X</b>

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

3. FILER'S CONTACT		
NAME OF FILER'S CONTACT	TELEPHONE NUMBER	
Angela Calvillo	415-554-5184	
FULL DEPARTMENT NAME	EMAIL	
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org	

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

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

cont	ontract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Furuzawa	Adriana	Board of Directors			
2	Paschen	Kenji	Board of Directors			
3	Penn	Curtis	Board of Directors			
4	Spensley	Catherine	Board of Directors			
5	Gilbert	A1 0	Board of Directors			
6	Davis	Marvin	Board of Directors			
7	Dalmacio-Julien	Liz	Board of Directors			
8	Ortiz	Robin	Board of Directors			
9	Quiroz	Yohana	Board of Directors			
10	Skolnick	Darren	Board of Directors			
11	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			

	ontract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

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

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

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

45	Franklin Street San Francisco, CA 94102			
	-0			
6. C	ONTRACT			
	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$1	8,480			
NAT	JRE OF THE CONTRACT (Please describe)			
Pr	ovide Clinical Consultation Services to LING	frontline :	staff.	
7. CC	DMMENTS	W.C	A COLL	
8 C	ONTRACT APPROVAL			
	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

1 W 2 D	ST NAME/ENTITY/SUBCONTRACTOR Weingand Dennison Del Pinal	Shantel Sam	TYPE  CFO  Board of Directors
2 D	Dennison	Sam	
3 D			Board of Directors
	Del Pinal	0.70	
4 3		Ale	Board of Directors
	lia Son	Alice	Board of Directors
5 T	idwell	Roy	Board of Directors
6 0	Denning	Patt	Board of Directors
7 L	ittle	Jeannie	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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Received On:

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1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

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

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

3. FILER'S CONTACT		
NAME OF FILER'S CONTACT	TELEPHONE NUMBER	
Angela Calvillo	415-554-5184	
FULL DEPARTMENT NAME	EMAIL	
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org	

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

YA COMPANYA MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARA			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Hatchuel Tabernik & Associates Inc		(510) 55	9-3193
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
2560 9th St., Suite 211, Berkeley, CA 94710			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			I
\$40,000			
NATURE OF THE CONTRACT (Please describe)			
Provide program evaluation services.	0.		
Provide program evaluation services.			
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	Provide program evaluation services.		
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			

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

Board of Supervisors

# LAST NAME/ENTITY/SUBCONTRACTOR FIRST NAME TYPE  1 Tabernik Tim Board of Directo  2 Hatchuel Dina Board of Directo  3 Toussaint Danielle Board of Directo  4 Lobar Russ Board of Directo  5 Akin Sarah D. Board of Directo  6 7  8 9  10 11  12 13	contract.				
2 Hatchuel Dina Board of Directo 3 Toussaint Danielle Board of Directo 4 Lobar Russ Board of Directo 5 Akin Sarah D. Board of Directo 6 7 8 9 10 11					
3 Toussaint Danielle Board of Directo 4 Lobar Russ Board of Directo 5 Akin Sarah D. Board of Directo 6 7 8 9 10 11	rs				
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my

# I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT		
NAME OF FILER'S CONTACT	TELEPHONE NUMBER	
Angela Calvillo	415-554-5184	
FULL DEPARTMENT NAME	EMAIL	
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org	

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR			TELEPHONE N	IUMBER
HealthRight 360			415-762-	3700
STREET ADDRESS (including Ci	ty, State and Zip Code)		EMAIL	
1563 Mission St San	Francisco CA 94103			
	0			
6. CONTRACT				
DATE CONTRACT WAS APPRO	VED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
	40			220688
DESCRIPTION OF AMOUNT OF	CONTRACT			
\$126,888	· 03.			
NATURE OF THE CONTRACT (F	lease describe)			
Provide fiscal inte	rmediary check-writing serv	ices.		
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Provide fiscal intermediary check-writing services.				
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved	by:			
	CER(S) IDENTIFIED ON THIS FORM			
	E CITY ELECTIVE OFFICER(S) SERVES			
☐☐ Board of Superv	isors			
THE BOARD OF A STATE	AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

#			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	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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contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my

# 10. VERIFICATION I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



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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)
A Public Document

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,3
AMENDMENT DESCRIPTION – Explain reason for amendment	
	<b>7</b> 8
	X.

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
HealthRight 360		(415) 76	2-3700	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1563 Mission St, SF, CA 94103				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$142,000				
NATURE OF THE CONTRACT (Please describe)				
Provides Fiscal Intermediary services.	9			
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Provides Fiscal Intermediary services.				
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

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

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
20	Beaulieu	Natalie	Board of Directors		
21	Graham	Bryan	Board of Directors		
22	Gurley	Chris	Board of Directors		
23	Holmes	Kathryn	Board of Directors		
24	Macfarlane	Raquel	Board of Directors		
25	Pierluissi	Talia 🕠	Board of Directors		
26	Pointer	Karen E.	Board of Directors		
27	Pugh	Alex	Board of Directors		
28	Thomas	Ahmad	Board of Directors		
29	Torres	Timothy	Board of Directors		
30	Venkatraman	Sankar	Board of Directors		
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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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Bid/RFP #:

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A Public Document

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

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
HealthRight 360		(415) 762-3700	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1563 Mission St, SF, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$448,033			
NATURE OF THE CONTRACT (Please describe)			
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7. COMMENTS			
7. 65.11.11.15			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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cont	tract.		<del>_</del>
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Eisen	Vitka	Board of Directors
2	Duong	Tony	Board of Directors
3	Anandasakaran	Jegan	Board of Directors
4	Valdes	Ana	Board of Directors
5	Andreas	Demetrius	Board of Directors
6	Baez	Maribel	Board of Directors
7	Gattridge	Dylan	Board of Directors
8	Hoese	Evan	Board of Directors
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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
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17	Smart	Linda	Board of Directors
18	Binder	Daniel	Board of Directors
19	Balan	Yelen	Board of Directors

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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24	Macfarlane	Raquel	Board of Directors		
25	Pierluissi	Talia	Board of Directors		
26	Pointer	Karen E.	Board of Directors		
27	Pugh	Alex	Board of Directors		
28	Thomas	Ahmad	Board of Directors		
29	Torres	Timothy	Board of Directors		
30	Venkatraman	Sankar	Board of Directors		
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

# 10. VERIFICATION I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

1

Bid/RFP #:

# **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
	$Q_{\lambda}$

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

3. FILER'S CONTACT		
NAME OF FILER'S CONTACT	TELEPHONE NUMBER	
Angela Calvillo	415-554-5184	
FULL DEPARTMENT NAME	EMAIL	
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org	

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

5. CONTRACTOR			
AME OF CONTRACTOR		TELEPHONE NUMBER	
HealthRight 360		(415) 76	2-3700
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1563 Mission St, SF, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$220,925			
NATURE OF THE CONTRACT (Please describe)			
Fiscal Intermediary.	9	A CO	
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

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

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
20	Beaulieu	Natalie	Board of Directors		
21	Graham	Bryan	Board of Directors		
22	Gurley	Chris	Board of Directors		
23	Holmes	Kathryn	Board of Directors		
24	Macfarlane	Raquel	Board of Directors		
25	Pierluissi	Talia	Board of Directors		
26	Pointer	Karen E.	Board of Directors		
27	Pugh	Alex	Board of Directors		
28	Thomas	Ahmad	Board of Directors		
29	Torres	Timothy	Board of Directors		
30	Venkatraman	Sankar	Board of Directors		
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

