File No. <u>220688</u>	Committee Item No. 4 Board Item No. 24
COMMITTEE/BOAR	RD OF SUPERVISORS
AGENDA PACKI	ET CONTENTS LIST
Committee: Budget and Appropriation Board of Supervisors Meeting	Date July 12, 2022 Date July 12, 2022
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Budget and Legislative Analyst Report Youth Commission Report Introduction Form Department/Agency Cover Letter and/or Report MOU **Grant Information Form Grant Budget Subcontract Budget Contract/Agreement** Form 126 – Ethics Commission **Award Letter Application Public Correspondence** OTHER (Use back side if additional space is needed) Attachment A – State Recurring Grants – FY2022-2023 Recurring Grants Subcontractors FY21-22 List of Subcontractors for Forms 126

Completed by:Brent JalipaDateJune 10, 2022Completed by:Brent JalipaDateJune 27, 2022

1	[Accept and Expend Grants - Recurring State Grant Funds - Department of Public Health -
2	FY2022-2023]
3	Resolution authorizing the acceptance and expenditure of State grant funds by the Sar
4	Francisco Department of Public Health for Fiscal Year (FY) 2022-2023.
5	
6	WHEREAS, The San Francisco Administrative Code requires City Departments to
7	obtain Board of Supervisor's approval in order to accept or expend any grant funds (Section
8	10.170 et seq.); and
9	WHEREAS, The Board of Supervisors provided in Section 11.1 of the administrative
10	provisions of the Fiscal Year (FY)2022-2023 Annual Appropriation Ordinance that approval of
11	recurring grant funds contained in departmental budget submissions and approved in the
12	FY2022-2023 budget are deemed to meet the requirements of the San Francisco
13	Administrative Code regarding grant approvals; and
14	WHEREAS, The agencies of the State of California that provide grant funds to
15	Department of Public Health (DPH) require documentation of the Board's approval of their
16	specific grant funds (State Administrative Manual, Section 1208.2 (a)); and
17	WHEREAS, The City's budget for FY2022-2023 does not list each State grant but
18	contains two aggregate items; one indicating all Federal, and one all State grant funds; and
19	WHEREAS, Department of Public Health has prepared a document entitled "Recurring
20	FY2022-2023 State Grants, Attachment A" that lists the estimated amount of each recurring
21	grant provided by the State of California for FY2022-2023, the State agency that provides the
22	grant, and the indirect costs of each grant, which is on file with Clerk of the Board of
23	Supervisors in File No. 220688; and
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25	

1	WHEREAS, As a result of periodic redistribution of appropriations within the State
2	budget, Department of Public Health may, in fact, receive more money or less money from
3	some of the various grants itemized in the attached document that Department of Public
4	Health estimates at this time; and
5	WHEREAS, This Resolution requires expedited review by the Board of Supervisors to
6	ensure that documentation of specific grant funds can be provided to the State as early as
7	possible in the funding year; and
8	WHEREAS, Resolutions authorizing the acceptance and expenditure of grant funds
9	may be placed automatically on consent agendas in committee, as they are usually
10	considered to be routine items, and this Resolution authorizes the acceptance and
11	expenditure of grant funding; now, therefore, be it
12	RESOLVED, That the Board of Supervisors hereby approves the acceptance and
13	expenditure of Department of Public Health of the State of California grants listed in the
14	"Recurring FY2022-2023 State Grants, Attachment A"; and, be it
15	FURTHER RESOLVED, That the Director of Health is authorized to enter into the
16	Agreement, and any amendments, invoices, or any other documents related to or required for
17	the administration of said Agreement on behalf of the City and County; and, be it
18	FURTHER RESOLVED, That the Director of Health is authorized to certify that DPH
19	has and will comply with all applicable federal and state statutory and regulatory requirements
20	related to any grant funds received; and, be it
21	FURTHER RESOLVED, That should Department of Public Health receive more money
22	or less money on any of the grants than is estimated in the "Recurring FY2022-2023 State
23	Grants, Attachment A", that the Board of Supervisors hereby approves the acceptance and

expenditure by Department of Public Health of the additional or reduced money.

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1	Recommended:	Approved: <u>/s/</u>
2		Mayor
3	<u>/s/</u>	
4	Dr. Grant Colfax	Approved: <u>/s/</u>
5	Director of Health	Controller
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\neg	Sub-Program	Agency	Grant Type	State Contract Number	FY 22-23 Grant Term	FY 22-23 Grant Amount	FY 22-23 Indirect Costs Indirect Cost Information	Match	In-kind	Subcontract Amount	Title, Services, FY 2022-23	Program Manager	Phone Number	Grant Code	Project code	Staff	Gran
Adı	fministration	CDPH - EPO	Federal Pass-through	17-10188	7/1/22 - 6/30/23	303,717	15,186 6.50398% of Personnel			1,41	Hospital Preparedness Program Grant funds the planning and coordination of hospital preparedness activities for health care facilities	Amanda Kwong	(628) 206-7618	HCAC11-23	10038137	Peter	Active
AIE	DS Office - Health Services	CA Dept. of Public Health (CDPH)	Federal Pass-through	18-10886	4/1/22 - 3/31/23	3,248,921				3,000,626	HCP is a Two-tiered approach to service priorization & delivery based on service categories defined by HRSA. Tier 1 services are outpatient & ambulatory medical care. There 2 support access to tier 1.	Bill Blum / Sajid Shaikh	415-255-3512	HCA016-23	10038050	Olivia	Pending
Cer	inter for Research	The Regents of the University of California	Federal Pass-through	8940sc	4/1/23 - 3/31/24	14,026	1,502 12% of tdc				INCREASE AND THE SUSPICE ALLESS TO LETE 1. UCSF-GSI Technical Assistance in Strategic Information and Health Systems under NAM-PHACTS Dr. William McGarland will work with MOHSS, CDC Namibba and other partners to provide technical assistance in the implementation and completion of IBBS/PDI and / or other surveillance and survey activities.	ı	415-255-3512	HCA054-23	10038060	Jeannette	Pendir
Cer	enter for Research	The Regents of the University of California	Federal Pass-through	8952sc	6/1/23 - 5/31/24	19,558	1,778 10% of tdc				Western States Node of the National Drug Abuse Treatment SFDPH will work in conjunction with the UCSF to provide the infrastructure for the Western States Node of the Nat'l Drug Abuse Treatment Clinical Trials Network.	P. Coffin / Sajid Shaikh	415-255-3512	HCA098-23	10038072	Jeannette	Pendi
Epi	idemiology & Disease Control	CDPH-Emergency Preparedness	State	17-10188	7/1/22-6/30/23	89,338	5,124 6.1% if personnel				CA Pandemic Influenza Preparedness Prepare for and respond to bioterrorism, infectious disease outbreaks, and other public health threats and emergencies.	Amanda Kwong	628-206-7618	HCD113-23	10038109	Elizabeth	
Cer Inn	nter for Learning & novation	The Regents of the University of California	Federal Pass-through	10612sc05	9/1/22 - 8/31/23	27,999	3,000 12% of tdc				UCSF-Gladstone Center for AIDS Research Provide assistance to UCSF's Mentoring Program.	J. Fuchs / Amanda Kwong	628-206-7618	HCD134-23	10038051	Jeannette	Pen
но	O STD	California Department of Public Health	n State	19-10557	7/01/22 - 6/30/23	268,666	48,384 25% personnel			18,48	Local Asdsistance for Core STD Management D implement evidence-based public health activities to proactively address Sexually Transmitted Diseases (STD) with Local health jurisdiction (LHJ)	Maggie Han	628-206-7681	HCD142-23	10038095	Martin	Acti
тв	Control	California Department of Public Health	state	2190CTCA00	07/01/22 - 06/30/23	200,000	18,182 10% of total contract amount	-		181,81	Support Tuberculosis Prevention & Control Activities 8 Local assistance funding to support tuberculosis (TB) prevention & control activities	Maggie Han	628-206-7681	HCDC22-23	10038057	Martin	Activ
Em	vironmental Health	State of California - Office of Traffic Safety	Federal Pass-through	PS21014	10/1/22 - 9/30/23	100,000		-			Pedestrian and Bicycle Safety Program - Best practice strategies will be conducted to reduce the number of persons killed and injured in crashes involving pedestrians and bicyclists.	Rita Nguyen	628-217-6155	HCEH16-23	10038078	Olivia	Penc
Pri	imary Care	San Francisco Community Clinic Consortium	Federal Pass-through	H7CHA37299	1/1/22 - 12/31/22	75,700					services to persons living with HIV/AIDS	Beth Neary	628-206-7679	HCGLSC-22	10037058	Sean	Acti
Pri	imary Care	San Francisco Community Clinic Consortium	Federal Pass-through	H76HA00163	1/1/23 - 12/31/23	75,700					HC LSYC Calendar Year 2023 Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS	Beth Neary	628-206-7679	HCGLSC-23	10038176	Sean	Acti
Pri	imary Care	Consortium	Federal Pass-through	H8OCS00049	1/1/22 - 12/31/22	1,255,850		-			HC McKinney Homeless Calendar 2022 Funding for the provision of health care services to the homeless	Beth Neary	628-206-7679	HCGMCK-22	10037060	Sean	Acti
Pri	imary Care	Consortium	Federal Pass-through	H8OCS00049	1/1/23 - 12/31/23	1,255,850			-		HC McKinney Homeless Calendar 2023 Funding for the provision of health care services to the homeless	Beth Neary	628-206-7679	HCGMCK-23	10038178	Sean	Acti
Pri	imary Care	Consortium	Federal Pass-through	H7CHA37299	1/1/22 - 12/31/22	88,800					RWPC Tom Waddell Clinic Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS RWPC Tom Waddell Clinic	Beth Neary	628-206-7679	HCGTWC-22	10037061	Sean	Acti
Pri	imary Care	San Francisco Community Clinic Consortium	Federal Pass-through	H76HA00163	1/1/23 - 12/31/23	88,800						Beth Neary	628-206-7679	HCGTWC-23	10038179	Sean	Acti
Cer	inter for Research	The Regents of the University of California	State	UFRA-278 (SFDPH-00sc)	7/1/22 - 6/30/23	29,169	3,125 12% of tdc				Dr. McFarland will coordinate training and technical assistance activities, assists in preparation of abstracts and presentations for international and regional AIDS conferences	W. McFarland / Sajid shaikh	415-255-3512	HCIV14-23	10038067	Jeannette	Peni
MC	СН	CDPH-MCH Branch	Federal Pass-through	CHVP 21-38	7/1/22 - 6/30/23	1,128,429	29,779 3% of personnel				factors to help women break the cycle of poverty and abuse.	Diane Beetham	415-575-5732	HCMC02-23	10038106	Elizabeth	Acti
Env	vironmental Health	CDPH-CLPPB	Multiple funding sources	20-10543	7/1/22-6/30/23	683,016	74,516 15% of personnel costs				Lead Case Management Contract Identify and manage cases of children with elevated lead levels in their blood.	Haroon Ahmad	415-252-3956	HCPB02-23	10038074	Olivia	Acti
AJE	DS Office - Health Services	CDPH-OA-ADAP	State	15-10498 AO1	7/1/21 - 6/30/22	145,000					State AIDS Drug Assistance Program Administration of the AIDS Drug Assistance Program enrollment process provided by SFDPH and/or its subcontractors.	Kevin Hutchcroft/ Sajid Shalkh	415-437-6244	HCPD10-23	10026702 10001992 10001810 10001859	Sajid	Acti
AR	RCHES	CDPH-Office of AIDS	State	19-10445	7/1/22 - 6/30/23	715,084	71,295 25% of personnel costs			225,000	State AIDS Surveillance Program HIV/AIDS Surveillance program provides precise & timely information necessary to identify ongoing patterns of infection & to measure the burden of the disease.	Sajid Shaikh	255-3512	HCPD14-23	10038112	Martin	Acti
тв	Control	CA Department of Public Health	State	2190BASE00 & 2190FSIE00	7/1/22 -6/30/23	340,079	13,525 5% personnel				Tuberculosis Subvention To provide outreach and housing services for homeless tuberculosis patients and implement the "Directly Observed Therapy Program (DOT) for tuberculosis cases.	Maggie Han	628-206-7681	HCPD21-23	10038080	Martin	Acti
Epi 2	idemiology & Disease Control	CDPH - Immunization Branch	Federal Pass-through	17-10345	7/1/22-6/30/23	3,603,929			-		Immunization Services Grant Administers an immunization program against nine vaccine preventable diseases and prenatal Hepatitis B services.	Amanda Kwong / Wesle Wong	y 628-206-7618 / 415- 554-2669	HCPD29-23	10038171	Sean	Activ
Epi 3	idemiology_PHEPR	CDPH Emergency Preparedness	Federal Pass-through	17-10188	7/1/22 - 6/30/23	567,173	27,759 5.9% of personnel			19,22	Health Preparedness & Response 8 Prepare for and respond to bioterrorism, infectious disease outbreaks and othe public health threats and emergencies.			HCPD69-23	10038110	Elizabeth	Acti
Epi	idemiology_PHEPR	CDPH-Emergency Preparedness	Federal Pass-through	17-10188	7/1/22-6/30/23	188,682	9,053 5.8% of personnel			14,885	Cities Readiness Initiative Increase & enhance readiness to make effective use of the Strategic National Stockpile (SNS) in the event of several possible types of catastrophic terrorist attacks.	Andrea Tenner/Amanda Kwong	628-206-7618	HCPD95-23	10038111	Elizabeth	Acti
He: Pro	ealth Education-Health omotion	DHS-Tobacco Section	State	CTCP-21-38	7/1/22-6/30/23	1,186,586	136,139 15% of personnel cost			135,354	Tobacco Free Project 4 Provide Tobacco education in accordance with the State Comprehensive Tobacco Control Plan Guidelines for local lead agencies	Derek Smith	628-206-7640	HCPH01-23	10038082	Danna	Acti
MC	СН	CDPH - MCH Branch	Federal Pass-through	202138	7/01/22 - 6/30/23	2,006,836	209,745 based on time study, and 25% of salary & fringe			419,30	Black Infant Health Program Provide outreach and referral services, pediatric care, education and follow-up support to African American pregnant & postpartum women and their infants.	Joshua Nossiter	558-4037	HCPM02-23	10038168	Sean	Acti
мс	СН	CDPH - MCH Branch	Federal Pass-through	202138	7/1/22 - 6/30/23	8,344,237	1,237,298 25% personnel	10,241,909		630,194	Maternal and Chilld Health 8 Coordination and advocacy for programs and services targeting women and chilldren and review for fetal infant deaths.	Joshua Nossiter	558-4037	HCPM03-23	10038107	Elizabeth	Acti
8 MC	СН	CDPH - CMS Branch	Federal Pass-through	21-01 & 21-03	7/1/22-6/30/23	1,738,652	215,808 25% of salary	590403			CHDP/EPSDT Children's health and disability prevention services WIC Program	Kimberlee Pitters	(628) 217-6713	HCPM05-23	10038147	Peter	Pen
мс	СН	CDPH (WIC)	Federal Pass-through	19-10182	10/1/22-9/30/23	3,028,039	-				Nutrition, education, and supplemental foods to pregnant, lactating or post- partum women and to children under 5 years who are receiving on-going medical care	Priti Rane	(415) 575-5716	HCPM08-23	10038138	Peter	Acti
мс	САН	CDPH	Federal Pass-through	19-10345	10/1/22-9/30/23	803,720	50,148 10% of Personnel Costs			404,16	Nutrition Network Project 1 Project to increase nutrition education and physical activity targeted to California's under-served populations.	Priti Rane	(415) 575-5716	HCPM13-23	10038140	Peter	Acti
MC	САН		Federal Pass-through	21-02	7/1/22-6/30/23	772,983					Health Care Program Children in Foster Care To provide health care program for children is foster care STARR - Prop 47	Kimberlee Pitters	(415) 575-5764	HCPM14-23	10038141	Peter	Pen
Sub	bstance Use Disorder	Board of State & Community Corrections	State	553-19	2/16/23-5/15/23	48,000	2,000 5% of total direct project costs, excluding equip	-		40,000	Providing additional residential treatment beds, outpatient case management, and support services for criminal justice-involved adults with co-occurring substance use disorder and mental health issues	Angelica Almeida	415-255-3722	HCSA17-22	10037057	Peter	Activ
CBI		.,	Federal Pass-through	30952	7/1/22 - 6/30/23	263,811	24,937 10% of personnel cost	818,875			State Vocational Rehabilitation Services Provide vocational rehabilitation services. Pre-Trial Felony Mental Health	Juan Ibarra	415-255-3496	HMAD04-23	10038120		Acti
	ental Health	Department of State Hospitals	State	19-79007-000	9/15/22 - 9/30/23	710,029	64,548 10% direct charges	82,568		478,43	Pre-Trial Felony Mental Health San Francisco Pre Trial Felony	Mimi Fung	415-575-5719	HM105-23	10038581	Danna	Activ

