

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: 07-21-2022 | 15:11:54 PDT

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File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF 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	
18 Reasons		(415) 568-2710		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
3674 18th Street, SF, CA 94110				
6. CONTRACT	1			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688	
07/19/2022				
DESCRIPTION OF AMOUNT OF CONTRACT				
\$35,000				
NATURE OF THE CONTRACT (Please describe)				
Provide outreach to targeted populations.				
7. COMMENTS				
Amounts confirmed in Recurring Grants Subcontractors FY21-22 and list of Subcontractors				
documents on file.				
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	Farrar-Rivas	Patricia	Board of Directors
2	Cogen	Shannon W.	Board of Directors
3	Rosner	Bob	Board of Directors
4	Hardisty	Aaron	Board of Directors
5	Baldauf	Marian Z.	Board of Directors
6	Buwembo	Issac	Board of Directors
7	Mogannam	Sam	Board of Directors
8	Nelson	Sarah	Board of Directors
9	Obst	Suzy	Board of Directors
10	Singh	Poonam	Board of Directors
11	Spicer	Maggie	Board of Directors
12	Тао	Rosabel	Board of Directors
13	Tsay	Calvin	Board of Directors
14	Wiggelsworth	Sarah	Board of Directors
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#	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.

0.76		
10. VERIFICATION		
I have used all reasonable diligence in preparing this statement.	I have reviewed this statement and to the best of my	
knowledge the information I have provided here is true and con	nplete.	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERKDocuSigned by:		
Ages Cachicalo	07-21-2022 15:11:54 PDT	
08808E42C3084B5		
Angela Calvillo		
	L	



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Original		
AMENDMENT DESCRIPTION – Explain reason for amendment		

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF 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		
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	aniama pin/			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER FILE NUMBER (If applicable) 220688		
07/19/2022				
DESCRIPTION OF AMOUNT OF CONTRACT				
\$407,502				
NATURE OF THE CONTRACT (Please describe)				
Fiscal Intermediary				
7 COMMENTS				
7. COMMENTS				
Amount confirmed in Recurring Grants Subcontractors and List of Subcontractors lists on file.				
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 UEEICEB(S) II	DENTIFIED ON THIS FORM SITS	
I SOARS OF A STATE ASERCE ON WHICH AN AFFORTEE OF	CITT LLLCTIV	_ O ICEN(3) II	JETT THE ON THIS FORING SITS	

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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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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n Env	elope ID: 7ED1B574-643A-4FA4-85C7-E7BB3B	F6BC5D	
List 1	FFILIATES AND SUBCONTRACTORS the names of (A) members of the contractor tutive officer, chief financial officer, chief o		
	has an ownership interest of 10 percent of		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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10. VERIFICATION I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR **DATE SIGNED** CLERK DocuSigned by: 07-21-2022 | 15:00:47 PDT a Caliado 988C8F42C3084B5 Angela Calvillo



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				
DATE OF ORIGINAL FILING (for amendment only)				

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	
APA Family Support Services		(415) 617-0061	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
10 Nottingham Place, San Francisco, CA 94133			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688
07/19/2022			220000
DESCRIPTION OF AMOUNT OF CONTRACT			
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Provide support for oral health program			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTER 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	INE CITY ELECTIV	L OFFICER(3) II	DEINTIFIED OIN THIS PURIN SITS

#	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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. A	9. AFFILIATES AND SUBCONTRACTORS				
List to execute who	the names of (A) members of the contract cutive officer, chief financial officer, chief has an ownership interest of 10 percent cract.	operating officer, or other	persons with s	imilar titles; (C) any individual or entity	
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME		ТҮРЕ	
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
	VERIFICATION				
	ve used all reasonable diligence in prepa- wledge the information I have provided h		eviewed this s	tatement and to the best of my	

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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
10	VERIFICATION				
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
SIG	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED				
CLE	DocuSigned by: 988C8F42C3084B5 Angela Calvillo		07-22-2022 1	7:09:39 PDT	



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Received On:⁰⁸⁻⁰⁴⁻²⁰²² | 13:55:09 PDT

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1. FILING INFORMATION				
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)			
Amendment	07/22/2022			
AMENDMENT DESCRIPTION – Explain reason for amendment				
previously submitted contract was missing contract approval date				
process, canal and and and approve approve				