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Bid/RFP #:

# **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. C	ONTRACTOR			
NAN	NAME OF CONTRACTOR		TELEPHONE NUMBER	
Не	althRight 360		(415) 76	2-3700
STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
15	63 Mission St, SF, CA 94103			
	9	•		
6. C	ONTRACT			
DAT	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
				220688
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$4	19,301			
NAT	URE OF THE CONTRACT (Please describe)			
Fi	scal Intermediary	9		
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Fiscal Intermediary				
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7. C	OMMENTS			
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	ONTRACT APPROVAL contract was approved by:			
11113	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	• •			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF T	HE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

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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
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12	Siegel	Shabana	Board of Directors
13	Torres	April	Board of Directors
14	Williams	Denise	Board of Directors
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16	Mitchell	Natalie	Board of Directors
17	Smart	Linda	Board of Directors
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19	Balan	Yelen	Board of Directors

cont	contract.					
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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			
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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)

A Public Document

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

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Heluna Health		800-201-	7320	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
13300 Crossroads Parkway, Suite 450, CID, CA 9	1746			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER ( <i>If applicable</i> ) 220688	
₹ <mark>0</mark>			220000	
DESCRIPTION OF AMOUNT OF CONTRACT	•			
\$499,118				
NATURE OF THE CONTRACT (Please describe)				
Provide support for Expecting Justice Program.	9			
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Provide Support for Expecting Justice Program.				
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A POADD ON WHICH THE CITY ELECTIVE OFFICED(C) CEDVEC				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Nguyen	Von	Board of Directors
21	Macarchuk	Nicole J.	Board of Directors
22	Vasallo	Vivian	Board of Directors
23	Gorre	Celina	Board of Directors
24	Midura	Bonnie	Board of Directors
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK  DATE SIGNED		
BOS Clerk of the Board		



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Received On:

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1

Bid/RFP #:

# **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

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

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

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



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Bid/RFP #:

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<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Heluna Health		(800) 20	1-7320	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
13300 Crossroads Parkway, Suite 450, CID, CA	91746			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
₹ <mark>\</mark>			220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$175,000				
NATURE OF THE CONTRACT (Please describe)				
Providing program administration and support	services - F	iscal Inte	rmediary.	
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE DESICED(S) SERVES				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
□ Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE O	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	contract.				
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I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.	
, , , , , ,	J J	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



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File #: 220688

Bid/RFP #:

# **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
	$Q_{\lambda}$

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

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

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Moretti	Matthew	Board of Directors		
2	Таріа	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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

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Bid/RFP #:

# **Notification of Contract Approval**

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

A Public Document

<u> </u>				
1. FILING INFORMATION				
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)			
	40			
Original	0',			
AMENDMENT DESCRIPTION – Explain reason for amendment				
	70			
	YX.			

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

3. FILER'S CONTACT			
NAME OF FILER'S CONTACT	TELEPHONE NUMBER		
Angela Calvillo	415-554-5184		
FULL DEPARTMENT NAME	EMAIL		
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org		

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Horizons Unlimited		(415) 48	7-6700
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
440 Potrero Avenue, San Francisco 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>\</mark>			220688
DESCRIPTION OF AMOUNT OF CONTRACT	•		
\$82,549			
NATURE OF THE CONTRACT (Please describe)			
provide MH/SUD program services.	9		
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7. COMMENTS		_	
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
└-			

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Moretti	Matthew	Board of Directors			
2	Таріа	Virginia	Board of Directors			
3	Amador	Donna	Board of Directors			
4	Corona	Cristina	Board of Directors			
5	Johnson	Zachary	Board of Directors			
6	Boin	Isabelle P.	Board of Directors			
7	Serrano	Salvador	Board of Directors			
8	Williams	Jillian	Board of Directors			
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## 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my		
knowledge the information I have provided here is true and con	nplete.	
,		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
, , , , , ,	J J	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

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File #: 220688

Bid/RFP #:

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

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DATE OF ORIGINAL FILING (for amendment only)
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER		
Board of Supervisors	Members	

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT TELEPHONE NUMBER	
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
AME OF CONTRACTOR		TELEPHONE NUMBER	
Jamestown Community Center		(415) 64	7-4709
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3382 26th St, San Francisco 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
R. C.			220000
DESCRIPTION OF AMOUNT OF CONTRACT			
\$105,495			
NATURE OF THE CONTRACT (Please describe)			
provide MH/SUD program services.	9		
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			· · · · · · · · · · · · · · · · · · ·
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A DOADD ON WING THE COMMENT OF THE C			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
□ Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
			ITFE
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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	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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## 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER		
Board of Supervisors	Members	

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT TELEPHONE NUMBER	
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	NUMBER	
Japanese Community Youth Council		(415) 563-8052		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
2012 Pine Street, San Francisco 94109				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688	
			220000	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$14,603				
NATURE OF THE CONTRACT (Please describe)	)_			
provide MH/SUD program services.	9			
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provide MH/SUD program services.				
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	MacDonald	Angus	Board of Directors
2	Dunlap	Oliver	Board of Directors
3	Nagree	Shah	Board of Directors
4	Harrigan	Asia	Board of Directors
5	Santiago	Breonna	Board of Directors
6	Abantao	Darryl	Board of Directors
7	С	Dinesh	Board of Directors
8	Wayne	Evan	Board of Directors
9	Littleton	Heather	Board of Directors
10	Anderson	Jerome	Board of Directors
11	Kuo	Johnny	Board of Directors
12	Mah	Kitty	Board of Directors
13	Carroll	Louise	Board of Directors
14	Mah	Max	Board of Directors
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	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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## 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

## I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

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Bid/RFP #:

#### **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
NICOS Chinese Health Coalition		(415) 788-6426		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1208 Mason St, San Francisco, CA 94108				
1200 Mason St, San Francisco, CA 94100				
6. CONTRACT	ODICINAL DID	DED AULBADED	FUE NUMBER (If anylingle)	
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	KFP NUIVIBEK	FILE NUMBER (If applicable) 220688	
<b>2</b>				
DESCRIPTION OF AMOUNT OF CONTRACT				
\$5,000				
NATURE OF THE CONTRACT (Please describe)				
Provide support for oral health program.	9			
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Provide support for oral health program.				
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

# LAST NAME/ENTITY/SUBCONTRACTOR FIRST NAME TYPE  1	cont	contract.				
Liao   Michael   Board of Directors	#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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4	2	Liao	Michael	Board of Directors		
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contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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## 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my

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Bid/RFP #:

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A Public Document

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

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Project Open Hand		(415) 44	7-2300
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
730 Polk St, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$1,408,026			
NATURE OF THE CONTRACT (Please describe)			
To improve the nutritional health of all peopl groceries, nutrition assessments and other fo			
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		Q	A CONTRACTOR OF THE CONTRACTOR
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY EI ECTIV	/F UEEICEB(S) II	DENTIFIED ON THIS FORM SITS
THE BOARD OF A STATE AGENCY ON WHICH AN AFFORNIEE OF	CITT LLECTIV	- OITICEN(3) II	DELIVITIED ON THIS FORIN SHS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Henry	Mike	Board of Directors
2	Yankoupe	Ruth	Board of Directors
3	Colton	John	Board of Directors
4	Wakankar	Aditya	Board of Directors
5	Chandra	Vishwa	Board of Directors
6	Petraglia	Jennifer	Board of Directors
7	Chang	Andrew	Board of Directors
8	Maring	Preston	Board of Directors
9	McSwine	Ginny	Board of Directors
10	Ng Chang	Theresa	Board of Directors
11	Wilkinson	Andrea	Board of Directors
12	York	Helene	Board of Directors
13	Drimmer-Rokovich	Jennifer	Board of Directors
14	Long	Richard	Board of Directors
15	Wood	Arthur	Board of Directors
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	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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## 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**DATE SIGNED** 