П	HS-Mental Health	Mental Health Services Oversight &		21MHS04C028	10/01/22-9/30/23	1,572,146	205,138 15% of total program cost			710 7	Mental Health Student Act of 2019 morove Mental Health services in the schools Mental	Mint Sur	415-255-3667	HM109-23	10038188	Danna	Active
36		Accountability	Federal Pass-through	DR4344-PJ0459	5/22/20 - 4/2/23	1,572,146	205,138 15% of total program cost	538,053		н	ealth Service Oversight and Accountability Commission	Kay Kim	415-554-2582	HMGP -	10038188	Planta	Active
37	imary Care	Cal Des	rederal Pass-Urrough	UK4344-P30435	3/22/2014/2/25	1,614,160		330,033	-	u P	EMA funds for the renovation of the Castro Mission Clinic HRSA Title IV HIV Services	Kay Kim	413-334-2362	nmar -	10031303	Enzapeth	Active
38 CI	HS-Mental Health	Regents of The University of California	Federal Pass-through	10259sc04	8/01/22-7/31/23	97,531			•		enter for Special Problems provides professional outpatient mental health ervices to women who have HIV and their adult family members. SAMSHA - MHBG, System of Care	Sajid Shaikh	415-255-3512	HMM005-23	10038130	Miguel	Active
39 CI	IHS-Mental Health	Dept of Health Care Svcs. Mental Health	Federal Pass-through	Letter sent 8/4/2021	7/01/22-6/30/23	4,579,474			-	У	o provide timely access to appropriate care for severely mentally ill (SMI), ually diagnosed adults and seriously emotionally disturbed (SED) children and outh		415-255-3446	HMM007-23	10038132	Miguel	Active
40		The Regents of the University of California	Federal Pass-through	11324sc	4/1/22 - 3/31/23	45,046	3,217 12% of tdc		-	- D	linic and supervise recruitment and retention.	S. Buchbinder/ Sajid Shaikh	415-255-3512	PD111-23	10038092	Jeannette	Pending
41 C	inter for Research	The Regents of the University of California	Federal Pass-through	11580sc	9/30/22 - 9/29/23	45,620	4,888 12% of mtdc			- D		W. McFarland / Sajid shaikh	415-255-3512	PD113-23	10038062	Jeannette	Pending
Er	vironmental Health	California Department of Justice	State	DOJ-PROP56-2019-20-1-055	7/1/22 - 6/30/23	13,522	5% of total personnel services			T - ft	DOJ Tobacco Grant Program his enforcement grant will allow SPDPH to increase the Department's capacity or outreach and education; expand police decoy operations; eliminate illegal less of tobacco; develop a protocol to investigate consumption; and to share ata and knowledge.	Jen Callewaert	415-252-3971	PD116-23	10038172	Sean	Active
43 C	nter for Research	The Regents of the University of California	Federal Pass-through	11644sc	9/30/22 - 9/29/23	7,603	814 12% of total direct costs		-	- т	argeted HIV/TB Strategic Information Technical Assistance	W. McFarland / Sajid shaikh	415-255-3512	PD121-23	10038063	Jeannette	Pending
44 Ca		The Regents of the University of California	Federal Pass-through	11626sc	9/30/22-9/29/23	45,620	4,888 12% of total direct costs			- D	Targeted HIV/TB Strategic Information Technical Assistance - Burma r. McFarland will provide technical assistance on HIV Surveillance activities and facilitate in-country trainings and workshops.	W. McFarland / Sajid shaikh	415-255-3512	PD123-23	10038064	Jeannette	Pending
45 H	O STD	California Department of Public Health	State	19-10937	7/01/22 - 6/30/23	190,406					translate Cities (NGA) Secureties and Control Astrolera	Sajid Shaikh	255-3512	PD126-23	10038118	Martin	Active
G In	nter for Learning & novation	The Regents of the University of California	State	UFRA-177	7/1/22 - 6/30/23	73,990	6,726 10 % direct cost			- 0	COFFIDI	J. Fuchs / Amanda Kwong	628-206-7618	PD128-23	10038167	Miguel	Pending
47 H	O STD	California Department of Public Health	State	19-10887	7/1/22 - 6/30/23	267,239	65,618 25% personnel			0	DPC Local Infrastructure Funds ocal Public Health Infrastructure to address infectious disease prevention and ontrol by the local jurisdiction	Maggle Han	628-206-7681	PD131-23	10038119	Martin	Active
48		California Department of Public Health		19-10791	7/01/22 - 6/30/23	204,805	11,459 25% personnel			146,582 Ir	TTD Program Management and Collaboration Project inperment public health activities to monitor, investigate, and prevent sexually cansmitted diseases (STD)	Maggle Han	628-206-7681	PD132-23	10038182	Martin	Active
Er 49	vironmental Health	California Department of Food and Agriculture	State	20-1013-000-SA	1/15/21 - 6/30/23	40,380		-		36,000 T	Noxious Weed Program his project works to eradicate invasive sea lavender at all tidal marsh locations the county.	Cree Morgan/Phil Calhoun	415-252-3950	PD136-23	10037404	Olivia	Active
G 50	inter for Research	The Regents of the University of California	Federal Pass-through	12263sc	8/1/22 - 7/31/23	7,380	671 10% of total direct costs			E G A A in	spanding Access to Baptonophine Treatment among Homeless Persons with pipidi the Oscored long with USES personnel, Dr. Coffin will perform the following tasks: schott Dr. Masson in designing interview guides, surveys, and refining coultment procedures; 2. Austis Dr. Masson in engaging community partners the proposed recent bin Indianing, directors the monetas shelters, syringe exchange access programs, and local health care routders, etc.		415-255-3512	PD138-23	10038084	Jeannette	Pending
51	vironmental Health	California Department of Justice	State	Letter dated 12/31/2020	7/1/22 - 6/30/23	1,165,986	55,523 5% of total personnel services	-		124,496 fe	DOJ Tobacco Grant Program his enforcement grant will allow SFDPH to increase the Department's capacity or outreach and education, expand policy decoy operations, climinate illegal ales of tobacco; develop a protocol to investigate consumption; and to share ata and knowledge.	Jen Callewaert	415-252-3971	PD150-23	10038175	Sean	Active
G 52	nter for Research	California	Federal Pass-through	12518sc	9/30/22 - 9/29/23	18,779	2,012 12% of total direct costs			v e d	xperience working on surveillance in general and key populations, in both omestic and international settings. He will provide high-level technical ssistance on surveillance strategy.	W. McFarland / Sajid shaikh	415-255-3512	PD154-23	10038068	Jeannette	Pending
53 C		The Regents of the University of California	Federal Pass-through	12855sc	4/1/22 - 3/31/23	11,875	1,272 12% of total direct cost		-	- 1	nternational Traineeships in AIDS Prevention Studies (ITAPS)	W. McFarland / Sajid shaikh	415-255-3512	PD165-23	10038413	Jeannette	Pending
M 54	СН	CDPH - Office of Oral Health	State	17-10719	7/1/22 - 6/30/23	308,879	2,376 17.25% of total personnel costs	-		fi	Oral Health Program Prop 56 rovide activities that support oral health plan and build capacity for the scillation and implementation of electation, prevention, linkage to treatment, arveillance, and case management services.	Prasanthi Patel	415-575-5706	PM101-23	10038169	Sean	Active
M 55	СН	СОРН	State	19-10604	7/1/22 - 6/30/23	459,560	6,765 4% of total personnel costs		-		California Perinatal Equity Initiative eegen understanding of the gaps in services within the Black community ontributing to increased infrant mortality rates and the promising interventions reduce Black infrant mortality CHVP State General Fund Innovation	Joshua Nossiter/Aline Armstrong	558-4037	PM102-23	10038170	Sean	Active
M 56	СН	CDPH	State	CHVP SGF INV 21-38	7/1/22 -6/30/23	1,000,000				600,000 ls	nniementing home visits as a primary intervention strategy for families from	Joshua Nossiter/Diane Beetham	415-558-4037	PM103-23	10038108	Elizabeth	Active
57 M	СН	СОРН	State	CHVP SGF EXP 22-38	7/1/22 - 6/30/23	329,075	61,015 25% of personnel				CHVP SGF Expansion rant expands Nurse Family Partnership (NFP) program.	Joshua Nossiter/Maya Vasquez	415-558-4037	PM104-23	10038569	Elizabeth	Active
M 58	СН	СОРН	Federal Pass-through	Letter dated 1/28/2022	7/1/22 - 6/30/23	395,500	39,550 10% of award			78,872 o	Children & Youth with Special Health Care Needs. CYSHCM or support families of children with Installities that will bring together the ommunity agencies that serve children and youth with special health care eeds in San Francisco Independentisty of one another along with the families way are serving.	Ben Meisel	628-217-6711	PM105-23	10038574	Olivia	Active
59 CI	HS-Mental Health	Department of Health Care Services (DHCS)	State	Letter dated 10/04/2021	7/1/22-6/30/23	636,880				52,000 D	Crisis Care Mobile Units (CCMU) Program epartment of Health Care Services	Mimi Fung	415-255-3667	HM111-23	10038203	Danna	Pending
60 CI	IHS-Mental Health	Department of Health Care Services (DHCS)	Federal Pass-through	Letter dated 12/06/2021	7/1/22-6/30/23	926,594			-	262,499 N	Behavioral Health Response and Rescue Project (BHRRP) for Community fental Health Services Block Grant (MHBG)- American Rescue Plan Act (ARPA) epartment of Health Care Services	Shirley Glang/Mimi Fung	415-255-3667	HM112-23	10038426	Danna	Pending
G1	IHS-Mental Health	Department of Health Care Services (DHCS)	Federal Pass-through	Letter dated 12/06/2021	7/1/21-12/31/22	1,508,181				1,279,431 ^N S	Behavioral Health Response and Rescue Project (BHRRP) for Community Intal Health Services Block Grant (MHBG): Coronavirus Response and Relief upplemental Appropriations Art (CRRSAA) epartment of Health Care Services	Shirley Glang/Mimi Fung	415-255-3667	HM113-23	10038378	Danna	Pending
5u	bstance Abuse	CA Dept of Health Care Services	Federal Pass-through	Letter dated 11/15/2021	7/1/22 - 12/31/22	2,174,300			-	2,174,300 P e U	CRRSAA-SABG rovides children Strengthening Families Services, Community Outreach and ducation, and Campaign & Website development. Team Lily partnered with CSF. Provide transitional housing for SUD.	Mimi Fung/Judith Martin	(415) 255-3667	SA101-23	10038563	Peter	Pending
St.	bstance Abuse	CA Dept of Health Care Services	Federal Pass-through	Letter dated 11/15/2021	1/1/23 - 6/30/23	664,393			-	499,336 e	ARPA - SABG rovides children Strengthening Families Services, Community Outreach and ducation, and Campaign & Website development. To support a 5ORT program provide treatment services for SUD clients	Mimi Fung/Judith Martin	(415) 255-3667	SA102-23	10038322	Peter	Pending
Pi	IEP	СДРН	Federal Pass-through	WFD-038	7/1/22 - 6/30/23	1,189,498	192,630 25% personnel				Public Health Workforce Development o establish, expand, train, and sustain the \$11.7 public health workforce to outport jurisdictional COVID-19 prevention, preparedness, response, and scovery initiatives, including school-based health programs.	Amanda Kwong / Andrea Tenner	(628) 206-7618	PD168-23	10038774	Peter	Pending