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			
Legislative Clerks Division	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
Angela Calvillo		415-554-5184
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR					
NAME OF CONTRACTOR			TELEPHONE NUMBER		
Youth Leadership Institute			(628) 400-9252		
STREET ADDRESS (including City, State and Zip Code)		EMAIL			
201 9th Street Suite 200, San Francisco, CA 94	103				
C CONTRACT					
6. CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	DED NIIMBED	FILE NUMBER (If applicable)		
DATE CONTRACT WAS AFFROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID	KI F NOWIDEK	220688		
07/19/2022					
DESCRIPTION OF AMOUNT OF CONTRACT					
\$60,049					
NATURE OF THE CONTRACT (Please describe)					
Provide MH/SUD program services.					
7. COMMENTS					
Amount confirmed in Recurring Grants Subcontractors and List of Subcontractors lists on file.					
Tite.					
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	ТУРЕ			
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	Gonazalez	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	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 con	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 DATE SIGNED		
CLERK	08-04-2022 13:55:09 PDT	
Alisa Somera		



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

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

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

4. CONTRAC	4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DE	EPARTMENTAL 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	
Behavioral Health Commission	(415) 554-5184	
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	1.5
07/19/2022		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 intermedia	ary funding in order to

7. COMMENTS

Amounts confirmed in Recurring Grants Subcontractors FY21-22 and list of Subcontractors documents on file.

8. 0	8. CONTRACT APPROVAL		
This	s 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		
l —	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	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	บlash	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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. A	9. AFFILIATES AND SUBCONTRACTORS		
exec who	List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

	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		
kno	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.		
SIGI	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
CLE	Pocusigned by:	07-21-2022 15:48:19 PDT	



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

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

1442-A Walnut St. #462, Berkeley, CA 94709			
6. CONTRACT	ODICINAL DID /DED AUGGEST	FUE AND ADED 116 months and 1	
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220688	
07/19/2022			
DESCRIPTION OF AMOUNT OF CONTRACT	1	ı	
\$36,000			
NATURE OF THE CONTRACT (Please describe)			
To restore specified marshes by replanting native cordgrass and marsh gumplant.			
7. COMMENTS	_	_	
Amount confirmed in Recurring Grants Subcontrafile.	actors and List of Sub	contractors lists on	
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 PORM			
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	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Kerr	Drew	Board of Directors
2	Matos	Juli	Board of Directors
3	Godfrey	Sarah	Board of Directors
4	Swanson	Amanda C.	Board of Directors
5	Giessow	Jason	Board of Directors
6	Addison	Steven	Board of Directors
7	Gibson	Doug	Board of Directors
8	кlock	Metha	Board of Directors
9	Meyer	Тапуа	Board of Directors
10	Mila	LeeAnne	Board of Directors
11	Oneto	Scott	Board of Directors
12	Schoenig	Steve	Board of Directors
13	Trinidad	Marcos	Board of Directors
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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. A	9. AFFILIATES AND SUBCONTRACTORS			
exec	the names of (A) members of the contractor utive officer, chief financial officer, chief on has an ownership interest of 10 percent o	perating officer, or other persons with s	similar titles; (C) any individual or entity	
contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	

#	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.				
40 VERIFICATION				
10. VERIFICATION I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my				
knowledge the information I have provided here is true and complete.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK — DocuSigned by:				
JLL	DocuSigned by:		07-21-2022 1	5:58:26 PDT

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement.	I have reviewed this statement and to the best of my	
knowledge the information I have provided here is true and con	nplete.	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK DocuSigned by: 988C8F42C3084B5 Angela Calvillo	07-21-2022 15:58:26 PDT	



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:⁰⁸⁻⁰⁴⁻²⁰²² | 13:57:00 PDT

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)		
Amendment	07/22/2022		
AMENDMENT DESCRIPTION – Explain reason for amendment			
Submitted form did not include the contract approval date.			

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		
CARECEN		(415) 642-4400		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
3101 Mission St Suite #101 San Francisco, CA S	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 (<i>If applicable</i>) 220688	
07/19/2022				
DESCRIPTION OF AMOUNT OF CONTRACT				
\$5,000				
NATURE OF THE CONTRACT (Please describe)				
Provide support for oral health program.				
7. COMMENTS				
Amount confirmed in Recurring Grants Subcontractors and List of Subcontractors lists on				
file.				
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				
22				
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	Loya-Talamantes	Michelle	Board of Directors	
2	Rodenzo	Gabriella	Board of Directors	
3	Smith	Richard	Board of Directors	
4	Artiga	Jose	Board of Directors	
5	Asturias	Elena	Board of Directors	
6	Co11	Kathleen	Board of Directors	
7	Flores	Carmen	Board of Directors	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTOR

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

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my		
knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERKDocuSigned by:		
CLERK Docusigned by: Alias Somers	08-04-2022 13:57:00 PDT	
977FC12A02FF42D Alisa Somera		



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: 07-22-2022 | 17:36:00 PDT

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)		
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Original			
AMENDMENT DESCRIPTION – Explain reason for amendment			

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF 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
Catholic Charities - Leland House	(415) 972-1200
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)
07/19/2022		
DESCRIPTION OF AMOUNT OF CONTRACT		
\$174,783		
NATURE OF THE CONTRACT (Please describe)		
To provide attendant care services in complian Centered Services to multiply diagnosed indivi Francisco with a special focus on the unique	duals at Leland House	an RCF-CI program in San
7 COMMENTS		

CO		

Amount confirmed in Recurring Grants Subcontractors and List of Subcontractors supporting documents on file.