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR

BOS Clerk of the Board

**CLERK** 



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

1

Bid/RFP #:

#### **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

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

	Hallidle PI2, Ste 808, San Francis	,			
-					
	CONTRACT				
DAT	TE CONTRACT WAS APPROVED BY THE CITY ELECTIV	E OFFICER(S)	ORIGINAL BID/RFP	NUMBER	FILE NUMBER (If applicable) 220688
	<b>₹</b>				220000
DFS	CCRIPTION OF AMOUNT OF CONTRACT				
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\$	1,419	<b>7</b> .			
NAT	TURE OF THE CONTRACT (Please describe)	(A)			
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	s contract was approved by:				
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	s contract was approved by:	IS FORM			
	s contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THI				
This	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THI  A BOARD ON WHICH THE CITY ELECTIVE OFFICER(				
	s contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THI				
This	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THI  A BOARD ON WHICH THE CITY ELECTIVE OFFICER(				
This	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THI  A BOARD ON WHICH THE CITY ELECTIVE OFFICER(	(S) SERVES	THE CITY ELECTIVE C	DFFICER(S) II	DENTIFIED ON THIS FORM SITS
This	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THI  A BOARD ON WHICH THE CITY ELECTIVE OFFICER(  Board of Supervisors	(S) SERVES	THE CITY ELECTIVE C	DFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Eardley	Penny	Board of Directors		
2	Petrosova	Anastasija	Board of Directors		
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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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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### 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR

**DATE SIGNED** 

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

BOS Clerk of the Board

**CLERK** 



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

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File #: 220688

Bid/RFP #:

#### **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT		
NAME OF FILER'S CONTACT	TELEPHONE NUMBER	
Angela Calvillo	415-554-5184	
FULL DEPARTMENT NAME	EMAIL	
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org	

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
UCSF Alliance Health Project		(415) 47	6-3902
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1930 Market St, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/F	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
DESCRIPTION OF AMOUNT OF CONTRACT			
\$168,837			
NATURE OF THE CONTRACT (Please describe)			
The program goal is to provide outpatient ment including Long-Term Survivors - to reduce sym from mental health and/or substance use disord	ptoms and fu		
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		<b>X</b>	À
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Dilley	James W.	Board of Directors
2	Thoemmes	Lori	Board of Directors
3	Flentje	Annesa	Board of Directors
4	Garcia	Braulio	Board of Directors
5	Нааѕ	DK	Board of Directors
6	Matos	Ramon	Board of Directors
7	Murphy	Jessica	Board of Directors
8	Rhodes	Perry	Board of Directors
9	Shockey	Jen	Board of Directors
10	Wong	но11у	Board of Directors
11	Shumate	Kate	Board of Directors
12	Breall	Susan M.	Board of Directors
13	Hare	Brad	Board of Directors
14	Hillmon	Reginald	Board of Directors
15	Liu	Enchi	Board of Directors
16	Mettler	Berenice	Board of Directors
17	Pearce	Ken	Other Principal Officer
18	Toh	Sophia	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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## 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

## I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



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Received On:

File #: 220688

Bid/RFP #:

#### **Notification of Contract Approval**

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

A Public Document

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

3. FILER'S CONTACT		
NAME OF FILER'S CONTACT	TELEPHONE NUMBER	
Angela Calvillo	415-554-5184	
FULL DEPARTMENT NAME	EMAIL	
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org	

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

<u>'</u>			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Behavioral Health Commission		(415) 55	4-5184
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1380 Howard Street, San Francisco, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$61,488			
NATURE OF THE CONTRACT (Please describe)			
Support Administrative oversight of system-of- maintain level of finding for training.	care fiscal	intermedi	ary funding in order to
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7. COMMENTS	_	_	
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A DOADD ON WILLIAM TO THE COMMENT OF			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
□□ Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Jackson-Lane	Carletta	Board of Directors			
2	Slota	Richelle L.	Board of Directors			
3	Vigil	Bahlam	Board of Directors			
4	Banuelos	Stephen	Board of Directors			
5	Drummond	Judy Z.	Board of Directors			
6	Klain	Judith	Board of Directors			
7	Parks	Toni	Board of Directors			
8	Stevens	Harriett S.	Board of Directors			
9	Thakore-Dunlap	Ulash	Board of Directors			
10	Idell	Wilson	Board of Directors			
11	Bohrer	Terezie	Board of Directors			
12	Ashel	Sempel	Board of Directors			
13	Safai	Ahsha	Board of Directors			
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## 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED		
BOS Clerk of the Board			



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

Bid/RFP #:

# **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Japanese Community Youth Council		(415) 56	(415) 563-8052	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
2012 Pine Street, San Francisco 94109				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICE	R(S) ORIGINAL BID	RFP NUMBER	FILE NUMBER (If applicable)	
₹ <mark>Ò</mark>			220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$60,049	<b>,</b>			
NATURE OF THE CONTRACT (Please describe)	, A) _			
Provide MH/SUD program services.	.0			
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Provide MH/SUD program services.				
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVI	:S			
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINT	EE OF THE CITY ELECTI	VE OFFICER(S) I	DENTIFIED ON THIS FORM SITS	

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	McDonald	Angus	Board of Directors			
2	Dunlap	Oliver	Board of Directors			
3	Nagree	Shah	Board of Directors			
4	Harrigan	Asia	Board of Directors			
5	Santiago	Breonna	Board of Directors			
6	Abantao	Darryl	Board of Directors			
7	С	Dinesh	Board of Directors			
8	Wayne	Evan	Board of Directors			
9	Littleton	Heather	Board of Directors			
10	Anderson	Jerome	Board of Directors			
11	Kuo	Johnny	Board of Directors			
12	Mah	Kitty	Board of Directors			
13	Carroll	Louise	Board of Directors			
14	Mah	Max	Board of Directors			
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cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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File #: 220688

Bid/RFP #:

# **Notification of Contract Approval**

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<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Maitri AIDS Hospice		(415) 55	8-3000
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
401 Duboce Ave, San Francisco, CA 94117			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
			220000
DESCRIPTION OF AMOUNT OF CONTRACT			
\$681,216			
NATURE OF THE CONTRACT (Please describe)			
To provide safe housing, medical care and nutralife and those needing respite to return to in	ition suppor dependence a	rts for the as defined	ose with HIV at end of by the resident.
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
·			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Lapointe	Ray	Board of Directors		
2	Wong	Jane	Board of Directors		
3	Miller	Austin	Board of Directors		
4	Cummings	Gregg	Board of Directors		
5	King	mic	Board of Directors		
6	Casados	Johannes	Board of Directors		
7	Mishra	Bismay	Board of Directors		
8	Cummings	Donna	Board of Directors		
9	Dilawri	Namita	Board of Directors		
10	Rana	Sameera	Board of Directors		
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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Bid/RFP #:

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1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
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2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Napa County		707-253-	4540
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
2751 Napa Valley Corporate Drive Bldg B Napa,	CA 94558		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	<b>FILE NUMBER (</b> <i>If applicable</i> <b>)</b> 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$200,000			
NATURE OF THE CONTRACT (Please describe)			
Co-recipient of grant funds.	0		
Same variables	.0		
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Co-recipient of grant funds.			
			0
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

1

Bid/RFP #:

# **Notification of Contract Approval**

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

A Public Document

<u> </u>			
1. FILING INFORMATION			
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)		
	.0		
Original	0',		
AMENDMENT DESCRIPTION – Explain reason for amendment			
	<b>10</b>		
	X		

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
PRC		415-777-	0333
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
170 9th Street, San Francisco, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$146,772			
NATURE OF THE CONTRACT (Please describe)			
Providing Equal Access to Health Care Program	Services		
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
□□ Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Teng	Chuan	Other Principal Officer
21	Paul	Randi	Other Principal Officer
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

# I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

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

DATE OF ORIGINAL FILING (for amendment only)
The state of the s
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<b>X</b>

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CON	ITRACTOR			
NAME	OF CONTRACTOR		TELEPHONE N	IUMBER
RAMS			(415) 66	8-5955
STREET	ADDRESS (including City, State and Zip Code)		EMAIL	
3626	6 Balboa St, SF, CA 94124			
6. CON	ITRACT			
DATE C	ONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRI	PTION OF AMOUNT OF CONTRACT			
\$249	9,691			
NATUR	E OF THE CONTRACT (Please describe)			
coun	ovides Peer Internship Program that prepare	Sclients for	or employme	ent in peer support and
	ITRACT APPROVAL			
	entract was approved by:			
$ \Box $ "	HE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
T	HE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

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

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
20	Hsu	Lee	Board of Directors	
21	Roberts	Maggie	Board of Directors	
22	Yeh	Tom	Board of Directors	
23	Chow	Wade	Board of Directors	
24	Quinn	Maire	Board of Directors	
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

1

Bid/RFP #:

# **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
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2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE	NUMBER
RAMS	(415) 6	68-5955
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
3626 Balboa St, SF, CA 94124		
	<u>.</u>	
6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT		
\$273,182		
NATURE OF THE CONTRACT (Please describe)		
Provides Bilingual-designated counselor posit	ions.	
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Provides Bilingual-designated Counselor positions.		
		<u> </u>
7. COMMENTS		
7. COMMENTS		
8. CONTRACT APPROVAL		
This contract was approved by:		
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
A BOARD ON WHICH THE CITY ELECTIVE OFFICED(S) SERVES		
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
Board of Supervisors		
	THE AIR ST. T. T	IDEALETIC ALTERNATION
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S)	IDENTIFIED ON THIS FORM SITS

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

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
20	Hsu	Lee	Board of Directors	
21	Roberts	Maggie	Board of Directors	
22	Yeh	Tom	Board of Directors	
23	Chow	Wade	Board of Directors	
24	Quinn	Maire	Board of Directors	
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

1

Bid/RFP #:

# **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
RAMS		(415) 66	8-5955
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3626 Balboa St, SF, CA 94124			
- 0			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT	1		
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Peer wages for consumers participating in run Health Clinic - Job training wages.	ning a coffe	ee service	at the OMI Mental
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7. COMMENTS			
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8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
□□ Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

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

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
20	Hsu	Lee	Board of Directors		
21	Roberts	Maggie	Board of Directors		
22	Yeh	Tom	Board of Directors		
23	Chow	wade	Board of Directors		
24	Quinn	Maire	Board of Directors		
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

Bid/RFP #:

# **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	7_
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	
	<b>7</b> 8
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
RAMS		(415) 668-5955	
STREET ADDRESS (including City, State and Zip Code)	EM	ЛАIL	
3626 Balboa St, SF, CA 94124			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP	NUMBER   FILE NUMBER (If applicable) 220688	
DESCRIPTION OF AMOUNT OF CONTRACT			
\$150,266			
NATURE OF THE CONTRACT (Please describe)			
Provides support of consumer-run centers servi	ing many dually	v-diagnosed individuals	
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
υσαια στ σαρείντοστο			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE O	OFFICER(S) IDENTIFIED ON THIS FORM SITS	

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

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
20	Hsu	Lee	Board of Directors	
21	Roberts	Maggie	Board of Directors	
22	Yeh	Tom	Board of Directors	
23	Chow	Wade	Board of Directors	
24	Quinn	Maire	Board of Directors	
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## 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

# I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
	$Q_{\lambda}$

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. C0	ONTRACTOR			
NAM	IE OF CONTRACTOR		TELEPHONE N	IUMBER
Ri	chmond Area Multi-Services		(415) 80	0-0699
STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
36	26 Balboa St, SF, CA 94124			
6. CC	ONTRACT			
DATE	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESC	CRIPTION OF AMOUNT OF CONTRACT	<u> </u>		
\$2	47,302			
NATI	URE OF THE CONTRACT (Please describe)			
Pr CO	ovide Peer Internship Program that prepares unseling positions.	clients for	employmen	t in peer support and
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			44	<b>&gt;</b>
			JON CO.	Č ₀
7. CO	OMMENTS			
8. CC	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY FI FCTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Muhammad	JayVon	Board of Directors	
2	Giovannini	Domenica	Board of Directors	
3	Shea	Christina	Board of Directors	
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	Kristian	Board of Directors	
15	Vong	Vivian	Board of Directors	
16	Peng	Rebecca	Board of Directors	
17	Huie	Cynthia	Board of Directors	
18	Scholtz	Marjorie	Board of Directors	
19	Chaudhuri	Anoshua	Board of Directors	

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



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## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

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

I Hal	Titale Piz, Ste 808, San Fr	ancisco, CA 941	.02		
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6. CONT	RACT				
	NTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/R	FP NUMBER	FILE NUMBER (If applicable)
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DESCRIPT	ION OF AMOUNT OF CONTRACT	30	_		
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	OF THE CONTRACT (Please describe)		<b>'</b>		
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7. COMN	MENTS				
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	ECITY ELECTIVE OFFICER(S) IDENTIFIED	ON THIS FORM			
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	OARD ON WHICH THE CITY ELECTIVE C	OFFICER(S) SERVES			
	oard of Supervisors				
	<u></u>				
	BOARD OF A STATE AGENCY ON WHI	ICH AN APPOINTEE OF	THE CITY ELECTIVE	OFFICER(S) I	DENTIFIED ON THIS FORM SITS
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ST NAME/ENTITY/SUBCONTRACTOR  Eardley  Petrosova  Toatelegese  Thornton	Penny  Anastasija  Kellsa	Board of Directors  Board of Directors
Petrosova Foatelegese	Anastasija	
Toatelegese	0.	Board of Directors
	Kellsa	
Thornton		Board of Directors
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Campos	Laura	Board of Directors
Mikalacki- Sublett	Jennifer	Board of Directors
Cather	Christy	Board of Directors
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Bennett	Ayanna	Board of Directors
ongstreth	Elizabeth	Board of Directors
_yles	Courtney	Board of Directors
Moore	Melissa	Board of Directors
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Sharma	Adam	Board of Directors
Morewitz	Mark	Board of Directors
Oxford	Nick	Board of Directors
	Mikalacki- Sublett Cather Falk Bennett Congstreth Cyles Moore Villagomez Sharma Morewitz	Tather Christy  Falk Nicole  Sennett Ayanna  Longstreth Elizabeth  Lyles Courtney  Moore Melissa  Villagomez Alice  Sharma Adam  Morewitz Mark