53,544,143 2,946,757 14,302,294

Item Title, Services, FY 2019-20	Subcontract Amount	Contractor Name Nature of the Contract	Address	Executive Director	Board Member Name
Hospital Preparedness Program		San Francisco Public Health Foundation	1 Hallidie Plaza, Suite 808	Penny Eardley	Penny Eardley, Anastasija Petrosova, Kellsa Toatelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki- Sublett, Christy Cather, Nicole Falk, Ayanna
Grant funds the planning and coordination of hospital preparedness activities for health care facilities	1,419	Fiscal intermediary	San Francisco, CA 94102		Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore, Alice Villagomez, Adam Sharma, Mark Morewitz, Nick Oxford
HIV Care Program - SAM HCP is a Two-tiered approach to service priorization & delivery based on service categories defined by HRSA. Tier 1 services are outpatient & ambulatory medical care. Tier 2 support access to tier 1.	240,656	a) Dolores Street Community Services To improve and maintain the health of our residents through the provision of facility-based health care and other supportive services.	938 Valencia Street, San Francisco, CA94110	Laura Valdez	PRESIDENT: Michael Winn; VICE-PRESIDENT: Rocio Avila; TREASURER: Kanı Lin; SECRETARY; Pedro Hernandez; Anjali Cameron; Ward Penfold; Anat Leonard
	174,783	b) Catholic Charities - Leland House To provide attendant care services in compliance with the Standard of Care for Client Centered Services to multiply diagnosed individuals at Leland House an RCF-Cl program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.	990 Eddy Street, San Francisco, CA 94109	Jilma Meneses, JD	Archbishop Salvatore J. Cordileone, Chairman: Joe Boerio, President: Theodore Borromeo, Secretary, Kathleen A. Grogan, C.P. Secretary, George B. Sundy, Treasurer, Dr. Diana. I Bojorquez, et Aurha Beigham, Philip Clark: Adriana balik: Susio o'Ethen Firmeti. Jerlin, Gett. Michael M. G.P. Lice Beard Conzalez, and R. Hultman; Lisa Ikeda; Philip Kaamey; Scott Landis; Jay Paul Leupp; Sister Maureen McInerney, O.P.; Lort Mirek; Reverend Dan Nascimento; Jack Pohlman; Reverend Raymund Reyes; Louis Reynaud; Jim Sangiacomo; Patrick Woody
	180,336	c) Catholic Charities - Pater Claver To provide attendant care services in compliance with the Standard of Care for Client Centered Services in multiply diagnosed involvatuals at Peter Claver Community an RCFCI program in San Francisco with a special flocus on the unique needs of persons living with HIV/AIDS.	1340 Golden Gate Ave, SF, CA 94115	Jilma Meneses, JD	Archbishop Salvatore J. Cordilaone, Chairman: Joe Boerio, President: Theodore Borroneo, Secretary, Kathleen A. Grogan, CPA, Secretary, George B. Sundby, Treasurer; Dr. Diana I. Bojorquez; Martha Brigham, Philip Clark; Adriana Dahik; Susio O'Brien Frimet; Jerliyn Gelt; Michael M. Ghilott; Eleanor Gonzalez; David R. Hultman; Lisa Ikeda; Philip Keamey, Scott Landid; Jay Paul Leupp; Sister Maureen McInerney, O.P.; Lort Mirick; Reverend Dan Nascimento; Jack Pohlman; Reverend Raymund Reyes; Louis Reynaud; Jim Sanglacomo; Patrick Woody
	1,408,026	d) Project Open Hand To improve the nutritional health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments and other food and nutrition services	730 Polk St, SF, CA 94109	Paul Hepfer	Chair: Mike Henry, Vice-Chair: Ruth Yankoupe; Secretary; Finance Committee Chair: John Colton; Aditya Wakankar; Vishwa Chandra; Jennifer Petraglia; Andrew Chang, Preston Maring; Ginny McSwine; Theresa Ng Chang; Andrea Wilkinson; Helene York; Jennifer Drimmer-Rokovich; Richard Long; Arthur Wood; McSwine; Theresa Ng Chang; Andrea Wilkinson; Helene York; Jennifer Drimmer-Rokovich; Richard Long; Arthur Wood; Andrea Wilkinson; Helene York; Jennifer Drimmer-Rokovich; Richard Long; Arthur Wood; Andrea Wilkinson; Helene York; Jennifer Drimmer-Rokovich; Richard Long; Arthur Wood; Andrea Wilkinson; Helene York; Jennifer Drimmer-Rokovich; Richard Long; Arthur Wood; Andrea Wilkinson; Helene York; Jennifer Drimmer-Rokovich; Richard Long; Arthur Wood; Andrea Wilkinson; Helene York; Jennifer Drimmer-Rokovich; Richard Long; Arthur Wood; Andrea Wilkinson; Helene York; Jennifer Drimmer-Rokovich; Richard Long; Arthur Wood; Andrea Wilkinson; Helene York; Jennifer Drimmer-Rokovich; Richard Long; Arthur Wood; Andrea Wilkinson; Helene York; Jennifer Drimmer-Rokovich; Richard Long; Arthur Wood; Andrea Wilkinson; Helene York; Jennifer Drimmer-Rokovich; Richard Long; Arthur Wood; Andrea Wilkinson; Andrea Wilkinson; Jennifer Drimmer-Rokovich; Richard Long; Arthur Wood; Andrea Wilkinson; Andrea Wi
	681,216	ond and nutrition sensions e) Maitri AIDS Hospice To provide safe housing, medical care and nutrition supports for those with HIV at end of life and those needing respite to return to independence as defined by the resident	401 Duboce Ave, SF, CA 94117	Michael Smithwick	Ray Lapointe; Jane Wong; Austin Miller; Gregg Cummings; Jim King, Johannes Casados; Bismay Mishra; Donna Cummings; Namita Dilawri, Sameera Rana;
	146,772	f) PRC Providing Equal Access to Health Care Program Services	170 9th St, San Francisco, CA 94103	Brett Andrews	Brian Schneider, Kent M. Roger, Tim Schroder; Chris Brown; Larkin Callaghan; Josh Freiman; Nelson Gonzalez; Ryo Ishida; Jacques Michaels; Milchael Niczyporuk; Zack Papilion; Darren Smith; Michael Steinberg; Merredith Treaster. Brett Andrews, CEO; Joe Alouf, CFO; Elaine Clark, CFO; John Fostel, CCO, Tasha Henneman, Chief; Chuan Teng, Chief; Randf Paul, CDO.
	168,837	g) UCSF Alliance Health Project The program goal is to provide outpatient mental health services to people living with HIV - including Long-Term Survivors - to reduce symptoms and functional impairments resulting from mental health and/or substance	1930 Market St, SF, CA 94102	James W. Dilley, MD	James W. Dilley, MD; Lori Thoemmes; Annesa Flentje, PhD; Braulio Garcia; Dk Haas; Ramón Malos, LMFT; Jessie Murphy, MPH; Perry Rhodes, III; Jen Shockey, MPH; Holly Wong; Kate Shumate; Susan M. Breall, Chair; Brad Hare, MD; Reginald Hillmon; Enchi Liu, PhD; Dr. Bérénice Mettler; Ken Pearce, Secretary; Sophia Toh, Vice-Chair
To provide local Assistance for Core STD Management To provide local assistance funding to local health jurisdictions to build local infrastructure and workforce capacitity to conduct STD survilliance and implement eivdence-based,effective interventions to reduce the transmission and negative health effects of sexually transmitted infections	18,480	inea_disorders Harm Reduction Therapy Center Provide Clinical Consultation Services to LINC frontline staff	45 Franklin Street San Francisco, CA 94102	Jeannie Little	Shantel Weingand, CFO; Sam Dennison; Ale Del Pinal; Alice Jia Son; Roy Tidwell; Patt Denning, PhD; Jeannie Little, LCSW
Support Tuberculosis Prevention & Control Activities 8 Local assistance funding to support tuberculosis (TB) prevention & control activities	181,818	San Francisco Public Health Foundation Fiscal Intermediary Svc for California TB Controller's Association	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Penny Eardley	Penny Eardley, Anastasija Petrosova, Kellsa Tostelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki-Sublett, Christy Cather, Nicole Falk, Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore, Alice Villagomez, Adam Sharma, Mark Morewitz, Nick Oxford
20 State AIDS Surveillance Program HIV/AIDS Surveillance program provides precise & timely information necessary to identify ongoing patterns of infection & to measure the burden of the disease.	225,000	Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Blayne Cutler, MD, PhD, CEO' Tim Seifert, JD, CHRO, Peter Dale; Jordan Gadd, MA; Jo Kay Ghosh, PhD; CPO, Brian Glesseler, CFO; Elizabeth Power Robison, MBA; Kiran Saluja; Robert R. Jenis, MBA; Tamara Joseph, JD, Alex Baker, MBA; Carladenies Edwards, PhD; Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DPH, FACHE; Santosh Vetticaden, MD, PHD, MBA; Sarla Mullen Rich, MBA; Scott Fler, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH. Nicole J. Macarchuk, JD; Vivian Vasallo; Celina Gorre; Bonnie Midura, MPH;
Health Preparedness and Response Prepare for and respond to bioterrorism, infectious disease outbreaks, and other public health threats and emergencies	19,228	San Francisco Public Health Foundation Fiscal Intermediary	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	Penny Eardley	Penny Eardley, Anastasija Petrosova, Kellsa Tostelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki- Sublett, Christy Cather, Nicole Falk, Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore, Alice Villagomez, Adam Sharma, Mark Morewitz, Nick Oxford
Cities Readiness Initiative Increase & enhance readiness to make effective use of the Strategic National Stockpile (SNS) in the event of several possible types of catastrophic terrorist attacks.	14,885	San Francisco Public Health Foundation Fiscal intermediary	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	Penny Eardley	Penny Eardley, Anastasija Petrosova, Kellsa Tostelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki-Sublett, Christy Cather, Nicole Falk, Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore, Alice Villagomez, Adam Sharma, Mark Morewitz, Nick Oxford
Tobacco Free Project Provide tobacco education in accordance with the State Comprehensive Tobacco Control Plan Guidelines for local lead agencies.	135,354	San Francisco Public Health Foundation Providing program administration in support of SF Tobacco Free Project.	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	Penny Eardley	Penny Eardley, Anastasija Petrosova, Kellsa Toatelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki-Sublett, Christy Cather, Nicole Falk, Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore, Alice Villagomez, Adam Sharma, Mark Morewitz, Nick Oxford
26 Black Infant Health Program Provide outreach and referral services, pediatric care, education and follow-up support to African American pregnant & postpartum women and their infants.	419,301	HealthRight 360 Fiscal Intermediary	1563 Mission St, SF, CA 94103	Dr. Vitka Eisen	Vilka Eisen, Tony Duong, Jegan Anandasakaran, Ana Valdés, Demetrius Andreas, Marbel Baez, MS-HA; Dylan Gattridge, Evan Hoese; Britt Miazgowicz, Anna- Cristina Navarro; Alyssa Roy, Shabana Siegei; April Torres; Denise Williams; Diane Ireland; Natalie Mitchell; Linda Smart; Daniel Binder; Yelen Balan; Natalie Beaulieu; Bryan Graham; Chris Gurley; Kathyn Holmes; Raquel Madraine; Talla Pherluss; Karen E. Pointer; Alex Pugh; Ahmad Thomas; Timothy Torres; Sankar Venkatraman
Maternal and Child Health Coordination and advocacy for programs and services targeting women and children and review of fetal infant deaths.	499,118	A)Heluna Health Provide support for Expecting Justice Program	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Blayne Cutler, MD, PhD, CEO'Tm Satlert, JD, CHRO; Peter Daler, Jordan Gadd, MA: Jo Kay Ghosh, PhD; CPO, Brian Geiseler, CFO; Elizabeth Power Robison, MBA; Kirna Sabuja; Robert, Alenska, MBA; Tamara Joseph, JD, Alex Baker, MBA; Carladeniae Edwards, PhD; Edwards, PhD; Galosaido, FACHE; Jean C. O'Comon, JD, MPH, DrPH, FACHE; Santosh Vetlicaden, MD, PHD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Navaen, MD, MPH, Nicole J, Macarchush, JD, Vilani, Vasaligo, Cellina Garre. Senonia Midura McCarladon.
	131,080	b) Felton Institute Provide support for TAPP program	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	PhD: Von Nausen, MD. MPH. Nicole J. Macarchuk, JD: Visian Vasalito, Calina Gorre: Bonnie Midura, MPH: Adriana Furuzawa, MFTI, CPRP; Keriji Paschen; Curtis Penn; Catherine Spensley, MSW, LCSW; Al Gilbert, President; Marvin Davis, CFOO; Liz Dalmacio- Julien, CPO; Dr. Robin Ortiz; Dr. Yohana Quiroz, COO; Darren Skohick, Michael N. Hofman; Susan Bobulsky, Daniel Costello; Terry M. Limpert; Kathy Neal; Michael Crisis: Peter Riot: Tannara Steele: Dr. Georoe Woods Patrica Farrar-Rivas; Shannon White Cogen; Box Rosen; Aaron Hardsky, Marian Zische Baldauf; Isaae Buwembo; Sam Mogannam; Sarah Nelson; Suzy
Nutrition Network Project Project to increase nutrition education and physical activity targeted to California's under-served populations.	35,000	a) 18 Reasons Provide outreach to targeted populations	3150 18th Street, #315, San Francisco, CA 94110 (Mail) 3674 18th Street, SF, CA 94110 (Visit)	Sarah Nelson	Obst; Poonam Singh; Maggie Spicer; Rosabel Tao; Calvin Tsay; Sarah Wiggelsworth;
	215,000	b) San Francisco Unified School District Provide outreach to targeted populations	555 Franklin Street, San Francisco, CA 94102	Dr. Vincent Matthews, Superintendent	Superintendent Vincent Matthews, Ed.D.; Myong Leigh, Deputy Superintendent; Enikia Ford Morthel, Deputy Superintendent; Gentle Blythe, Deputy Superintendent; Jenny Lam, President; Kevin Boggess, vice President; Matt Alexander, Commissioner, Ann Hsu, Commissioner, Lainie Molamed, Commissioner, Lainie Molamed, Commissioner, Mark Sanchez, Commissioner (said Weissman-Ward, Commissioner).
	14,161	c) San Francisco Public Health Foundation Fiscal intermediary d) Children's Council of San Francisco	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 445 Church Street, San Francisco, CA 94114	Penny Eardley	Penny Eardley, Anastasija Petrosova, Kellsa Toatelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki- Sublett, Christy Cather, Nicole Falk, Ayanna Bannett Flizzheht Inonstreth Courtney U view Melissa Moore Alice Villacomez Adam Sharma Mark Morevitz Nick Oxford
	140,000	d) Children's Council of San Francisco Provide outreach to targeted populations	445 Church Street, San Francisco, CA 94114	Gina M. Fromer	Anna Nordberg (Chair); Deborati Sims (Vica Chair); Marga Dusedau (Treasurer); Brandy Vause (Secretary); Ashley Murphy; Fatima Moore; Maegan Warehouse; Charmaine Pattinson; George Israel; Na'eem Salaam; Chris Thomas; Jake Levinson; Omar Butler; Doinnique Benavidez, Jessica Hilberman; Peter Rosbers; Elisabeth Diana; Jim Kirk; Victoria Fram; Farsh Rabe