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
	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	ract.		<u></u>
#	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. A	9. AFFILIATES AND SUBCONTRACTORS				
exec who	List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		

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.			
	VERIFICATION ve used all reasonable diligence in prepar	ring this statement.	I have reviewed this s	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.				
	NATURE OF CITY ELECTIVE OFFICER OR BOARI	D SECRETARY OR	DATE SIGNED	
CLE	DocuSigned by:		07-22-2022 1	L7:36:00 PDT
	000005400000405		'	

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	
DocuSigned by: 988C8F42C3084B5 Angela Calvillo	07-22-2022 17:36:00 PDT	



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Received On: 07-21-2022 | 15:35:18 PDT

1

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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	
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
07/19/2022		22000
DESCRIPTION OF AMOUNT OF CONTRACT	I	
\$180,336		
NATURE OF THE CONTRACT (Please describe)		
To provide attendant care services in complian Centered Services to multiply diagnosed indivi program in San Francisco with a special focus HIV/AIDS.	duals at Peter Claver	Community an RCFCI

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Amounts confirmed in Recurring Grants Subcontractors FY21-22 and list of Subcontractors documents on file.

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
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES
	Board of Supervisors
l —	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	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		

#	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 \neg Check this box if you need to include additional names. Please submit a separate form with complete information.

Select "Supplemental" for filing type.		
I have reviewed this statement and to the best of my		
nplete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
DATE SIGNED		
07-21-2022 15:35:18 PDT		



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Received On:⁰⁷⁻²¹⁻²⁰²² | 15:43:30 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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
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

Amounts confirmed in Recurring Grants Subcontractors FY21-22 and list of Subcontractors documents on file.				

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

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

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement.	I have reviewed this statement and to the best of my	
knowledge the information I have provided here is true and con	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	DATE SIGNED	
DocuSigned by:	07-21-2022 15:43:30 PDT	



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Received On:⁰⁷⁻²¹⁻²⁰²² | 15:50:08 PDT

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File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF 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	
Curry Senior Center		(415) 885-2274	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
333 Turk Street, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	REP NUMBER	FILE NUMBER (If applicable)
	ORIGINAL DIDY	220688	
07/19/2022			
DESCRIPTION OF AMOUNT OF CONTRACT			
\$114,273			
NATURE OF THE CONTRACT (Please describe)			
Provides support for older adults with mental health issues and are homeless or risk of losing their houses.			
7. COMMENTS			
Amounts confirmed in Recurring Grants Subcontr documents on file.	actors FY21-	-22 and lis	st of Subcontractors
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	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	нuh	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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#	LACT NAME (ENITITY (CLID CONTRACTOR		
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9. A	9. AFFILIATES AND SUBCONTRACTORS				
List t	List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief				
exec	executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity				
who	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		

COIII	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.			

Select "Supplemental" for filling 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 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 DATE SIGNED			
CLERKDocuSigned by:			
An Cachialo	07-21-2022 15:50:08 PDT		
988C8F42C3084B5			
Angela Calvillo			



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Received On:⁰⁷⁻²¹⁻²⁰²² | 15:36:10 PDT

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File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

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

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

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		
07/19/2022				
DESCRIPTION OF AMOUNT OF CONTRACT				
\$240,656				
NATURE OF THE CONTRACT (Please describe)				
To improve and maintain the health of our resi health care and other supportive services.	dents through the prov	vision of facility-based		
7. COMMENTS				
Amounts confirmed in Recurring Grants Subcontractors FY21-22 and list of Subcontractors				
documents				
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

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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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include add Select "Supplemental" for filing type.	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	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	07-21-2022 15:36:10 PDT	



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: 07-21-2022 | 15:55:43 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

F. CONTRACTOR			
5. CONTRACTOR NAME OF CONTRACTOR		TELEPHONE N	IIIMBER
Facente Consulting		415-999-	1310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
13300 Crossroads Parkway, Suite 450, CID CA 9	91746		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688
07/19/2022			220000
DESCRIPTION OF AMOUNT OF CONTRACT			
\$95,203			
NATURE OF THE CONTRACT (Please describe)			
Professional consultation and technical Asssis	stance for St	tratedic P	lanning.
		.	3
7. COMMENTS			
7. COMMINICATS			
Amount confirmed in Recurring Grants Subcontra	ictors and L	ist of Sub	contractors lists on
file.			
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	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	TT	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement.	I have reviewed this statement and to the best of my	
knowledge the information I have provided here is true and con	nplete.	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	07-21-2022 15:55:43 PDT	