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State o	r California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

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File #: 220688

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

DATE OF ORIGINAL FILING (for amendment only)
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER		
Board of Supervisors	Members	

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

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

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6. <u>CQ</u>	NTRACT					
	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable)		
	<b>A</b>			220688		
DESCR	RIPTION OF AMOUNT OF CONTRACT	1				
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\$18	1,818					
NATU	RE OF THE CONTRACT (Please describe)					
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FIS	cal Intermediary Svc for California TB Cont					
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7. COMMENTS						
7. CO	IMIMENTS					
	NTRACT APPROVAL					
	ontract was approved by:					
`	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM					
$  \sqcup  $						
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES					
	Board of Supervisors					
	Board of Supervisors					
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FOR						
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

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

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

3. FILER'S CONTACT			
NAME OF FILER'S CONTACT	TELEPHONE NUMBER		
Angela Calvillo	415-554-5184		
FULL DEPARTMENT NAME	EMAIL		
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org		

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

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

і наппате	PIZ, Ste 808, San F	rancisco, CA 941	.02		
	70		<u> </u>		
6. CONTRACT					
DATE CONTRACT	WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/RI	FP NUMBER	FILE NUMBER (If applicable)
		40			220688
DESCRIPTION OF	AMOUNT OF CONTRACT				
\$14,885		,67.			
NATURE OF THE	CONTRACT (Please describe)				
Fiscal int	ermediary		<b>O</b>		
	·		S.	À	
			V.,	NA CA	
7. COMMENTS				_	
7. COMMENTS					
8. CONTRACT A					
This contract wa	as approved by: LECTIVE OFFICER(S) IDENTIFIE	D ON THIS FORM			
	LECTIVE OFFICER(S) IDENTIFIE	D ON THIS FORM			
	ON WHICH THE CITY ELECTIVE	OFFICER(S) SERVES			
Board	of Supervisors				
THE BOARD	O OF A STATE AGENCY ON WH	IICH AN APPOINTEE OF	THE CITY ELECTIVE	OFFICER(S)	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Eardley	Penny	Board of Directors		
2	Petrosova	Anastasija	Board of Directors		
3	Toatelegese	Kellsa	Board of Directors		
4	Thornton	Kitty	Board of Directors		
5	Campos	Laura	Board of Directors		
6	Mikalacki- Sublett	Jehnifer	Board of Directors		
7	Cather	Christy	Board of Directors		
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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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	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



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Bid/RFP #:

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<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

TELEPHONE NUMBER
(415) 504-6738
EMAIL

_	marriare F12, See 500, San Francisco, CA 541	.02		
6. CC	ONTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/F	RFP NUMBER	FILE NUMBER (If applicable) 220688
DECC	PURTION OF AMOUNT OF CONTRACT			
DESC	RIPTION OF AMOUNT OF CONTRACT			
	35,354			
NAT	JRE OF THE CONTRACT (Please describe)			
Pr	oviding program administration in support of	SF Tobacco	Free Proj	ect.
		S. S.	JOK L	
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7. CO	DMMENTS	_	_	
	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Eardley	Penny	Board of Directors	
2	Petrosova	Anastasija	Board of Directors	
3	Toatelegese	Kellsa	Board of Directors	
4	Thornton	Kitty	Board of Directors	
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13	Villagomez	Alice	Board of Directors	
14	Sharma	Adam	Board of Directors	
15	Morewitz	Mark	Board of Directors	
16	Oxford	Nick	Board of Directors	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK  DATE SIGNED		
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

1

Bid/RFP #:

## **Notification of Contract Approval**

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

DATE OF ORIGINAL FILING (for amendment only)
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER		
Board of Supervisors	Members	

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

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

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6. C	ONTRACT				
DATI	CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
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	contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIE	O ON THIS FORM			
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$\mathbf{x}$	A BOARD ON WHICH THE CITY ELECTIVE	OFFICER(S) SERVES			
	Board of Supervisors				
	THE BOARD OF A STATE AGENCY ON WH	ICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS
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cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Eardley	Penny	Board of Directors	
2	Petrosova	Anastasija	Board of Directors	
3	Toatelegese	Kellsa	Board of Directors	
4	Thornton	Kitty	Board of Directors	
5	Campos	Laura	Board of Directors	
6	Mikalacki- Sublett	Jehnifer	Board of Directors	
7	Cather	Christy	Board of Directors	
8	Falk	Nicole	Board of Directors	
9	Bennett	Ayanna	Board of Directors	
10	Longstreth	Elizabeth	Board of Directors	
11	Lyles	Courtney	Board of Directors	
12	Moore	Melissa	Board of Directors	
13	Villagomez	Alice	Board of Directors	
14	Sharma	Adam	Board of Directors	
15	Morewitz	Mark	Board of Directors	
16	Oxford	Nick	Board of Directors	
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	. doc	contract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,3
AMENDMENT DESCRIPTION – Explain reason for amendment	
	<b>7</b> 8
	X.

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

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

_	marriare riaza, surce our sar	i i i une i seo, ea	34102			
6. C	ONTRACT					
	E CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable)	
		40			220688	
DESCRIPTION OF AMOUNT OF CONTRACT						
\$8	,964	, O.				
NATURE OF THE CONTRACT (Please describe)						
Fiscal Intermediary.						
Fiscal Intermediary.						
	2					
7. COMMENTS						
8. CONTRACT APPROVAL						
This contract was approved by:						
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED	O ON THIS FORM				
	A BOARD ON WHICH THE CITY ELECTIVE	OFFICER(S) SERVES				
	Board of Supervisors					
	THE BOARD OF A STATE AGENCY ON WH	ICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) I	DENTIFIED ON THIS FORM SITS	

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Eardley	Penny	Board of Directors		
2	Petrosova	Anastasija	Board of Directors		
3	Toatelegese	Kellsa	Board of Directors		
4	Thornton	Kitty	Board of Directors		
5	Campos	Laura	Board of Directors		
6	Mikalacki- Sublett	Jehnifer	Board of Directors		
7	Cather	Christy	Board of Directors		
8	Falk	Nicole	Board of Directors		
9	Bennent	Ayanna	Board of Directors		
10	Longstreth	Elizabeth	Board of Directors		
11	Lyles	Courtney	Board of Directors		
12	Moore	Melissa	Board of Directors		
13	Villagomez	Alice	Board of Directors		
14	Sharma	Adam	Board of Directors		
15	Morewitz	Mark	Board of Directors		
16	Oxford	Nick	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. A	FFILIATES AND SUBCONTRACTORS				
exec who	List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
10. VERIFICATION					
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.					
l ce	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED				

BOS Clerk of the Board

**CLERK** 



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

Bid/RFP #:

# **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	<b>3</b> ,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
	· C
	<b>'</b> \(\text{\chi}\).