Supporting Treatment and Reducing Recidivism (STARR) - PROP 47 To provide additional Substance Use Disorder treatment services for individuals who have been arrested for, charged with, or convicted of a criminal offense	Hatchuel Tabernik & Associates Inc Provide program evaluation services	2560 9th St., Suite 211, Berkeley, CA 94710	Tim Tabernik	Tim Tabernik, CEO; Dina Hatchuel; Danielle Toussaint, PhD; Russ Lobar, CFO; Sarah DeWitt Akin.
Pre-1rial Felony Mental Division Program To implement and demonstrate the effectiveness of a pre-trial diversion program specifically geared to individuals with specific serious mental disorders who have been charged with at least one felony.	a) University of California, San Francisco Conduct a new comprehensive client assessment and produce a modified Treatment Plan	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philip Hammarskjold, Chair, Andrew Ballard; Peter Briger, Todd Carter; Connie E. Chen; Fred Cohen; Phylis Coulter, Dipanjan Deb; Dana Emery, William S. Fisher Catherine Friedman; Sameer Gandhi; Kathryn Hall; Kenneth Hao, Julia Hartz, Cart Kawaja; Michaei Kahn, Richard Klüm, Meyer Malka; an McKinnon; Diane Morris; Lisa Stone Pritzker; Steven Read; Ruchi Sanghvi; George Scangos; Shahan Soghikian; Joan Well; Barbara Bass Bakar; Lyrne Benioff; William H. Davidow; Arthur H. Kern; George Marcus; Carmen Polkor; Richard M. Rosenberg; Jachy Salfer; Brook H. Byers; Kenneth T. Derr; Doris F. Fisher; Robert B. Friend; Ellen Magnin Newman, Founding Chair; William E. Oberndorf; Diane B. Wilsey.
126	b) HealthRight 360 Provide fiscal intermediary check-writing services	1563 Mission St, SF, CA 94103	Dr. Vitka Eisen	Vikla Eisen: Tory Duong, Jegan Anandasakran, Ana Valdés, Demetrius Andreas, Marbel Baaz, MS-HA, Dylan Gattrige, Evan Hoese, Britt Miazgowicz, Anna- Cristina Navarric, Ajessa Roy, Shabana Segal, 4-poli Torres; Denise Williams; Diane Ireland; Natalie Michel Linda Sant; Bleinder, Yelen Belani, Natalie Beaulieu; Bryan Graham; Chris Gurley, Kathryn Holmes, Raquel Madarlane; Talia Pierluissi; Karen E. Pointer, Alex Pugh; Ahmad Thomas; Timothy Torres; Sacker Verletarromer.
Barly Psychoois Intervention Plus It's intended to support the statewide development and expansion of a Coordinated Specialty Care model, and evidence-based and integrated EPI model.	Felton Institute Provide program support	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Sankar Venkaltzman. Adriana Furuzawa, MFTI, CPRP, Kenji Paschen; Curtis Penn; Catherine Spensley, MSW, LCSW; Al Gilbert, President; Marvin Davis, CFOO; Liz Dalmacio-Julien, CPO; Dr. Robin Ortiz; Dr. Yohana Quiroz, COO; Darren Skolnick; Michael N. Hofman; Susan Bobulsky; Daniel Costello; Terry M. Limpert; Kathy Neal; Michael Orias; Peter Rojo; Tamara Steele; Dr. George Woods
Mental Health Student Act of 2019 Improve Mental Health services in the schools To improve mental health services for Students and propose services	a) Seneca Family of Agencies Fiscal Intermediary	8945 Golf Links Rd, Oakland, CA 94605		Neil Gilbert, Chair; Leticia Galyean, President; Dion Aroner, Secretary, Geoffrey Le Plastrier, Trassurer, Rochelle "Shelley" Benning, Member, Jelf Davi, Member, Gwen Foster, Member, Sylvia Pitzzini, Member, Lenga, Member, Jennie Church; Jason Citron; Zach Cohen; Zach Hill; Venus Ke; Anders Mortensen; Dwayne Redmon; Hong Thatch; Stephanie Gaywood
40	b) 3rd Street Youth Center & Clinic Fiscal Intermediary c) TBD	1728 Bancroft Ave, San Francisco, CA 94124 TBD	Leticia Galyean Joi Jackson-Morgan TBD	Michelle Magee; Lystynn Lacoster; Jackie Relyea; Laura Fallon; Savitha Moorthy; Misty Patton; Herschel Lelaind; Glen Kunene; Vanessa Eng; Jose A Rodriguez: Michael Savage. TBD
SAMSHA - MHBG, System of Care	a) Richmond Area Multi-Services Provide Peer Internship Program that prepares clients for employment in peer support and counseling positions	3626 Balboa St, SF, CA 94124	JayVon Muhammad	JayVon Muhammad, CEO; Domenica Giovannini, MPH; Christina Shea; Angela Tang; Eduard Agajanian, MBA; Trina De Joya; Sachi Inoue; Carmen Castorena- O'Keele; Flora Chan, Psy.D; Hasian Sinaga; Dennielle C. Kronenberg; Anna Zozulinsky, Janny Wong; Kristin Churi, Vivian Vong, Rebecca Peng; Cynthia Hule; Marjorie Scholtz; Anoshua Chaudhuri; Lee Hsu; Maggie Roberts; Tom Yeh; Wade Chow and Maire Quinn
	b) Felton Institute Provides mental health technical assistance to community based MH crisisresponse to trauma () Behavioral Health Commission	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Adriana Furuzawa, MFTI, CPRP; Kenji Paschen; Curtis Penn; Catherine Spensley, MSW, LCSW; Al Gilbert, President; Marvin Davis, CFOO; Liz Dalmadio- Julien, CPO; Dr. Robin Ortiz; Dr. Yohana Quiroz, COO, Darne Skolnick, Michael N Homan; Susan Bobalsy; Daniel Costello; Terry M. Limpert; Kathy Neal; Michael Orias; Peter Rojo; Tamara Steele; Dr. George Woods
61	488 Support Administrative oversight of system- of-care fiscal intermediary funding in order to maintain level of finding for training dl San Francisco Study Center	1380 Howard Street, San Francisco, CA 94103 1663 Mission Street, Suite 310, San	Helynna Brooke	Carletta Jackson-Lane, JD, Co-Chair; Richelle Lee Slota, MA; Bahlam Javker Vigil, Vico Chair; Stephen Banuelos, Secretary, Judy Zalazar Drummond; Judith Klain; Toni Parks; Harriette Stallworth Stevens; Ulash Thakore-Dunlap; Wilson Idelf, Terezie Bohrer; Sempel Ashel; Ahsha Safai Richard Livingston; Tina Tong Yee, Ph.D.; Reiko Homma True, Ph.D.; Hazim Elbgal; Eric Eldon; Benjamin A. Kutnick; Jeanne Kwong; Stas Margaronis; Jim
13	O San Francisco Study Center Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic. Curry Senior Center	1663 Mission Street, Suite 310, San Francisco, CA 94103	Geoffrey Link David Knego	McWilliams; Geoffrey Link; Jaden Chen; John Nunez; Leonor Vera; Linda Kuo; Irene Soriano; Marjorie Beggs; Lise Stampfli
114	Drouddon oursport for older adults with montal	333 Turk Street, San Francisco, CA 94102	Dr. Vitka Fisen	Jonrie Davila, President; Shirely Quituga, Vice President; Diane Sklar, MD; David Bickham, Treasurer; Arielle Slam; Julie Valente; Alycia Norton; Pattle Pritchett; Diane Dwyer; Richard Sullivan; Hannah Lincecum; Sasha Selva; Ja Eun Guerrero Huh, LCSW; Wendy Zachary, MD; Jim Illig; Yael Wullovich; John McKinnon Vitika Eisen; Tony Duong; Jegan Anandasakaran; Ana Valdés; Demetrius Andreas; Maribel Baez, MS-HA; Dylan Gattridge; Evan Hoese; Britt Miazgowicz; Anna-
142	Double Florithman discount	3626 Balboa St, SF, CA 94124	JavVon Muhammad	Cristina Navarro; Alyssa Roy; Shabana Segel : April Torres; Daniele Williams; Diane Ireland; Nauliel Mitchell: Linds Smet; Daniel Binder; Nelalie Beaulieu; Bryan Graham; Chris Gurley;Kathyn Holmes; Raquel Madralane; Talia Perfusis; Karen E. Pointer; Alex Pugh; Ahmad Thomas; Timothy Torres; Sankar Vankstarman. JayYom Muhammad, CEO; Domenica Giovannini, MPH; Christina Shea: Angela Tang; Eduard Agajarian, MBA; Trino Bo Joya; Sachi Inoue; Carmen Castorena-
150	266 Provides support of consumer-run centers serving many dually-diagnosed individuals ii) Family Services Agency	1500 Franklin Street, San Francisco, CA	Al Gilbert	O'Redie; Flora Ohn, Psy.D. Hasin Shaga; Dennielle C. Kronenberg, Anna Zoulinsky, Janny Wong, Kristin Churi, Vivan Yong, Rebecca Peng, Cyhrih Huie; Sandra Smith, Darren Skolnick, Greichen Elchier, Amy Solday, Christopher Seanna, Michael N. Hoffman, Dr. Michel Clark, Yasmine Rafidi, Paul Adams, Sandra Smith, Darren Skolnick, Greichen Elchinger, Amy Solday, Christopher Seanna, Michael N. Hoffman, Dr. Michelle Clark, Yasmine Rafidi, Paul Adams,
330	Provides services First Episode Psychosis, families suffering from signs & symptoms of schizophrenia	94109		Susan Bobulsky, Dr. H. Westley Clark, Terry M. Limpert, Michael Orias, Peter Rojo, Matt Snyder, Tamara Steele, Al Gilbert, CEO, Marvin Davis, CFO, Liz Dalmadio-Julien, CPO, Dr. Robin Ortiz, Yohana Quiroz, COO, Adriana Furuzawa, Kenji Paschen, Curtis Penn, Catherine Spensley, MSW, LCSW, Joseph A.
249	n) RAMS Provides Peer Internship Program that prepares clients for employment in peer support and counseling o) RAMS	3626 Balboa St, SF, CA 94124	JayVon Muhammad	Jay/on Muhammad. CEC: Domenica Giovannini, MPH; Christina Shex. Angela Tang, Eduard Agajanian, MBA: Trina be Joya: Sachi Inouse; Carmen Castorena O'Keefe; Flora Chan, Psy. D; Hasian Shaga; Dennielle C. Kronenberg, Anna Zouzilinsky, Janny Wong, Kristin Churu; Wilar Vong Hebeca Peng; Cynthia Hule; Marjorie Scholtz; Ancshua Chaudhuri; Lee Hsu; Maggie Roberts; Tom Yeh; Wade Chow and Maire Quinn
273	Provides Bilingual-designated counselor positions p) RAMS	3626 Balboa St, SF, CA 94124 3626 Balboa St, SF, CA 94124	JayVon Muhammad JayVon Muhammad	Jay/on Muhammad, CEO; Domenica Giovannini, MPH; Christina Shex, Angela Tang, Eduard Agajanian, MBA; Trina be Joya; Sachi Inoue; Carmen Castorena O'Keefe; Flora Chan, Pay; D.; Hasias Risaga; Dennicle C. Kroenshey; Anna Zouzlinsky, Janny Wong; Krisin Churi, Vivian Yong; Rebeca Peng; Cyrhia Hule; Marjorie Scholtz; Anoshua Chaudhuri; Lee Hsu; Mangie Roberts; Ton Yeh; Wade Chow and Maire Quint JayVon Muhammad, CEO; Domenica Giovannin, MPC; Christina Shex, Angela Tang; Eduard Agajanian, MBA; Trina De Joys; Sachi Inoue; Carmen Castorena-
5	Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic - Joh training wages	13300 Crossroads Parkway, Suite 450, City	Shelley Facente	O'Keefe; Flora Chan, Psy.D; Hasian Sinaga; Dennielle C. Kronenberg; Anna Zozulinsky, Janny Wong; Kristin Chun; Widan Yong; Rebecca Peng; Cynthia Hule; Magjorie Scholtz; Anoshua Chaudhuri; Lee Hsu; Maggie Roberts; Tom Yeh; Wade Chow and Maire Quinn Shelley Facente; Autumn Albers; William Bland; Katile Burk; Sara Duran; Dara Geckler; Meyhan Hynes; Lazara Paz-Gonzalez, MPH; Perry Rhodes III, MA; JT
forward transmission.	a) Facente Consulting Professional consultation and technical Asssitance for Strategic Planning	of Industry, CA 91746	, , , , , , , ,	Taylor, MPP/MPH
95	203 b) Shanti Provides Hepatitis C prevention services	730 Polk Street, 3rd Floor San Francisco, CA 94109	Kaushik Roy	William L. Dawes, Jamie Ennis, Jerry Francone, Sheila Fischer Kiernan, Micki Klearman, MD; John Sell; Ethan M. Sullivan; Chip Supanich; Marc Weinstein; Josh Weinstein; Stanley Yee; Kaushik Roy, Charlie Meade; Patricia J. Schnedar
STD Program Management and Collaboration Project Impement public health activities to monitor, investigate, and prevent sexually transmitted diseases (STD)		550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philip Hammarskjold, Chair, Andrew Ballard; Peter Briger, Todd Carter; Connie E. Chen; Fred Cohen; Phyllis Coulter, Diganjan Deb; Dana Emery; William S; Fisher; Catherine Friedman; Sameer Gandhi; Kathryn Hall; Kenneth Hao; Julia Hartz, Carl Kawaja; Michael Kahn; Richard Kimball; Meyer Malka; Ian McKinnon; Diane Morris; Lisa Stone Pritzker; Steven Read; Ruch! Sanghvi, George Scangos; Shahan Soghikian; Joan Weill; Barbara Bass Bakar; Lynne Beniolf; William H. Davidow, Arthur H. Kern; George Marcus; Carmen Policy; Richard M. Rosenberg; Jachyn Salier; Brook H. Byers; Kenneth T. Derr; Doris F, Fisher; Robert B, Friend: Filen Mannin Newman. Foundinc Dair: William F. Oberdorft: Diane B, Willsey.
Noxious Weed Program This project works to eradicate invasive sea lavender at all tidal marsh locations in the county. 36	California Invasive Plant Council To restore specified marshes by replanting native cordgrass and marsh gumplant.	1442-A Walnut St. #462, Berkeley, CA 94709	Doug Johnson	Friend-Filen Mannin Newman. Founding Chair William E. Ohendruft-Diane B. Wilsev. Drew Kerr, Vice President; Juli Matos, President Sarah Godfery, Treasurer, Amanda Cartul Swarson, Secretary, Jason Gilssow; Steven Addison; Doug Gibson; Metha Klock; Tanya Meyer; LeeAnne Mila; Scott Oneto; Steve Schoenig; Marcos Trinidad
DOJ Tobacco Grant Program This enforcement grant will allow SFDPH to increase the Department's 51 capacity for outreach and education; expand police decoy operations; eliminate illegal sales of tobacco; develop a protocol to investigate consumption; and to share data and knowledge.		555 Franklin Street, San Francisco, CA 94102	Dr. Vincent Matthews, Superintendent	Superintendent Vincent Matthews, Ed D.: Myong Leigh, Deputy Superintendent, Enikla Ford Morthel, Deputy Superintendent; Gentle Blythe, Deputy Superintendent; Jenny Lam, President; Kevin Boggess, Vice President; Matt Alexander, Commissioner; Ann Hau, Commissioner; Lainie Motamedi, Commissioner; Mark Sanchez, Commissioner; Lisa Weissman-Ward, Commissioner
	b) San Francisco Public Health Foundation Fiscal intermediary c) TBD - San Francisco community based	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 TBD	Penny Eardley TBD	Penny Eardiey, Anastasija Petrosova, Kelisa Toatelegese, Kitty Thomton, Laura Campos, Jehnifer Mikalacki-Sublett, Christy Cather, Nicole Falk, Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moora, Alico Villagomez, Adam Sharma, Mark Morewitz, Nick Oxford TBD
Oral Health Program Prop 56	organizations a) APA Family Support Services	10 Nottingham Place, San Francisco, CA	Rick Yuen	Rose Chung; Cary Chen; Jacqueline Huie; Julie Hoxie; Joyce Tso; Mai-Sie Chan; M.D.; Kimberly Culp; Van Diep; Fanny Lam; Kory Lam; Jennifer Ng; M.D.;
Provide activities that support oral health plan and build capacity for the facilitation and implementation of education, prevention, linkage	Provide support for oral health program	94133		Susan Sung; Ph.D.; Dean Yao; Ph.D.; Rick Yuen; Sonya Trac; Shu White
5	b) CARECEN Provide support for oral health program	3101 Mission St Suite #101, San Francisco, CA 94110	Jose Artiga	Michelle Loya-Talamantes; Gabriella Rodenzo; Father Richard Smith, PhD; Jose Artiga; Elena Asturias, CFO; Kathleen Coll; Honorable Carmen Flores

	5,000	c) University of California, San Francisco Provide support for oral health program	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philip Hammarskjold, Chair; Andrew Ballard: Peter Briger; Todd Carter; Connie E. Chen; Fred Cohen; Phyllis Coulter; Dipanjan Deb; Dana Emery; William S. Fisher; Catherine Friedman; Sameer Gandhic Kathryn Hall; Kenneth Hao; Julia Hartz; Carl Kawaja; Michael Kahn; Richard Kimhall; Meyer Malka; Ian McKinnor; Diane Morris; Lisa Stone Pritzker; Steven Read; Ruchi Sanghvi; George Scangos; Shahan Sophiklar; Joan Welli; Barbara Bass Bakar; Lynne Benioft; William H. Davdow, Arthur H. Kern; George Marcus; Carmen Pollicy; Richard M. Rosenberg; Jadyn Safler; Brook H. Byers; Kenneth T. Derr; Doris F. Fisher; Robert B.
	5,000	d) NICOS Chinese Health Coalition Provide support for oral health program	1208 Mason St, San Francisco, CA 94108	Kent Woo	Friend: Filen Magnin Newman, Foundting Chair: William F. Oherndorf: Diane B. Wilsev: Kent Woo; Michael Llao
	214,000	e)San Francisco Public Health Foundation Fiscal Intermediary	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	Penny Eardley	Penny Eardley, Anastasija Petrosova, Kellsa Toatelegese, Kitty Thornton, Laura Campos, Jehnifer Mikalacki- Sublett, Christy Cather, Nicole Falk, Ayanna Bennett, Elizabeth Longstreth, Courtney Lyles, Melissa Moore, Alice Villagomez, Adam Sharma, Mark Morewitz, Nick Oxford
California Perinatal Equity Initiative Deepen understanding of the gaps in services within the Black community contributing to increased infant mortality rates and the promising interventions to reduce Black infant mortality		A) Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Blayne Cutler, MD, PhD, CEO' Tim Seifert, JD, CHRO; Peter Dale; Jordan Gadd, MA; Jo Kay Ghosh, PhD; CPO, Brian Gieseler, CFO; Elizabeth Power Robison, MBA; Kiran Saluja; Robert R. Jenks, MBA; Tamara Joseph, JD, Alex Baker, MBA; Carladenise Edwards, PhD, Edward YJ, JD, Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DrPH, FACHE; Santosh Vetticaden, MD, PhD, MBA; Sarah Mullen Rich, MBA; Sout Flier, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH. Nicole J. Macarchuk, JD; Vivian Vasallo; Celina Gorre; Bonnie Midura, MPH;
	85,000	b) TBD a) Sonoma County	TBD 625 5th Street	TBD tbd	TBD Susan Gorin; David Rabbitt; Chris Coursey; James Gore; Lynda Hopkins
CHVP State General Fund Innovation Implementing home visits as a primary intervention strategy for families from pregnancy through kindergarten to promote positive outcomes and family success.	400,000	a) sonoma county co-recipient of grant funds	Santa Rosa, CA 95404	tod	
	200,000	b) Napa County co-recipient of grant funds .	2751 Napa Valley Corporate Drive Building B Napa, CA, 94558	tbd	Brad Wagenknecht; Ryan Gregory; Diane Dillon; Alfredo Pedroza; Belia Ramos
Children & Youth with Special Health Care Needs - CYSHCN To support families of children with disabilities that will bring together the community agencies that serve children and youth with special health care needs in San Francisco independentity of one another along with the families they are serving.	78,872	Support for Families of Children with Disabilities (SFCD)	1663 Mission Street, Suite 700, San Francisco, CA 94103	Jim Welsh	Maria Jose (Cote) Auli; Sally Levy Albert; Sally Coghlan McDonald; Jessica Berthold; Kathy Ballo Shepherd; Christine Binko; Tiffani Castillo-Lartigue; Nicholas Fram; Julia Griffiths; Rosena Harten; Amy Hollyfeld; Jeffrey Leap; Tiffany Lin; Glynis Mason; Monique Nieto.
Crisis Care Mobile Units (CCMU) Program 59 Department of Health Care Services	52,000	TBD provide MH program services	TBD	TBD	TBD
Behavioral Health Response and Rescue Project (BHRRP) for Community Mental Health Services Block Grant (MHBG) American Rescue Plan Act (ARPA) 60	107,140	 a) University of California, San Francisco Fiscal Intermediary 	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philip Hammarskjöd. Chair. Andrew Ballard. Peter Briger. Told Cartor. Corniol. E. Chen. Fred Cohen. Phyllis Coulter. Disenjan Deb. Dana Emery, William S. Fisher: Catherino Friedman: Smear Gandhi; Kathry Hall: Kenneth Haw. Julla Hattz. Cat Kenagia. Michael Khan. Richard Kith. Meyer Malika; in McMinore. Diane Morris; Lisa Stone Pritzker; Steven Read; Ruchi Sanghvi; George Scangos; Shahan Soghikian; Joan Weill; Barbara Bass Bakar; Lynne Benioft; William H. Dawdow, Arthur H. Kern; George Marcus; Carmen Policy, Richard M. Rosenberg, Jacoph Salier, Brook H. Byers; Kenneth T. Derr; Doris F. Fisher; Robert B. Friend; Ellen Magnin Newman, Founding Chair, William E. Oberndorf. Diane B. Wilsey.
	155,359	b) Felton Institute Fiscal Intermediary	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Adriana Furuzawa, MFTI, CPRP: Kenji Paschen; Curtis Penn; Catherine Spensley, MSW, LCSW; Al Gitbert, President; Marvin Davis, CFOO; Liz Dalmacio- Julien, CPO; Dr. Robin Ortiz; Dr. Yohana Guiroz, COO; Daren Skohick; Michael N. Hofman; Susan Bobulsky, Odasiel Costelio; Terry M. Limpert; Kathy Neal; Michael Orias: Peter Robin Tannaria, Steele: Dr. Georoa Woods
Behavioral Health Response and Rescue Project (BHRRP) for Community Mental Health Services Block Grant (MHBG) Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) Department of Health Care Services	486,611	a) University of California, San Francisco Fiscal Intermediary	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philip Hammarskjold, Chair, Andrew Ballard, Peter Briger, Todd Carter; Connie E. Chen; Fred Cohen; Phyllis Coulter; Dipanjan Deb; Dana Emery, William S. Fisher; Catherine Friedman; Samere Gandhi; Kathryn Hall; Kenneth Haw, Julla Hartz; Cart Kawajia, Michael Kahn; Richard Kirnbali; Meyer Malik; a Ina McKinnor; Diane Morris; Lisa Stone Pritzker; Steven Read; Ruchi Sanghvi; George Scangos; Shahan Soghikian; Joan Well; Barbara Bass Bakar; Lynne Benioff; William H. Davdow, Arthur H. Kern: George Marcus; Carmern Policor Richard M. Rosenbero; Jacon Safier; Brook H. Bvers: Kenneth Fro. Pobris; F. Fisher; Robert B.
	344,787	b) Felton Institute Fiscal Intermediary	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Adriana Furuzawa, MFTI, CPRP, Renji Pascher, Cruits Penn; Catherine Spensley, MSW, LCSWY, A (Dilert, President; Marvin Davis, CFOO; Liz Dalmacio- Julien, CPO; Dr. Robin Ortiz; Dr. Yohana Quiroz, COO; Darren Skohick; Michael N. Hofman; Susan Bobulsky, Daniel Costello; Terry M. Limpert; Kathy Neat; Michael Orise; Peter Notic Transa Steele; Dr. George News. Dr. George St. Control Co
	448,033	c) HealthRight 360 Fiscal Intermediary	1563 Mission St, SF, CA 94103	Dr. Vitka Eisen	Vilka Eisem; Tony Duong, Jegan Anandasakaran; Ana Valdés: Demetrius Andreas; Maribel Baez, MS-HA, Dylan Gattrigoe, Evan Hoese; Britt Miazgowicz; Anna- Cristina Navarro, Alysea Roy; Sabana Silegal; 4,6nl Torres; Denise Williams; Dianel reland; Natalle Mitchelt; Linda Smart; Bainel Binder; Yelen Balan; Natalle Beaulieu; Bryan Graham; Chris Gurley, Kathryn Holmes; Raquel Macdafane; Talia Pietriuss; Karen E. Pointer; Alex Pugh; Ahmad Thomas; Timothy Torres; Sanker Venkatramer
CRRSAA-SABG Provides children Strengthening Families Services, Community Outreach and education, and Campaign & Website development. 7 Team Lily partnered with UCSF. Provide transitional housing for SUD.	220,925	a) HealthRight 360 Fiscal Intermediary	1563 Mission St, SF, CA 94103	Dr. Vitka Eisen	Sankar Venkatraman Vitka Eisen: Tony Duong: Jegan Anandasakaran; Ana Valdés; Demétriks Andreas; Maribel Baez, MS-HA; Dylan Gattridge; Evan Hoese; Britt Miazgowicz; Anna-Cristina Navarro; Alyses Roy; Shabana Siegei; April Torres; Denise Williams; Dianel Ireland; Natalie Mitchelt; Linds Smart; Daniel Binder; Yelen Balan; Natalie Beaulieu; Bryan Graham; Chris Gurtley;Kathryn Holmes; Raquel Madrafane; Talia Perkriussi; Karen E. Pointer; Alex Pugh; Ahmad Thomas; Timothy Torres; Sankar Venkatraman
	286,115	b) The Latino Commission provide MH/SUD program services	161 Margaret Avenue, San Francisco 94112	DEBRA CAMARILLO	Olga Aldana; Dee Dee Rodriguez
	99,323	c) UCSF provide MH/SUD program services	1001 Potrero Avenue, San Francisco 94110	Sam Hawgood	Philip Hammarskjold, Chair, Andrew Ballard, Peter Briger, Todd Carter; Connie E. Chen; Fred Cohen; Phyllis Coulter; Dipanjan Deb; Dana Emery, William S. Fisher; Catherine Friedman; Sameer Gandhir Kathryn Hall; Kenneth Hao; Julia Hartz, Carl Kawaja; Michael Kahn; Richael Kinhizali, Meyer Mailac, Ian McKinnor; Diane Morris; Lias Stone Pritzker, Steven Read; Ruchi Sanghivi, George Scangos; Shahan Sophikai, Joan Well; Barbara Bass Basiar; Junne Benicif, William H. Dawldow; Arthur H. Kern; George Marcus; Carmen Policy; Richard M. Rösenberg, Jacolyn Saffer, Brook H. Byers; Kenneth T. Derr; Doris F. Fisher; Robert B. Fisher; Robert B. Fisher; Bandoni Newman Environ Chair William E. Ploshrodfer, Diane B. Wilser.
	82,549	d) Horizons Unlimited provide MH/SUD program services	440 Potrero Avenue, San Francisco 94110	Celina Lucero	Friend: Filen Macrin Newman. Founding Chair William F. Oberndorf: Diane R. Wilsev: Matthew Moretti, Virginia Tapia, Donna Amador, Cristina Corona, Zachary Johnson, Isabelle Plessis Boin, Salvador Serrano, Jilliam Williams
	105,495	e) Jamestown Community Center provide MH/SUD program services	3382 26th St, San Francisco 94110	Nelly Sapinski	Betty Pazmino; Aleks Zavaleta; Rich Gross; Luis Barahona; Patricia Barraza; Efrain Barrera; Katie Brackenridge; Lisa Bransten; Gary Furney; Renu Karir; Paul Vega
	68,049	In YMCA Unban Services In YMCA Unban Services provide MH/SUD program services	1426 Fillmore Street, Suite 204, San Francisco 94115	Jamie Bruning-Miles	Jamie Bruning-Miles, CEC, Mittle S, Grigsty, CFC, Erin Clark, Vice President, Chip Rich, Vice President, Chad Nice John, President, Barb Packer, Vice President, Barb Packer, Vice President, Rache John Monte, Vice President, Chris McCamic, Vice President, Takija Gardner, Takija Gardner, President, Takija Gardner, Takija Gardner, Vice President, Marshas Gowan, Vice President, Andrew Ward; Anne Senores; Carrie Herrera; Evelyn Daskalakis; Grace J, Ihn; Karl Lee, Laura Hitchcock; Lauren Clapperton; Mayaha Bell; Mick Hughes; Suzzanne Meding; Tacing Patker; Theresa De Dios; Amy Price; Annabet Chang; Cary IB, Welborn; Christopher, Eurz David Kelly; Eric Prosnitz; Gary Teague; Gina Gregory-Burns; Glenn M. Farrell; Gregory Evans; Heather Madsion; Jason Anget, Jeff Briz, Jennifer Shodz, Jeremy Welland; John Baker; John C, Berg; John Willingham, On Eberly, Joses Estrada; Lisa Adukis Marianna Plaseno; Mark Blays, Michael Robinson; Michael Robinson; Michael Robinson; Michael Robinson; Michael Robinson; Michael Robinson; Mark Blays, Michael Robinson; Marcaell Tsai; Slephen Hankins; Stephen Rosser; Shordon; Jen Rosser; Jen
		g) Youth Leadership Institute provide MH/SUD program services	201 9th Street Suite 200, San Francisco 94103	Patricia Barahona	Rindoum: Kristin Belden, Thu Cung, Joshua Espulgar Rowe, Matthew Goldring, Laura Harmon, Cameron Kurtz, Bill Leitsch, Phillip Martin Gonzalez, Anna Pletcher, Ivoree Robinson, Etazebeth Romero, Nawz Talai, James Wiley
		h) Japanese Community Youth Council provide MH/SUD program services	2012 Pine Street, San Francisco 94109	Jon Osaki	Angus MacDonald, Oliver Dunlap, Shah Nagree, Asia Harrigan, Breoma Santiago, Darryl Abantao, Dinesh C, Evan Wayne, Heather Littleton, Jerome Anderson, Johnny Kuo, Kitty Mah, Louise Carroll, Max Mah
	1,191,748	i) TBD	TBD	TBD	TBD
ARPA - SABG Provides children Strengthening Families Services, Community Outreach and education, and Campaign & Website development. To 63 support a SORT program to provide treatment services for SUD clients	22,500	provide MH/SUD program services a) Horizons Unlimited provide MH/SUD program services	440 Potrero Avenue, San Francisco 94110	Celina Lucero	Matthew Moretti, Virginia Tapia, Donna Amador, Cristina Corona, Zachary Johnson, Isabelle Plessis Boin, Salvador Serrano, Jillian Williams
	14,603	b) Japanese Community Youth Council provide MH/SUD program services	2012 Pine Street, San Francisco 94109	Jon Osaki	Angus MacDonald, Oliver Dunlap, Shah Nagree, Asia Harrigan, Breonna Santiago, Darryl Abantao, Dinesh C, Evan Wayne, Heather Littleton, Jerome Anderson, Johnny Kuo, Kitty Mah, Louise Carroll, Max Mah
	321,802	provide MH/SUD program services c) UCSF provide MH/SUD program services	1001 Potrero Avenue, San Francisco 94110	Sam Hawgood	Philip Hammarskjold, Chair; Andrew Ballard; Peter Briger; Todd Carter, Connie E. Cher, Fred Cohen; Phyllis Coulter; Dipanjan Deb; Dana Emery; William S. Fisher; Catherine Friedman; Sameer Gandh; Kathryn Hall; Kenneth Hao; Julia Hartz; Carl Kawaja; Michael Kahn; Richael Kinhoal; Meyer Malka; Ian McKinnor; Diane Morris; Lias Stone Pritzker, Steven Read; Ruchi Sanghvi, Geopoe Scangos; Shahan Sophikian; Joan Well; Barbara Bass Bakar; Junne Benolif, William H. Dawldow; Arthur H. Kern; George Marcus; Carmen Policy; Richard M. Rosenberg; Jachyn Saffer; Brook H. Byers; Kenneth T. Derr; Doris F. Fisher; Robert B. Friehert Ellen Manion Newman Enquind no Chair William F. Oberdorfet; Diane B. Wilsev
	140,431	d) TBD provide MH/SUD program services	TBD	TBD	TBD

Total Per State Recurring Grants List Difference 14,302,294 14,302,294 (0)

Subcontractor	Amount
18 Reasons Provide outreach to targeted populations	35,000
3rd Street Youth Center & Clinic	407,502
APA Family Support Services Provide support for oral health program	5,000
BH Commission	61,488
California Invasive Plant Council	36,000
CARECEN Provide support for oral health program	5,000
Catholic Charities - Leland House	174,783
Catholic Charities - Peter Claver	180,336
Children's Council of San Francisco	140,000
Curry Senior Center	114,273
Dolores Street Community Services	240,656
Facente Consulting	95,203
3	
Family Services Agency	330,014
Felton Institute	131,080
Felton Institute	469,821
Felton Institute	20,000
Felton Institute	155,359
Felton Institute	344,787
Harm Reduction Therapy Center	18,480
Hatchuel Tabernik & Associates Inc	40,000
HealthRight 360	126,888
HealthRight 360	142,000
HealthRight 360	448,033
HealthRight 360	220,925
HealthRight 360	419,301
Heluna Health	499,118
Heluna Health	225,000
Heluna Health	175,000
Horizons Unlimited	22,500
Horizons Unlimited	
	82,549
Jamestown Community Center	105,495
Japanese Community Youth Council	14,603
Japanese Community Youth Council	60,049
Maitri AIDS Hospice	681,216
Napa County	200,000
NICOS Chinese Health Coalition	5,000
PRC	146,772
Project Open Hand	1,408,026
RAMS	249,691
RAMS	273,182
RAMS	5,000
RAMS	150,266
Richmond Area Multi-Services	247,302
San Francisco Public Health Foundation	19,228
San Francisco Public Health Foundation	181,818
San Francisco Public Health Foundation	14,885
San Francisco Public Health Foundation	
	135,354
San Francisco Public Health Foundation	14,161
San Francisco Public Health Foundation	8,964
San Francisco Public Health Foundation	214,000
San Francisco Public Health Foundation	1,419
San Francisco Study Center	13,732
San Francisco Unified School District	215,000
San Francisco Unified School District	105,932
Seneca	270,500
Shanti	95,203
Sonoma County	400,000
Support for Families of Children with Disabilities	78,872
TBD - per DPH no filing yet, subcontractors to be determined	85,000
TBD - per DPH no filing yet, subcontractors to be determined	40,700
TBD - per DPH no filing yet, subcontractors to be determined	52,000
TBD - per DPH no filing yet, subcontractors to be determined	1,191,748
TBD - per DPH no filing yet, subcontractors to be determined	140,431
TBD - per DPH no filing yet, subcontractors to be determined	9,600
The Latin Commission	
	286,115
UCSF Alliance Health Project	168,837
University of California, San Francisco	351,543
University of California, San Francisco	146,582
University of California, San Francisco	5,000
Il Injugarity of California Con Francisco	
University of California, San Francisco University of California, San Francisco	107,140 486,611

#REF!