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

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

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6. CC	ONTRACT				
DATE	CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/RE	P NUMBER	FILE NUMBER (If applicable) 220688
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DESC	RIPTION OF AMOUNT OF CONTRACT	<b>1</b>			
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NATU	JRE OF THE CONTRACT (Please describe)	`\?			
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7. COMMENTS					
8. CC	NTRACT APPROVAL				
This	contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED	O ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE (	OFFICER(S) SERVES			
	Board of Supervisors				
	Board of Supervisors				
	THE BOARD OF A STATE AGENCY ON WH	CH AN APPOINTEE OF	THE CITY ELECTIVE	OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Eardley	Penny	Board of Directors		
2	Petrosova	Anastasija	Board of Directors		
3	Toatelegese	Kellsa	Board of Directors		
4	Thornton	Kitty	Board of Directors		
5	Campos	Laura	Board of Directors		
6	Mikalacki- Sublett	Jehnifer	Board of Directors		
7	Cather	Christy	Board of Directors		
8	Falk	Nicole	Board of Directors		
9	Bennett	Ayanna	Board of Directors		
10	Longstreth	Elizabeth	Board of Directors		
11	Lyles	Courtney	Board of Directors		
12	Moore	Melissa	Board of Directors		
13	Villagomez	Alice	Board of Directors		
14	Sharma	Adam	Board of Directors		
15	Morewitz	Mark	Board of Directors		
16	Oxford	Nick	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my		
knowledge the information I have provided here is true and con	iplete.	
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	
CLERK		
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

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File #: 220688

Bid/RFP #:

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

A Public Document

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER	
Board of Supervisors	Members	

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

X.A.			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
San Francisco Study Center		(415) 62	6-1650
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1663 Mission Street, Suite 310, San Francisco,	CA 94103		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$13,732			
NATURE OF THE CONTRACT (Please describe)			
Peer wages for consumers participating in runn Clinic.	ing a coffee	e service a	at the OMI Mental Health
7. COMMENTS		_	
7. COMMILIATS			
	-		
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			

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

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

Board of Supervisors

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Livingston	Richard	Board of Directors			
2	Yee	Tina Tong	Board of Directors			
3	True	Reiko H.	Board of Directors			
4	Elbgal	Hazim	Board of Directors			
5	Eldon	Eric	Board of Directors			
6	Kutnick	Benjamin A.	Board of Directors			
7	Kwong	Jeanne	Board of Directors			
8	Margaronis	Stas	Board of Directors			
9	McWilliams	Jim	Board of Directors			
10	Link	Geoffrey	Board of Directors			
11	Chen	Jaden	Board of Directors			
12	Nunez	John	Board of Directors			
13	Vera	Leonor	Board of Directors			
14	Kuo	Linda	Board of Directors			
15	Soriano	Irene	Board of Directors			
16	Beggs	Marjorie	Board of Directors			
17	Stampfli	Lise	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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	DATE OF ORIGINAL FILING (for amendment only)
Original	<b>S</b>
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>'</b> O
	Y _X
	$\mathbf{Q}_{\bullet}$

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	NUMBER	
San Francisco Unified School District		(415) 24	1-6085	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
555 Franklin Street, San Francisco, CA 94102				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$215,000				
NATURE OF THE CONTRACT (Please describe)				
Provide outreach to targeted populations.	9			
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7. COMMENTS				
7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
·				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS	
		- *		

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Matthews	Vincent	Board of Directors		
2	Leigh	Myong	Board of Directors		
3	Morthel	Enikia F.	Board of Directors		
4	Blythe	Gentle	Board of Directors		
5	Lam	Jenny	Board of Directors		
6	Boggess	Kevin	Board of Directors		
7	Alexander	Matt	Board of Directors		
8	Hsu	Ann	Board of Directors		
9	Motamedi	Lainie	Board of Directors		
10	Sanchez	Mark	Board of Directors		
11	Weissman-Ward	Lisa	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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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<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

<u> </u>			
5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
San Francisco Unified School District	(415) 241-6000		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
555 Franklin Street, San Francisco, CA 94102			
	•		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER   FILE NUMBER (If applicable) 220688		
DESCRIPTION OF AMOUNT OF CONTRACT	L L		
\$105,932			
NATURE OF THE CONTRACT (Please describe)			
Provide outreach to targeted populations.	<b>O</b> .		
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors	Board of Supervisors		
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS		

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Matthews	Vincent	Board of Directors		
2	Leigh	Myong	Board of Directors		
3	Morthel	Enikia F.	Board of Directors		
4	Blythe	Gentle	Board of Directors		
5	Lam	Jenny	Board of Directors		
6	Boggess	Kevin	Board of Directors		
7	Alexander	Matt	Board of Directors		
8	Hsu	Ann	Board of Directors		
9	Motamedi	Lainie	Board of Directors		
10	Sanchez	Mark	Board of Directors		
11	Weissman-Ward	Lisa	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my		
knowledge the information I have provided here is true and con	ıplete.	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Seneca Family of Agencies		510-654-	4004
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
8945 Golf Links Rd, Oakland, CA 94605			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			220688
DESCRIPTION OF AMOUNT OF CONTRACT			I
\$270,500			
NATURE OF THE CONTRACT (Please describe)			
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			<u> </u>
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
		= 002(0)	

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Gilbert	Neil	Board of Directors		
2	Galyean	Leticia	Board of Directors		
3	Aroner	Dion	Board of Directors		
4	Le Plastrier	Geoffrey	Board of Directors		
5	Benning	Rochelle	Board of Directors		
6	Davi	Jeff	Board of Directors		
7	Foster	Gwen	Board of Directors		
8	Pizzini	Sylvia	Board of Directors		
9	Pena	Nancy	Board of Directors		
10	Church	Jamie	Board of Directors		
11	Citron	Jason	Board of Directors		
12	Cohen	Zach	Board of Directors		
13	нill	Zach	Board of Directors		
14	Ке	Venus	Board of Directors		
15	Mortensen	Anders	Board of Directors		
16	Redmon	Dwayne	Board of Directors		
17	Thatch	Hong	Board of Directors		
18	Gaywood	Stephanie	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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10. VERIFICATION	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.	
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

Bid/RFP #:

# **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER		
Board of Supervisors	Members	

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Shanti		(415) 674-4700	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
730 Polk Street, 3rd Floor San Francisco, CA 9	4109		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$95,203			
NATURE OF THE CONTRACT (Please describe)			
Provides Hepatitis C prevention services.	9		
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
1			

cont	contract.						
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ				
1	Dawes	William L.	Board of Directors				
2	Ennis	Jamie	Board of Directors				
3	Francone	Jerry	Board of Directors				
4	Kiernan	Sheila F.	Board of Directors				
5	Klearman	Micki	Board of Directors				
6	Sel1	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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COIT	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
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10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK DATE SIGNED		
BOS Clerk of the Board		



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File #: 220688

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	
	<b>70</b>
	X.