University of California, San Francisco	99,323
University of California, San Francisco	321,802
YMCA Urban Services	68,049
Youth Leadership Institute	60,049



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

Received On:

File #: 220688

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Bid/RFP #:

Notification of Contract Approval

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

A Public Document

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	* O
	30
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER	
Board of Supervisors	Members	

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

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

5. <u>CO</u> N	ITRACTOR			
NAME	OF CONTRACTOR		TELEPHONE N	NUMBER
18 R	Reasons		(415) 56	8-2710
STREET	ADDRESS (including City, State and Zip Code)		EMAIL	
3674	18th Street, SF, CA 94110			
	0			
6. CON				
DATE C	ONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRI	PTION OF AMOUNT OF CONTRACT			
\$35,				
NATUR	E OF THE CONTRACT (Please describe)			
Prov	vide outreach to targeted populations.	9		
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Provide outreach to targeted populations.				
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7. COM	IMENTS			
	TRACT APPROVAL			
	ntract was approved by:			
$ \Box ^{T}$	HE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
T	HE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

COIII	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Farrar-Rivas	Patricia	Board of Directors			
2	Cogen	Shannon W.	Board of Directors			
3	Rosner	вор	Board of Directors			
4	Hardisty	Aaron	Board of Directors			
5	Baldauf	Marian Z.	Board of Directors			
6	Buwembo	Issac	Board of Directors			
7	Mogannam	Sam	Board of Directors			
8	Nelson	Sarah	Board of Directors			
9	Obst	Suzy	Board of Directors			
10	Singh	Poonam	Board of Directors			
11	Spicer	Maggie	Board of Directors			
12	Тао	Rosabel	Board of Directors			
13	Tsay	Calvin	Board of Directors			
14	Wiggelsworth	Sarah	Board of Directors			
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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

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

A Public Document

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

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

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

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
3rd Street Youth Center & Clinic		(415) 822-1707		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1728 Bancroft Ave, San Francisco, CA 94124				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
₹ <mark>\</mark>			220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$407,502				
NATURE OF THE CONTRACT (Please describe)				
Fiscal Intermediary	9			
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Fiscal Intermediary				
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7. COMMENTS				
7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/F OFFICER(S) II	DENTIFIED ON THIS FORM SITS	
THE BOARD OF A STATE AGENCY ON WHICH AN AFPOINTEE OF	THE CITY ELECTIV	L OITICEN(3) II	DEIGHAILD ON THIS FORIN SHS	

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

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



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

Received On:

File #: 220688

1

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	(415)554-2521
FULL 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	
P			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 health program				
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		`	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	Chung	Rosa	Board of Directors		
2	Chen	Cary	Board of Directors		
3	Huie	Jacqueline	Board of Directors		
4	Hoxie	Julie	Board of Directors		
5	Tso	Joyce	Board of Directors		
6	Chan	Mai-Sie	Board of Directors		
7	Culp	Kimberly	Board of Directors		
8	Diep	Van	Board of Directors		
9	Lam	Fanny	Board of Directors		
10	Lam	Kory	Board of Directors		
11	Ng	Jennifer	Board of Directors		
12	Sung	Susan	Board of Directors		
13	Yao	Dean	Board of Directors		
14	Yuen	Rick	Board of Directors		
15	Trac	Sonya	Board of Directors		
16	White	Shu	Board of Directors		
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18					
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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



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

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

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

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

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

14	42-A Walnut St. #462, Berkeley, CA 94/09		
<u></u>	-0	l	
6. CC	DNTRACT		
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220688
DESC	RIPTION OF AMOUNT OF CONTRACT	1	
\$3	6,000		
NATU	JRE OF THE CONTRACT (Please describe)		
То	restore specified marshes by replanting na	tive cordgrass and ma	arsh gumplant.
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		S. Short	4
7. CC	DMMENTS		
	ONTRACT APPROVAL contract was approved by:		
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
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	A DOADD ON WHICH THE CITY ELECTIVE OFFICEDIC SERVICE		
X	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
	Board of Supervisors		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICED(S)	IDENTIFIED ON THIS FORM SITS
	THE SOURCE OF A STATE AGENCY ON WHICH AN AFFORNIEE OF	THE CITY LELCTIVE OFFICER(3)	DETAILED ON THIS FORMS SHS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Kerr	Drew	Board of Directors		
2	Matos	Juli	Board of Directors		
3	Godfrey	Sarah	Board of Directors		
4	Swanson	Amanda C.	Board of Directors		
5	Giessow	Jason	Board of Directors		
6	Addison	Steven	Board of Directors		
7	Gibson	Doug	Board of Directors		
8	кТоск	Metha	Board of Directors		
9	Meyer	Tanya	Board of Directors		
10	Mila	LeeAnne	Board of Directors		
11	Oneto	Scott	Board of Directors		
12	Schoenig	Steve	Board of Directors		
13	Trinidad	Marcos	Board of Directors		
14					
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



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Bid/RFP #:

Notification of Contract Approval

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

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF 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
CARECEN		(415) 642-4400	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3101 Mission St Suite #101, San Francisco, CA	94110		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Provide support for oral health program.	9		
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Provide support for oral health program.			
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
, , , , , , , , , , , , , , , , , , , ,			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

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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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.

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I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	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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E OF ORIGINAL FILING (for amendment only)
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER		
Board of Supervisors	Members	

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

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

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

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

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

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

10. VERIFICATION		
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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A Public Document

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

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

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

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

<u>'^</u>			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Catholic Charities Peter Claver Community		(415) 749-3800	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1340 Golden Gate Ave, San Francisco, CA 94115			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$180,336			
NATURE OF THE CONTRACT (Please describe))		
To provide attendant care services in compliant Centered Services to multiply diagnosed individual program in San Francisco with a special focus of HIV/AIDS.	duals at Pet on the uniqu	ter Claver ue needs of	Community an RCFCI f persons living with
	9	DOKL	
		, 0	A
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
		- A	
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF T	HE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

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

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
20	Mirek	Lori	Board of Directors			
21	Nascimento	Dan	Board of Directors			
22	Pohlman	Jack	Board of Directors			
23	Reyes	Raymund	Board of Directors			
24	Reynaud	Louis	Board of Directors			
25	Sangiacomo	Jim .	Board of Directors			
26	Woody	Patrick	Board of Directors			
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK DATE SIGNED			
BOS Clerk of the Board			



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

Received On:

File #: 220688

1

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

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

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

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

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

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

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



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

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Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Curry Senior Center		(415) 88!	5-2274
STREET ADDRESS (including City, State and Zip Code)	EN	/AIL	
333 Turk Street, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP	NUMBER	FILE NUMBER (If applicable)
			220688
DESCRIPTION OF AMOUNT OF CONTRACT		•	
\$114,273			
NATURE OF THE CONTRACT (Please describe)			
Provides support for older adults with mental losing their houses.	health issues	and are	homeless or risk of
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
Bould of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE O	FFICER(S) ID	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Davila	Jonrie	Board of Directors		
2	Quituga	Shirely	Board of Directors		
3	Sklar	Diane	Board of Directors		
4	Bickham	David	Board of Directors		
5	slam	Arielle	Board of Directors		
6	Valente	Julie	Board of Directors		
7	Norton	Alycia	Board of Directors		
8	Pritchett	Pattie	Board of Directors		
9	Dwyer	Diane	Board of Directors		
10	Sullivan	Richard	Board of Directors		
11	Lincecum	Hannah	Board of Directors		
12	Selva	Sasha	Board of Directors		
13	Huh	Ja Eun Guerrero	Board of Directors		
14	Zachary	Wendy	Board of Directors		
15	Illig	Jim	Board of Directors		
16	Wulfovich	Yael	Board of Directors		
17	McKinnon	John	Board of Directors		
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COIIC	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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9. AFFILIATES AND SUBCONTRACTORS				
List t 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			
	ve used all reasonable diligence in prepar wledge the information I have provided h		statement and to the best of my	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED				

BOS Clerk of the Board

CLERK



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

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File #: 220688

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Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

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

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

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

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

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



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

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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

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	
Facente Consulting		415-999-	1310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
13300 Crossroads Parkway, Suite 450, CID CA 9	1746		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688
₹ <mark>0</mark>			220000
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 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	ТУРЕ	
1	Facente	Shelley	Board of Directors	
2	Albers	Autumn	Board of Directors	
3	Bland	William	Board of Directors	
4	Burk	Katie	Board of Directors	
5	Duran	Sara	Board of Directors	
6	Geckeler	Dara	Board of Directors	
7	Hynes	Meghan	Board of Directors	
8	Paz-Gonzalez	Lazara	Board of Directors	
9	Rhodes III	Perry	Board of Directors	
10	Taylor	т	Board of Directors	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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



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

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A Public Document

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	* O
	36
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2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Curamidana	Members
Board of Supervisors	

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

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

5. CONTRACTOR NAME OF CONTRACTOR Family Services Agency (415) 474-7310				
Eamily Sonvitors Agency (415) 474–7310	TELEPHONE NUMBER			
raility services Agency (413) 474-7310	(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)				
220688				
DESCRIPTION OF AMOUNT OF CONTRACT				
\$330,014				
NATURE OF THE CONTRACT (Please describe)				
Provides services First Episode Psychosis, families suffering from signs & symptoms of schizophrenia.				
and the second of the second o				
7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
Board of Supervisors				
Board of Supervisors THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS				

2	AST NAME/ENTITY/SUBCONTRACTOR Skolnick Hofman Bobulsky	Darren Michael N. Susan	Board of Directors Board of Directors
2	Hofman Bobulsky	Michael N.	
	Bobulsky		Board of Directors
3		Susan	
	0		Board of Directors
4	Costello	Daniel	Board of Directors
5	Limpert	Terry M.	Board of Directors
6	Neal	Kathy	Board of Directors
7	Orias	Michael	Board of Directors
8	Rojo	Peter	Board of Directors
9	Steele	Tamara	Board of Directors
10	Woods	George	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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



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

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

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

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Felton Institute		(415) 47	4-7310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688
			220000
DESCRIPTION OF AMOUNT OF CONTRACT			
\$131,080			
NATURE OF THE CONTRACT (Please describe)			
Provide support for TAPP program.	9		
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
		= 002(0) !!	

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

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

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

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



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

Received On:

File #: 220688

1

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Felton Institute		(415) 47	4-7310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>S</mark>			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$469,821			
NATURE OF THE CONTRACT (Please describe))_		
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
Board of Supervisors			
			_
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	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

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

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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	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	' O
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER	
Board of Supervisors	Members	

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

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	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/I	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$20,000			
NATURE OF THE CONTRACT (Please describe)			
Provides mental health technical assistance to	community b	ased MH c	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 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	Furuzawa	Adriana	Board of Directors			
2	Paschen	Kenji	Board of Directors			
3	Penn	Curtis	Board of Directors			
4	Spensley	Catherine	Board of Directors			
5	Gilbert	A1 0	Board of Directors			
6	Davis	Marvin	Board of Directors			
7	Dalmacio-Julien	Liz	Board of Directors			
8	Ortiz	Robin	Board of Directors			
9	Quiroz	Yohana	Board of Directors			
10	Skolnick	Darren	Board of Directors			
11	ноfman	Michael N.	Board of Directors			
12	Bobulsky	Susan	Board of Directors			
13	Costello	Daniel	Board of Directors			
14	Limpert	Terry M.	Board of Directors			
15	Neal	Kathy	Board of Directors			
16	Orias	Michael	Board of Directors			
17	Rojo	Peter	Board of Directors			
18	Stelle	Tamara	Board of Directors			
19	Woods	George	Board of Directors			

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

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



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Received On:

File #: 220688

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Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

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

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

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			

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

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



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

Received On:

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

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

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

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Furuzawa	Adriana	Board of Directors		
2	Paschen	Kenji	Board of Directors		
3	Penn	Curtis	Board of Directors		
4	Spensley	Catherine	Board of Directors		
5	Gilbert	AT CA	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	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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Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

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

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

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

cont	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Weingand	Shantel	CF0
2	Dennison	Sam	Board of Directors
3	Del Pinal	Ale	Board of Directors
4	Jia Son	Alice	Board of Directors
5	Tidwell	Roy	Board of Directors
6	Denning	Patt	Board of Directors
7	Little	Jeannie	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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

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

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

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

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

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

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

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	
	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 NUMBER		
HealthRight 360		415-762-3700		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1563 Mission St San Francisco CA 94103				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688	
			220000	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$126,888				
NATURE OF THE CONTRACT (Please describe)				
Provide fiscal intermediary check-writing serv	ices.			
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Provide fiscal Intermediary Check-writing Services.				
7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
THE CITY ELECTIVE OF TELEVISION OF 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	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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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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



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

Received On:

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

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

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

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

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



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

Received On:

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF 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	
HealthRight 360		(415) 762-3700	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1563 Mission St, SF, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$448,033			
NATURE OF THE CONTRACT (Please describe)			
Fiscal Intermediary.			
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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		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my		
knowledge the information I have provided here is true and con	nplete.	
,		
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.	
, , , , , ,	J J	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



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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	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	' O
	Y _X
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER		
Board of Supervisors	Members	

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF 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
HealthRight 360		(415) 762-3700	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1563 Mission St, SF, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$220,925			
NATURE OF THE CONTRACT (Please describe)			
Fiscal Intermediary.			
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7. COMMENTS			
7. 651411121113			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