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Sonoma County		(707) 56	5-2241
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
625 5th Street Santa Rosa, CA 95404			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$400,000			
NATURE OF THE CONTRACT (Please describe)			
Co-recipient of grant funds	9		
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
1			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Gorin	Susan	Board of Directors
2	Rabbitt	David	Board of Directors
3	Coursey	Chris	Board of Directors
4	Gore	James	Board of Directors
5	Hopkins	Lynda	Board of Directors
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

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File #: 220688

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	2
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0
	<b>'0</b> ',

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

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

6. C	ONTRACT				
	CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable)
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NAT	URE OF THE CONTRACT (Please describe)				
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	ONTRACT APPROVAL				
11115	contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIES	D ON THIS FORM			
	THE CITY ELECTIVE OFFICER(3) IDENTIFIES	D ON THIS FORIVI			
	A DOADD ON WHICH THE CITY ELECTIVE	OFFICED(C) CEDVEC			
	A BOARD ON WHICH THE CITY ELECTIVE	OFFICER(S) SERVES			
	Board of Supervisors				
$\vdash$	THE BOARD OF A STATE AGENCY ON WH	ICH AN ADDOINTEE OF	THE CITY ELECTIV	E UEEICEB(S) II	DENTIFIED ON THIS FORM SITS
$ \Box $	THE BOARD OF A STATE AGENCT ON WH	ICH AN AFFOINTEE UF	THE CITT ELECTIV	L OFFICER(3) II	PERTIFIED ON THIS FORIST SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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	нollyfield	Amy	Board of Directors
12	Leap	Jeffrey	Board of Directors
13	Lin	Tiffany	Board of Directors
14	Mason	Glynis	Board of Directors
15	Nieto	Monique	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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## 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR **DATE SIGNED**

BOS Clerk of the Board

**CLERK** 



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

Bid/RFP #:

### **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
The Latino Commission		650-244-1444	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
161 Margaret Avenue, San Francisco 94112			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$286,115			
NATURE OF THE CONTRACT (Please describe)			
Provide MH/SUD program services.	9		
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Provide MH/SUD program services.			
			G
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Aldana	Olga	Board of Directors			
2	Rodriguez	Dee D.	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
	$Q_{\lambda}$

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
University of California, San Francisco		415-476-1000	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
550 16th Street, 7th Floor, San Francisco CA 9	4143		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$351,543			
NATURE OF THE CONTRACT (Please describe)			
Conduct a new comprehensive client assessment	and produce	a modifie	d Treatment Plan.
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
—			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

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

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
20	McKinnon	Ian	Board of Directors	
21	Morris	Diane	Board of Directors	
22	Prizker	Lisa S.	Board of Directors	
23	Read	Steven	Board of Directors	
24	Sanghvi	Ruchi	Board of Directors	
25	Scangos	George	Board of Directors	
26	Soghikian	Shahan	Board of Directors	
27	Weill	Joan	Board of Directors	
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31	Kern	Arthur H.	Board of Directors	
32	Marcus	George	Board of Directors	
33	Policy	Carmen	Board of Directors	
34	Rosenberg	Richard M.	Board of Directors	
35	Safier	Jaclyn	Board of Directors	
36	Byers	Brook H.	Board of Directors	
37	Derr	Kenneth T.	Board of Directors	
38	Fisher	Doris F.	Board of Directors	
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COIII	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
39	Friend	Robert B.	Board of Directors		
40	Newman	Ellen	Board of Directors		
41	Oberndorf	William E.	Board of Directors		
42	Wilsey	Diane B.	Board of Directors		
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	Check this box if you need to include add Select "Supplemental" for filing type.	itional names. Please submit a separate	form with complete information.		

10. VERIFICATION			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED		
BOS Clerk of the Board			



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	
	<b>10</b>
	X

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

3. FILER'S CONTACT			
NAME OF FILER'S CONTACT	TELEPHONE NUMBER		
Angela Calvillo	415-554-5184		
FULL DEPARTMENT NAME	EMAIL		
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org		

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

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

6. CO	NTRACT				
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220688		
	70				
DESCR	RIPTION OF AMOUNT OF CONTRACT				
\$14	6,582				
NATU	RE OF THE CONTRACT (Please describe)				
Тес	hnical Assistance: HIV Global Health.	<b>9</b> .			
		S. On			
		S. Ondry	70		
7. COMMENTS					
8. COI	NTRACT APPROVAL				
This c	ontract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
	Board of Supervisors				
<del>                                     </del>	THE BOADD OF A STATE ACENICY ON WHILEH AN ADDOUGLES OF	THE CITY ELECTIVE OFFICER(C)	DENTIFIED ON THIS FORM SITS		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) II	DEMILITIED OIN THIS FORIN SITS		

cont	contract.				
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BOS Clerk of the Board		



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File #: 220688

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Bid/RFP #:

## **Notification of Contract Approval**

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AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
University of California, San Francisco		(415) 47	6-1000
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
550 16th Street, 7th Floor, San Francisco, CA 94143			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) ORIGINAL BID/		RFP NUMBER	FILE NUMBER (If applicable)
			220688

) 55	U 16th Street, 7th Floor, San Francisco, CA	94143	
6. C	ONTRACT		
DAT	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220688
DESC	CRIPTION OF AMOUNT OF CONTRACT		
\$5	,000		
NAT	URE OF THE CONTRACT (Please describe)		
Pr	ovide support for oral health program.	9	
		W. Onder	
		, Ø, K	
7. C	OMMENTS		
	ONTRACT APPROVAL		
This	contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORIN		
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
	Board of Supervisors		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S)	IDENTIFIED ON THIS FORM SITS

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

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I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

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Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

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

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
	(445) 450 4000
University of California, San Francisco	(415) 476-1000
<b>XO .</b>	
STREET ADDRESS (including City, State and Zip Code)	EMAIL
20.	
550 16th Street, 7th Floor, San Francisco, CA 94143	
C	
6. CONTRACT	

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6. CC	ONTRACT				
DATE	CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NU	MBER	FILE NUMBER (If applicable)
		40			220688
DESC	CRIPTION OF AMOUNT OF CONTRACT	<del></del>			
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\$1	07,140	67.			
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7. C	DIVIDICIO				
	ONTRACT APPROVAL				
Inis	contract was approved by:	D 011 THE FORM			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIE	D ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE	OFFICER(S) SERVES			
X	Board of Supervisors				
	THE BOARD OF A STATE AGENCY ON WH	ICH AN ADDOINTEE OF	THE CITY ELECTIVE OFFIC	rep(c) ii	DENITICIED ON THIS CODM SITS
	THE BOARD OF A STATE AGENCY ON WH	ICH AN APPOINTEE UP	THE CITT ELECTIVE OFFIC	∠£N(3) II	PENTIFIED ON THIS PURIN SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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cont	contract.				
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COIIL	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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50				
	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			

10. VERIFICATION	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.	
I certify under penalty of perjury under the laws of the State of	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	



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## **Notification of Contract Approval**

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

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

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NAME OF CONTRACTOR	TELEPHONE NUMBER		
University of California, San Francisco	(415) 476-1000		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
550 16th Street, 7th Floor, San Francisco, CA 94143			
6. CONTRACT			
DATE CONTRACT MAC APPROVED BY THE CITY ELECTIVE OFFICER(C)   ODICINAL DID (DED MUMAPED   FUE MUMAPED (15 mm/l/m/l/m)			

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6. C	ONTRACT			
DATI	E CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUME	
		<b>&amp;</b>		220688
		<u> </u>		
DESC	CRIPTION OF AMOUNT OF CONTRACT			
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NAT	URE OF THE CONTRACT (Please describe)	, 40		
Fi	scal Intermediary.		9	
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7. C	OMMENTS			
	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED	D ON THIS FORM		
ш				
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	A BOARD ON WHICH THE CITY ELECTIVE	UFFICEK(S) SEKVES		
ш	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WH	ICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER	(S) IDENTIFIED ON THIS FORM SITS

contract.					
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BOS Clerk of the Board		



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University of California, San Francisco		(415) 47	6-1000	
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1001 Potrero Avenue, San Francisco 94110				
	L			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/R	FP NUMBER	FILE NUMBER (If applicable) 220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$99,323				
NATURE OF THE CONTRACT (Please describe)				
provide MH/SUD program services.	0			
provide Mn/300 program services.				
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provide MH/SUD program services.				
7. COMMENTS				
7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				

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

Board of Supervisors

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Hammarskjold	Philip	Board of Directors	
2	Ballard	Andrew	Board of Directors	
3	Briger	Peter	Board of Directors	
4	Carter	Todd	Board of Directors	
5	Chen	Connie E.	Board of Directors	
6	Cohen	Fred	Board of Directors	
7	Coulter	Phyllis	Board of Directors	
8	Deb	Dipanjan	Board of Directors	
9	Emery	Dana	Board of Directors	
10	Fisher	william S.	Board of Directors	
11	Friedman	Catherine	Board of Directors	
12	Gandhi	Sameer	Board of Directors	
13	на11	Kathryn	Board of Directors	
14	Нао	Kenneth	Board of Directors	
15	Hartz	Julia	Board of Directors	
16	Kawaja	Carl	Board of Directors	
17	Kahn	Michael	Board of Directors	
18	Kimball	Richard	Board of Directors	
19	Malka	Meyer	Board of Directors	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	McKinnon	Ian	Board of Directors
21	Morris	Diane	Board of Directors
22	Pritzker	Lisa S.	Board of Directors
23	Read	Steven	Board of Directors
24	Sanghvi	Ruchi	Board of Directors
25	Scangos	George	Board of Directors
26	Soghikian	Shahan	Board of Directors
27	weill	Joan	Board of Directors
28	Bakar	Barbara B.	Board of Directors
29	Benioff	Lynne	Board of Directors
30	Davidow	william н.	Board of Directors
31	Kern	Arthur H.	Board of Directors
32	Marcus	George	Board of Directors
33	Policy	Carmen	Board of Directors
34	Rosenberg	Richard M.	Board of Directors
35	Safier	Jaclyn	Board of Directors
36	Byers	Brook н.	Board of Directors
37	Derr	Kenneth T.	Board of Directors
38	Fisher	Doris F.	Board of Directors

COIIL	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
39	Friend	Robert B.	Board of Directors		
40	Newman	Ellen M.	Board of Directors		
41	Oberndorf	William E.	Board of Directors		
42	Wilsey	Diane B.	Board of Directors		
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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		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

1

Bid/RFP #:

# **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
University of California, San Francisco		(415) 47	6-1000
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1001 Potrero Avenue, San Francisco 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
			220000
DESCRIPTION OF AMOUNT OF CONTRACT			
\$321,802			
NATURE OF THE CONTRACT (Please describe)			
Provide MH/SUD program services.	9		
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7 COMMENTS			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
·			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/F OFFICER(S) II	DENTIFIED ON THIS FORM SITS
THE BOARD OF A STATE AGENCT ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	L OITICEN(3) II	DEIGHAILD ON THIS FORIN SHS

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Hammarskjold	Philip	Board of Directors	
2	Ballard	Andrew	Board of Directors	
3	Briger	Peter	Board of Directors	
4	Carter	Todd	Board of Directors	
5	Chen	Connie E.	Board of Directors	
6	Cohen	Fred	Board of Directors	
7	Coulter	Phyllis	Board of Directors	
8	Deb	Dipanjan	Board of Directors	
9	Emery	Dana	Board of Directors	
10	Fisher	william S.	Board of Directors	
11	Friedman	Catherine	Board of Directors	
12	Gandhi	Sameer	Board of Directors	
13	на11	Kathryn	Board of Directors	
14	Нао	Kenneth	Board of Directors	
15	Hartz	Julia	Board of Directors	
16	Kawaja	Carl	Board of Directors	
17	Kahn	Michael	Board of Directors	
18	Kimball	Richard	Board of Directors	
19	Malka	Meyer	Board of Directors	
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cont	contract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
20	McKinnon	Ian	Board of Directors
21	Morris	Diane	Board of Directors
22	Pritzker	Lisa S.	Board of Directors
23	Read	Steven	Board of Directors
24	Sanghvi	Ruchi	Board of Directors
25	Scangos	George	Board of Directors
26	Soghikian	Shahan	Board of Directors
27	Weill	Joan	Board of Directors
28	Bakar	Barbara B.	Board of Directors
29	Benioff	Lynne	Board of Directors
30	Davidow	William H.	Board of Directors
31	Kern	Arthur H.	Board of Directors
32	Marcus	George	Board of Directors
33	Policy	Carmen	Board of Directors
34	Rosenberg	Richard M.	Board of Directors
35	Safier	Jaclyn	Board of Directors
36	Byers	Brook H.	Board of Directors
37	Derr	Kenneth T.	Board of Directors
38	Fisher	Doris F.	Board of Directors
	1	1	1

COIIL	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
39	Friend	Robert B.	Board of Directors	
40	Newman	Ellen M.	Board of Directors	
41	Oberndorf	William E.	Board of Directors	
42	Wilsey	Diane B.	Board of Directors	
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State o	r California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
CLERK		
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

1

Bid/RFP #:

# **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b>
	<b>10</b>
	X

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR					
NAME OF CONTRACTOR		TELEPHONE N	IUMBER		
Youth Leadership Institute		(628) 400-9252			
30					
STREET ADDRESS (including City, State and Zip Code)		EMAIL			
201 9th Street Suite 200, San Francisco 94103					
6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688		
No.					
DESCRIPTION OF AMOUNT OF CONTRACT					
\$60,049					
NATURE OF THE CONTRACT (Please describe)					
Provide MH/SUD program services.	9				
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Provide MH/SUD program services.					
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T COMMENTS					
7. COMMENTS					
9 CONTRACT ADDROVAL					
8. CONTRACT APPROVAL This contract was approved by:					
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM					
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES					
□ Board of Supervisors					
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS		

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Belden .	Kristin	Board of Directors			
2	Cung	Thu	Board of Directors			
3	Rowe	Joshua E.	Board of Directors			
4	Goulding	Matthew	Board of Directors			
5	Harmon	Laura	Board of Directors			
6	Kurtz	Cameron	Board of Directors			
7	Leitsch	Bill	Board of Directors			
8	Gonzalez	Phillip M.	Board of Directors			
9	Pletcher	Anna	Board of Directors			
10	Robinson	Ivoree	Board of Directors			
11	Romero	Elizabeth	Board of Directors			
12	Talai	Nawz	Board of Directors			
13	Wiley	James	Board of Directors			
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cont	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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# 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my

# I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 220688

1

Bid/RFP #:

# **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	
	<b>70</b>
	X.

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

The National Control of the Control			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
YMCA Urban services		(415) 56	1-0631
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1426 Fillmore Street, Suite 204,San Francisco	CA 94115		
		I	
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$68,049			
NATURE OF THE CONTRACT (Please describe)			
provide MH/SUD program services.	9.		
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			

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

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

Board of Supervisors

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

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
20	Shea	Keith	Board of Directors			
21	Walker	La Shon	Board of Directors			
22	Bargman	Matt	Board of Directors			
23	Brown	Myesha	Board of Directors			
24	Mapps	Roscoe	Board of Directors			
25	Ramler	Sarah	Board of Directors			
26	Pham	Young	Board of Directors			
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9. A	9. AFFILIATES AND SUBCONTRACTORS				
List exec who	the names of (A) members of the contrac cutive officer, chief financial officer, chief has an ownership interest of 10 percent	operating officer, or other persons with s	similar titles; (C) any individual or entity		
cont	ract.		T		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
10.	10. VERIFICATION				
I ha	ve used all reasonable diligence in prepar wledge the information I have provided h		statement and to the best of my		

# 10. VERIFICATION I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board