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



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Received On:

File #: 220688

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Bid/RFP #:

Notification of Contract Approval

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A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
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	X
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER	
Board of Supervisors	Members	

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

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

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

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

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

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



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

Received On:

File #: 220688

1

Bid/RFP #:

Notification of Contract Approval

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
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	X
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER	
Board of Supervisors	Members	

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

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

5. C	ONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Heluna Health		800-201-7320		
STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
13	300 Crossroads Parkway, Suite 450, CID, CA 917	'46		
		•		
6. C	ONTRACT			
DATI	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	RIGINAL BID/F	RFP NUMBER	FILE NUMBER (If applicable)
				220688
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$4	99,118			
NAT	URE OF THE CONTRACT (Please describe)			
Pr	ovide support for Expecting Justice Program.)		
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Provide Support for Expecting Justice Program.				
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/. C	OMMENTS			
8. C	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
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	A DOADD ON WHICH THE CITY ELECTIVE CONTOCOLOR			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
ш	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF TH	E CITY ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Cutler	Blayne	Board of Directors
2	Seifert	Tim	Board of Directors
3	Dale	Peter	Board of Directors
4	Gadd	Jordan	Board of Directors
5	Ghosh	Јо Кау	Board of Directors
6	Gieseler	Brian	Board of Directors
7	Robison	Elizabeth P.	Board of Directors
8	Saluja	Kiran	Board of Directors
9	Jenks	Robert R.	Board of Directors
10	Joseph	Tamara	Board of Directors
11	Baker	Alex	Board of Directors
12	Edwards	Carladenise	Board of Directors
13	Yip	Edward	Board of Directors
14	Casciato	Georgia	Board of Directors
15	O'Connor	Jean	Board of Directors
16	Vetticaden	Santosh	Board of Directors
17	Rich	Sarah M.	Board of Directors
18	Filer	Scott	Board of Directors
19	De Santi	Susan	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Nguyen	Von	Board of Directors
21	Macarchuk	Nicole J.	Board of Directors
22	Vasallo	Vivian	Board of Directors
23	Gorre	Celina	Board of Directors
24	Midura	Bonnie	Board of Directors
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10. VERIFICATION			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK DATE SIGNED			
BOS Clerk of the Board			



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Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

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

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

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

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



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Received On:

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Bid/RFP #:

Notification of Contract Approval

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	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 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 (If applicable) 220688	
			220000	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$175,000				
NATURE OF THE CONTRACT (Please describe)				
Providing program administration and support s				
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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	Cutler	Blayne	Board of Directors		
2	Seifert	Tim	Board of Directors		
3	Dale	Peter	Board of Directors		
4	Gadd	Jordan	Board of Directors		
5	Ghosh	Jo Kay	Board of Directors		
6	Gieseler	Brian	Board of Directors		
7	Robison	Elizabeth P.	Board of Directors		
8	Saluja	Kiran	Board of Directors		
9	Jenks	Robert R.	Board of Directors		
10	Joseph	Tamara	Board of Directors		
11	Baker	Alex	Board of Directors		
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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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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



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Bid/RFP #:

Notification of Contract Approval

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A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
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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 DEPART	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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provide MH/SUD program services.			
7. COMMENTS			
9. CONTRACT ARRESOVAL			
8. CONTRACT APPROVAL This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A POARD ON WHICH THE CITY ELECTIVE COTTON OF			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Moretti	Matthew	Board of Directors		
2	Таріа	Virgina	Board of Directors		
3	Amador	Donna	Board of Directors		
4	Corona	Cristina	Board of Directors		
5	Johnson	Zachary	Board of Directors		
6	Boin	Isabelle P.	Board of Directors		
7	Serrano	Salvador	Board of Directors		
8	Williams	Jillian	Board of Directors		
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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	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	' O
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2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER	
Board of Supervisors	Members

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
Gregory N	Wong	(415)554-2521	
FULL 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)
₹ <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

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Moretti	Matthew	Board of Directors		
2	Таріа	Virginia	Board of Directors		
3	Amador	Donna	Board of Directors		
4	Corona	Cristina	Board of Directors		
5	Johnson	Zachary	Board of Directors		
6	Boin	Isabelle P.	Board of Directors		
7	Serrano	Salvador	Board of Directors		
8	Williams	Jillian	Board of Directors		
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COIIC	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
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	YA COMPANY

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

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

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

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

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Pazmino	Betty	Board of Directors		
2	Zavaleta	Aleks	Board of Directors		
3	Gross	Rich	Board of Directors		
4	Barahona	Luis	Board of Directors		
5	Barraza	Patricia	Board of Directors		
6	Barrera	Efrain	Board of Directors		
7	Brackenridge	Katie	Board of Directors		
8	Bransten	Lisa	Board of Directors		
9	Furney	Gary	Board of Directors		
10	Karir	Renu	Board of Directors		
11	Vega	Paul	Board of Directors		
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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



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

Received On:

File #: 220688

1

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

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

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

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

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my		
knowledge the information I have provided here is true and 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	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



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

Received On:

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

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

5. CONTRACTOR					
NAME OF CONTRACTOR		TELEPHONE N	IUMBER		
NICOS Chinese Health Coalition		(415) 788-6426			
STREET ADDRESS (including City, State and Zip Code)		EMAIL			
1208 Mason St, San Francisco, CA 94108					
6. CONTRACT	ODIONAL DID	DED 444.050	EUE AUGABER (IC. III.)		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	KFP NUMBER	FILE NUMBER (If applicable) 220688		
DESCRIPTION OF AMOUNT OF CONTRACT	L				
\$5,000					
NATURE OF THE CONTRACT (Please describe)					
Provide support for oral health program.	9				
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Provide support for oral health program.					
			0		
7. COMMENTS					
8. CONTRACT APPROVAL					
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM					
THE CITY ELECTIVE OFFICER(3) IDENTIFIED ON THIS FORM					
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES					
Board of Supervisors					
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS		

COIII	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Woo	Kent	Board of Directors			
2	Liao	Michael	Board of Directors			
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9. A	FFILIATES AND SUBCONTRACTORS		
List	the names of (A) members of the contrac	tor's board of directors; (B) the contracto	r's principal officers, including chief
	cutive officer, chief financial officer, chief		
	has an ownership interest of 10 percent	or more in the contractor; and (D) any su	bcontractor listed in the bid or
cont	ract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include ad Select "Supplemental" for filing type.	ditional names. Please submit a separate	form with complete information.
	VERIFICATION		
	ve used all reasonable diligence in prepartive the information I have provided h		tatement 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

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File #: 220688

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Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

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

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

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



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File #: 220688

1

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
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<u> </u>			
1. FILING INFORMATION			
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)		
	40		
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 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	

Hallidle PIZ, Ste 808, San Francisco, CA 94.	102	
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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		
\$1,419		
NATURE OF THE CONTRACT (Please describe)	2	
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7. COMMENTS		
O CONTRACT ARROWS		
8. CONTRACT APPROVAL This contract was approved by:		
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
<u> </u>		
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
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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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cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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



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Bid/RFP #:

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A Public Document

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF 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

A A			
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/	RFP NUMBER	FILE NUMBER (If applicable) 220688
\$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 7. COMMENTS	ptoms and fu ers.	ervices to unctional	impairments resulting
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

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

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



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

Received On:

File #: 220688

1

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

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

<u>'\</u>			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	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	_	_	
7. 66			
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

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

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



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

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

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

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

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Japanese Community Youth Council		(415) 56	3-8052
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
2012 Pine Street, San Francisco 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$60,049			
NATURE OF THE CONTRACT (Please describe)			
Provide MH/SUD program services.	S.		
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Provide MH/SUD program services.			
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7. COMMENTS			
8. CONTRACT APPROVAL This contract was approved by:			
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	McDonald	Angus	Board of Directors
2	Dunlap	Oliver	Board of Directors
3	Nagree	Shah	Board of Directors
4	Harrigan	Asia	Board of Directors
5	Santiago	Breonna	Board of Directors
6	Abantao	Darryl	Board of Directors
7	С	Dinesh	Board of Directors
8	Wayne	Evan	Board of Directors
9	Littleton	Heather	Board of Directors
10	Anderson	Jerome	Board of Directors
11	Kuo	Johnny	Board of Directors
12	Mah	Kitty	Board of Directors
13	Carroll	Louise	Board of Directors
14	Mah	Max	Board of Directors
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COIIC	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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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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

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

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

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Maitri AIDS Hospice		(415) 558-3000	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
401 Duboce Ave, San Francisco, CA 94117			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$681,216			
NATURE OF THE CONTRACT (Please describe)			
To provide safe housing, medical care and nutralife and those needing respite to return to in	ition suppor dependence a	rts for the as defined	ose with HIV at end of by the resident.
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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	ТУРЕ		
1	Lapointe	Ray	Board of Directors		
2	Wong	Jane	Board of Directors		
3	Miller	Austin	Board of Directors		
4	Cummings	Gregg	Board of Directors		
5	King	mic	Board of Directors		
6	Casados	Johannes	Board of Directors		
7	Mishra	Bismay	Board of Directors		
8	Cummings	Donna	Board of Directors		
9	Dilawri	Namita	Board of Directors		
10	Rana	Sameera	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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List exec who	cutive officer, chief financial officer, chief	tor's board of directors; (B) the contractor operating officer, or other persons with sor more in the contractor; and (D) any su	similar titles; (C) any individual or entity
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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	VERIFICATION	ving this statement. I have reviewed this	statement and to the best of re-
	wledge the information I have provided h	ring this statement. I have reviewed this s nere is true and complete.	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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Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Wagenknecht	Brad	Board of Directors
2	Gregory	Ryan	Board of Directors
3	Dillon	Diane	Board of Directors
4	Pedroza	Alfredo	Board of Directors
5	Ramos	Belia	Board of Directors
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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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<u> </u>			
1. FILING INFORMATION			
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)		
	.0		
Original	03.		
AMENDMENT DESCRIPTION – Explain reason for amendment			
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	X		
	YA COMPANY		

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

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

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

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

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

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

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

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	1		
	X		
	YA COMPANY		

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

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

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

5. CC	ONTRACTOR			
NAM	E OF CONTRACTOR		TELEPHONE N	IUMBER
RAI	MS		(415) 66	8-5955
STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
36	26 Balboa St, SF, СА 94124			
6. CC	DNTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESC	RIPTION OF AMOUNT OF CONTRACT			
\$2	49,691			
NATU	JRE OF THE CONTRACT (Please describe)			
Provides Peer Internship Program that prepares clients for employment in peer support and counseling 7. COMMENTS				
	ONTRACT APPROVAL			
INIS	contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORIVI			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

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

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

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

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

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
RAMS		(415) 66	8-5955
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3626 Balboa St, SF, CA 94124			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$273,182			
NATURE OF THE CONTRACT (Please describe)			
Provides Bilingual-designated counselor posit	ions.		
Trovides Brinigual designated counselor positi		DO KY	
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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	Muhammad	JayVon	Board of Directors		
2	Giovannini	Domenica	Board of Directors		
3	Shea	Christina	Board of Directors		
4	Tang	Angela	Board of Directors		
5	Agajanian	Eduard	Board of Directors		
6	De Joya	Trina	Board of Directors		
7	Inoue	Sachi	Board of Directors		
8	Castorena-O'Keefe	Carmen	Board of Directors		
9	Chan	Flora	Board of Directors		
10	Sinaga	Hasian	Board of Directors		
11	Kronenberg	Dennielle C.	Board of Directors		
12	Zozulinsky	Anna	Board of Directors		
13	Wong	Janny	Board of Directors		
14	Chun	Kristin	Board of Directors		
15	Vong	Vivian	Board of Directors		
16	Peng	Rebecca	Board of Directors		
17	Huie	Cynthia	Board of Directors		
18	Scholtz	Marjorie	Board of Directors		
19	Chaudhuri	Anoshua	Board of Directors		

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

10. VERIFICATION	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.	
I certify under penalty of perjury under the laws of the State of	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	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
	100
	Y _X
	Y _A

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

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

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

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

#	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
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12	Zozulinsky	Anna	Board of Directors
13	Wong	Janny	Board of Directors
14	Chun	Kristin	Board of Directors
15	Vong	Vivian	Board of Directors
16	Peng	Rebecca	Board of Directors
17	Huie	Cynthia	Board of Directors
18	Scholtz	Marjorie	Board of Directors
19	Chaudhuri	Anoshua	Board of Directors

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

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



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

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File #: 220688

1

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

4. CONTRAC	TING 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) 668-5955		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
3626 Balboa St, SF, CA 94124				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$150,266				
NATURE OF THE CONTRACT (Please describe)				
Provides support of consumer-run centers servi	ng many dua	lly-diagnos	sed individuals	
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	
<u> </u>				

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

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



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

Received On:

File #: 220688

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Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

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

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Muhammad	JayVon	Board of Directors			
2	Giovannini	Domenica	Board of Directors			
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4	Tang	Angela	Board of Directors			
5	Agajanian	Eduard	Board of Directors			
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12	Zozulinsky	Anna	Board of Directors			
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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			

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

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



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Bid/RFP #:

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

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

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

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

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

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6. C	ONTRACT			
DATI	E CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220688
		40		
DESC	RIPTION OF AMOUNT OF CONTRACT	8	l	
\$1	9,228	· O',		
NAT	JRE OF THE CONTRACT (Please describe)	100		
Fi	scal Intermediary		9	
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7. C	DMMENTS			
	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED	D ON THIS FORM		
	A BOARD ON WHICH THE CITY ELECTIVE	OFFICER(S) SERVES		
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WH	ICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) I	DENTIFIED ON THIS FORM SITS

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

DATE SIGNED

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

BOS Clerk of the Board

CLERK



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

Received On:

File #: 220688

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Bid/RFP #:

Notification of Contract Approval

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

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

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

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

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

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

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6. CONTRACT				
	OVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RI	FP NUMBER	FILE NUMBER (If applicable)
	A			220688
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DESCRIPTION OF AMOUNT	OF CONTRACT			
\$181,818	· · · · · · · · · · · · · · · · · · ·			
\$101,010	4. 3.			
NATURE OF THE CONTRACT	(Please describe)			
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approve				
THE CITY ELECTIVE OF	FICER(S) IDENTIFIED ON THIS FORM			
	THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Super	rvisors			
THE DO ADD OF A 2-2-	FE A CENCY ON MUNICIPAL AND ADDRESS.	THE OITH ELECTION	OFFICED(0):	DENITIFIED ON THIS TORSE STO
THE BOARD OF A STAT	TE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE	OFFICER(S) I	DENTIFIED ON THIS FORM SITS

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



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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF 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, СА 94102	
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6. C	ONTRACT				
DATI	E CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/F	RFP NUMBER	FILE NUMBER (If applicable) 220688
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	ONTRACT APPROVAL				
This	contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED	D ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE	OFFICER(S) SERVES			
	Board of Supervisors				
	THE BOARD OF A STATE AGENCY ON WH	ICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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14	Sharma	Adam	Board of Directors		
15	Morewitz	Mark	Board of Directors		
16	Oxford	Nick	Board of Directors		
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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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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong		(415)554-2521
FULL 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	

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6. C	ONTRACT					
DAT	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable)		
				220688		
DESC	RIPTION OF AMOUNT OF CONTRACT	1				
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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					
	200. 0 01 Super v 13013					
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E UEEICED(6) i	DENTIFIED ON THIS FORM SITS		
	THE BOARD OF A STATE AGENCY ON WHICH AN AFFORNIEE OF	THE CITY ELECTIV	L OIT ICEN(3) I	DEIGHALED ON THIS FORIN 3113		

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Eardley	Penny	Board of Directors			
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15	Morewitz	Mark	Board of Directors			
16	Oxford	Nick	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK DATE SIGNED			
BOS Clerk of the Board			



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Notification of Contract Approval

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

A Public Document

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

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

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

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

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6. C	ONTRACT				
DAT	E CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
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DESC	CRIPTION OF AMOUNT OF CONTRACT	8	1		
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NAT	URE OF THE CONTRACT (Please describe)	1			
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	ONTRACT APPROVAL				
This	contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED	O ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE	OFFICER(S) SERVES			
	Board of Supervisors				
	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			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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BOS Clerk of the Board		



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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	3 ,
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. CONTRAC	4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Gregory Wong		(415)554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
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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	

1	Hallidie Plaza, Suite 808 San	Francisco, CA	94102	
			<u> </u>	
6. C0	ONTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY EL	ECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220688
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8. <u>C</u> C	ONTRACT APPROVAL			
	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED C	ON THIS FORM		
	A BOARD ON WHICH THE CITY ELECTIVE OF	FICER(S) SERVES		
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	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH	H AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) I	DENTIFIED ON THIS FORM SITS

cont	contract.				
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exec who	the names of (A) members of the contract cutive officer, chief financial officer, chief has an ownership interest of 10 percent ract.	operating officer, or other persons with s	similar titles; (C) any individual or entity		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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BOS Clerk of the Board

CLERK



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

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

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

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

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6. CO	ONTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220688
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DESC	RIPTION OF AMOUNT OF CONTRACT	3		
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NAT	JRE OF THE CONTRACT (Please describe)	140		
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	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED	O ON THIS FORM		
	A BOARD ON WHICH THE CITY ELECTIVE (OFFICER(S) SERVES		
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WH	ICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) II	DENTIFIED ON THIS FORM SITS

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

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



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

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	Y O
	'

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

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

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

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

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

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

Board of Supervisors

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Livingston	Richard	Board of Directors		
2	Yee	Tina Tong	Board of Directors		
3	True	Reiko H.	Board of Directors		
4	Elbgal	Hazim	Board of Directors		
5	Eldon	Eric	Board of Directors		
6	Kutnick	Benjamin A.	Board of Directors		
7	Kwong	Jeanne	Board of Directors		
8	Margaronis	Stas	Board of Directors		
9	McWilliams	Jim	Board of Directors		
10	Link	Geoffrey	Board of Directors		
11	Chen	Jaden	Board of Directors		
12	Nunez	John	Board of Directors		
13	Vera	Leonor	Board of Directors		
14	Kuo	Linda	Board of Directors		
15	Soriano	Irene	Board of Directors		
16	Beggs	Marjorie	Board of Directors		
17	Stampfli	Lise	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
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

1. FILING INFORMATION	9_
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	♥ .
AMENDMENT DESCRIPTION – Explain reason for amendment	0
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2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

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

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

<u> </u>			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
San Francisco Unified School District		(415) 241-6085	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
555 Franklin Street, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			220688
DESCRIPTION OF AMOUNT OF CONTRACT	l		
\$215,000			
NATURE OF THE CONTRACT (Please describe)			
Provide outreach to targeted populations.	9		
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Provide outreach to targeted populations.			
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/F OFFICER(S) II	DENTIFIED ON THIS FORM SITS
THE BOOK OF A STATE AGENCT ON WHICH AN AFFORMEE OF	THE CITT LEECTIV	L OI I ICEN(3) II	DERTIFIED OR THIS FORM SHS

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Gregory Wong		(415)554-2521	
FULL DEPARTMENT 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	1-6000	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
555 Franklin Street, San Francisco, CA 94102				
6. CONTRACT	ODICINAL DID	DED AULIA ADED	FUE AUDADED (If wer l'entre)	
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	KED NOMBEK	FILE NUMBER (If applicable) 220688	
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DESCRIPTION OF AMOUNT OF CONTRACT				
\$105,932				
NATURE OF THE CONTRACT (Please describe)				
Provide outreach to targeted populations.	9			
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and the second of the second o				
Provide outreach to targeted populations.				
7. COMMENTS				
C CONTRACT ARRESTA				
8. CONTRACT APPROVAL This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
□□ Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S)	DENTIFIED ON THIS FORM SITS	
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con	contract.						
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ				
1	Matthews	Vincent	Board of Directors				
2	Leigh	Myong	Board of Directors				
3	Morthel	Enikia F.	Board of Directors				
4	Blythe	Gentle	Board of Directors				
5	Lam	Jenny	Board of Directors				
6	Boggess	Kevin	Board of Directors				
7	Alexander	Matt	Board of Directors				
8	Hsu	Ann	Board of Directors				
9	Motamedi	Lainie	Board of Directors				
10	Sanchez	Mark	Board of Directors				
11	Weissman-Ward	Lisa	Board of Directors				
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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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1

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF 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		
Seneca Family of Agencies		510-654-	4004		
STREET ADDRESS (including City, State and Zip Code)		EMAIL			
8945 Golf Links Rd, Oakland, CA 94605					
6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)		
			220688		
DESCRIPTION OF AMOUNT OF CONTRACT	1		I		
\$270,500					
NATURE OF THE CONTRACT (Please describe)					
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Fiscal Intermediary.					
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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	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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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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



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

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

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

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Shanti		(415) 67	4-4700	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
730 Polk Street, 3rd Floor San Francisco, CA 9	4109			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$95,203				
NATURE OF THE CONTRACT (Please describe)				
Provides Hepatitis C prevention services.	9			
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Provides Hepatitis C prevention services.				
7. COMMENTS				
7. COMMENTS				
a contract approve				
8. CONTRACT APPROVAL This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Dawes	William L.	Board of Directors		
2	Ennis	Jamie	Board of Directors		
3	Francone	Jerry	Board of Directors		
4	Kiernan	Sheila F.	Board of Directors		
5	Klearman	Micki	Board of Directors		
6	Sell	John	Board of Directors		
7	Sullivan	Ethan M.	Board of Directors		
8	Supanich	Chip	Board of Directors		
9	Weinstein	Marc	Board of Directors		
10	Weinstein	Josh	Board of Directors		
11	Yee	Stanley	Board of Directors		
12	Roy	Kaushik	Board of Directors		
13	Meade	Charlie	Board of Directors		
14	Schnedar	Patricia J.	Board of Directors		
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cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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



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

Received On:

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

4. CONTRAC	TING 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
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			
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 ROADD OF A STATE ACENCY ON WHICH AN ADDOINTED OF	THE CITY ELECTIV	E VEEICEB(c) ii	DENTIFIED ON THIS EODM SITS
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(3) II	DEINTIFIED OIN THIS PURIN SITS

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

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State 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 #:

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SFEC Form 126(f)4
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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_{λ}

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

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

4. CONTRAC	TING 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

NUMBER
INDIVIDER
282-7494

6. CC	ONTRACT				
	CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable)
		A			220688
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DESC	RIPTION OF AMOUNT OF CONTRACT	NA THE			
¢ 7	0 073	YOU			
\$70	8,872	4. 3*			
NATU	JRE OF THE CONTRACT (Please describe)				
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7. 00	NAME (173				
	ONTRACT APPROVAL				
Inis	contract was approved by:	D 011 TING 50014			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIE	D ON THIS FORM			
\square	A BOARD ON WHICH THE CITY ELECTIVE	OFFICER(S) SERVES			
	Board of Supervisors				
			THE AITH	- 0	
	THE BOARD OF A STATE AGENCY ON WH	ICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

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

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

BOS Clerk of the Board

CLERK



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Bid/RFP #:

Notification of Contract Approval

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

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1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	* O
	30
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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	
The Latino Commission		650-244-1444		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
161 Margaret Avenue, San Francisco 94112				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
			220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$286,115				
NATURE OF THE CONTRACT (Please describe)				
Provide MH/SUD program services.	9			
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Provide MH/SUD program services.				
7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
□ Board of Supervisors				
		/F 0 FF 0 F - ' - '	DENIETED AN EURO EAST - CO-C	
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Aldana	Olga	Board of Directors
2	Rodriguez	Dee D.	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER		
Board of Supervisors	Members	

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

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

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

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

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

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



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

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

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

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

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

cont	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	Meyer	Malka	Board of Directors			

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

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



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

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF 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	

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

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

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

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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 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 com-	nplete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK DATE SIGNED			
BOS Clerk of the Board			



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

Received On:

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

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



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

Received On:

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF 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
University of California, San Francisco		(415) 476-1000	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
550 16th Street, 7th Floor, San Francisco, CA	94143		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$486,611			
NATURE OF THE CONTRACT (Please describe)			
Fiscal Intermediary.	9		
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7. C	OMMENTS
8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
$ \sqcup $	
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES
	Board of Supervisors
	Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

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cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Hammarskjold	Philip	Board of Directors		
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6	Cohen	Fred	Board of Directors		
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35	Safier	Jaclyn	Board of Directors	
36	Byers	Brook н.	Board of Directors	
37	Derr	Kenneth T.	Board of Directors	
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COIIL	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.	

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



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

Received On:

File #: 220688

1

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
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2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER	
Board of Supervisors	Members

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

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

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

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

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

10. VERIFICATION	
I have used all reasonable diligence in preparing this statement.	•
knowledge the information I have provided here is true and 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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Bid/RFP #:

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A Public Document

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

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

4. CONTRACTING DEPARTMENT CONTACT		
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FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
University of California, San Francisco		(415) 476-1000		
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			
	<i>S</i>			
	Y			
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Provide MH/SUD program services.				
			(0)	
7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	contract.					
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	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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CLERK		
BOS Clerk of the Board		



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

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

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
Youth Leadership Institute		(628) 400-9252	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
201 9th Street Suite 200, San Francisco 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$60,049			
NATURE OF THE CONTRACT (Please describe)			
Provide MH/SUD program services.	9		
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		(O).	
Provide MH/SUD program services.			
		No.	A.
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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			
Bualu di Supervisul'S			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

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

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State 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	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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

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

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

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

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

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

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	FFILIATES AND SUBCONTRACTORS		
	the names of (A) members of the contrac	tor's board of directors; (B) the contracto	or's principal officers, including chief
	cutive officer, chief financial officer, chief		
	has an ownership interest of 10 percent	or more in the contractor; and (D) any su	bcontractor listed in the bid or
cont	tract.		T
#	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.	ditional names. Please submit a separate	form with complete information.
10.	VERIFICATION		
	ive used all reasonable diligence in prepai owledge the information I have provided h		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

Office of the Mayor San Francisco





y gw

To: Angela Calvillo, Clerk of the Board of Supervisors From: Ashley Groffenberger, Mayor's Budget Director

Date: June 1, 2022

Re: Mayor's FY 2022-23 and FY 2023-24 Budget Submission

Madam Clerk,

In accordance with City and County of San Francisco Charter, Article IX, Section 9.100, the Mayor's Office hereby submits the Mayor's proposed budget by June 1st, corresponding legislation, and related materials for Fiscal Year (FY) 2022-23 and FY 2023-24.

In addition to the Mayor's Proposed FY 2022-23 and FY 2023-24 Budget Book, the following items are included in the Mayor's submission:

- The Annual Appropriation Ordinance and Annual Salary Ordinance, along with Administrative Provisions
- The proposed budget for the Office of Community Investment and Infrastructure for FY 2022-23
- 28 separate pieces of trailing legislation (see list attached)
- A Transfer of Function letter detailing the transfer of positions from one City department to another
- An Interim Exception letter
- A letter addressing funding levels for nonprofit corporations or public entities for the coming two fiscal years
- Memo to the Board President requesting for 30-day rule waivers on ordinances
- A list of technical adjustments to the budgets for select departments submitted on May 1

Please note the following:

• Technical adjustments to the June 1 budget are being prepared, but are not submitted with this set of materials.

Sincerely,

cc:

Ashley Groffenberger Mayor's Budget Director

Members of the Board of Supervisors
Budget & Legislative Analyst's Office
Controller

DEPT	Item	Description	Type of Legislation	File#
EPEUE E	Critical	Authorizes COPs to finance or	LEGISLATION	A-18C FF
ADM	Repair/Recovery Stimulus COPs	refinance the capital plan in the budget.	Ordinance	
ADM	Entertainment Commission Fee Changes	Fee decrease for fixed speakers due to the Commission's "Just Add Music" initiative.	Ordinance	
ADM	Reproduction and Notary Fee Changes	Fee increase for a variety of printing and scanning services at the Permit Center.	Ordinance	
ADM	Prop J Continuation	Moscone Convention Center.	Resolution	
ADM	Prop J Continuation	Fleet security services.	Resolution	
ADM	Prop J Continuation	Real estate security services.	Resolution	
ADM	Prop J Continuation	Real estate custodial services.	Resolution	
BOS	Prop J Continuation	Budget Legislative Analyst (BLA).	Resolution	
CAT	Courthouse Construction Fund	The Board adopted an ordinance last year terminating the Fund, which was established in 1992, because the courthouse construction project is complete and fully financed. This ordinance completes the process.	Ordinance	
CON	Access Line Tax	Sets Access Line Tax. Revenues assumed in budget.	Resolution	
CON	Neighborhood Beautification Fund	Neighborhood Beautification Fund contribution levels assumed in budget.	Ordinance	
DEM	EMSA Fee Changes	Changing the fee structure for EMSA fees that are charged to hospitals.	Ordinance	
DPH	Recurring State Grants	Accept and expend for annual, recurring state grant funds.	Resolution	
DPH	Patient Rates	Amending the Health Code to set patient rates and rates for other services provided by the Department of Public Health.	Ordinance	
DPH	Prop J Continuation	Clinic security services.	Resolution	
DPW	Prop J Continuation	Security services.	Resolution	
FIR	Organizational Changes in the City's Administrative Code	Changing the City's Administrative Code to transition the Chief of EMS position up a Deputy Chief position.	Ordinance	
HRC	State Grant Acceptance	Acceptance of the state-funded California for All grant for the Opportunities for All program.	Resolution	
HSA	Prop J Continuation	Security services.	Resolution	
HSH	CAAP Legislation	Annual legislation for CAAP housing with funding from HSA.	Resolution	
HSH	Prop J Continuation	Security services.	Resolution	
MYR	Prop J Continuation	Security services.	Resolution	

POL	Police Vehicle Theft Crime Fund Surcharge	Increasing the car registration surcharge. Funds will be used to deter, investigate, or prosecute vehicle theft crimes.	Ordinance
REC	Marina Dredging Surcharge	Imposing a surcharge to license fees at Marina West Harbor to pay for necessary dredging at the Harbor,	Ordinance
REC	Francisco Park Conservancy Grant Agreement	Credits the Francisco Park Conservancy to offset unanticipated project cost increases incurred due to PG&E requirements.	Resolution
REG	Prop J Continuation	Assembly of vote by mail envelope services.	Resolution
SHF	Prop J Continuation	Food services at county jails.	Resolution
TIS	Prop J Continuation	Mainframe system support.	Resolution

Office of the Mayor SAN FRANCISCO



LONDON N. BREED MAYOR

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Tom Paulino

RE: Accept and Expend Grants - Recurring State Grant Funds - Department of

Public Health - FY2022-2023

DATE: June 1, 2022

Resolution authorizing the acceptance and expenditure of State grant funds by the San Francisco Department of Public Health for FY2022-2023.

Should you have any questions, please contact Tom Paulino at 415-554-6153.