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:⁰⁸⁻⁰⁴⁻²⁰²² | 13:59:18 PDT

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

YPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)	
Amendment	07/22/2022	
AMENDMENT DESCRIPTION – Explain reason for amendment		
Original contract is missing the contract approval date.		
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2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER	
Board of Supervisors	Members

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

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

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Family Services Agency	(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)
07/10/2022		220688
07/19/2022		
DESCRIPTION OF AMOUNT OF CONTRACT		<u> </u>
\$330,014		
NATURE OF THE CONTRACT (Please describe)		
NATURE OF THE CONTRACT (Fleuse describe)		
Provides services First Episode Psychosis, fam schizophrenia.	ilies suffering from	signs & symptoms of
7. COMMENTS		

Amount confirmed in Recurring Grants Subcontractors and List of Subcontractors supporting documents on file.

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

Select "Supplemental" for filing type.			
10. VERIFICATION			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my			
knowledge the information I have provided here is true and complete.			
I 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 Docusigned by: Alisa Somera 977FC12A02FF42D Alisa Somera	08-04-2022 13:59:18 PDT		



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:⁰⁷⁻²¹⁻²⁰²² | 16:00:25 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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			
Felton Institute		(415) 474-7310			
STREET ADDRESS (including City, State and Zip Code)		EMAIL			
1500 Franklin Street, San Francisco, CA 94109					
6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	ORIGINAL BID/RFP NUMBER FILE NUMBER (If applicable) 220688			
07/19/2022					
DESCRIPTION OF AMOUNT OF CONTRACT					
\$344,787					
NATURE OF THE CONTRACT (Please describe)					
Fiscal Intermediary.					
riscar incermediary.					
7. COMMENTS					
Amount confirmed in Recurring Grants Subcontractors and List of Subcontractors lists on file.					
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8. CONTRACT APPROVAL					
This contract was approved by:					
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM					
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES					
□ Board of Supervisors					
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS		

#	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	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

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

Select "Supplemental" for filing type.		
10. VERIFICATION		
I have used all reasonable diligence in preparing this statement.	I have reviewed this statement and to the best of my	
knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK DocuSigned by: 988C8F42C3084B5 Angela Calvillo	07-21-2022 16:00:25 PDT	



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:⁰⁷⁻²¹⁻²⁰²² | 15:59:39 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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 N	IUMBER	
Felton Institute		(415) 474-7310		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1500 Franklin Street, San Francisco, CA 94109				
	<u>'</u>			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	L BID/RFP NUMBER FILE NUMBER (If applicable) 220688		
07/19/2022				
DESCRIPTION OF AMOUNT OF CONTRACT				
\$155,359				
NATURE OF THE CONTRACT (Please describe)				
Fiscal Intermediary.				
7. COMMENTS				
Amount confirmed in Recurring Grants Subcontractors and List of Subcontractors lists on				
file.				
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	Furuzawa	Adriana	Board of Directors		
2	Paschen	Kenji	Board of Directors		
3	Penn	Curtis	Board of Directors		
4	Spensley	Catherine	Board of Directors		
5	Gilbert	Al	Board of Directors		
6	Davis	Marvin	Board of Directors		
7	Dalmacio-Julien	Liz	Board of Directors		
8	Ortiz	Robin	Board of Directors		
9	Quiroz	Yohana	Board of Directors		
10	Skolnick	Darren	Board of Directors		
11	Hofman	Michael N.	Board of Directors		
12	Bobulsky	Susan	Board of Directors		
13	Costello	Daniel	Board of Directors		
14	Limpert	Terry M.	Board of Directors		
15	Neal	Kathy	Board of Directors		
16	Orias	Michael	Board of Directors		
17	Rojo	Peter	Board of Directors		
18	Steele	Tamara	Board of Directors		
19	Woods	George	Board of Directors		

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#	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 con	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	DATE SIGNED	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	07-21-2022 15:59:39 PDT	



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:⁰⁷⁻²¹⁻²⁰²² | 15:47:30 PDT

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File #: 220688

Bid/RFP #:

Notification of Contract Approval

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A Public Document

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF 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	
Felton Institute		(415) 474-7310	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
07/19/2022			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$20,000			
NATURE OF THE CONTRACT (Please describe)			
		baran da esse	
Provides mental health technical assistance to	community I	based MH c	risis response to trauma.
7. COMMENTS			
		00 17:	
Amounts confirmed in Recurring Grants Subcontr documents on file.	actors FY21	-22 and lis	st of Subcontractors
documents on Tite.			
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			
υσαια στ σαρείντσοισ			
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	Board of Directors
6	Davis	Marvin	Board of Directors
7	Dalmacio-Julien	Liz	Board of Directors
8	Ortiz	Robin	Board of Directors
9	Quiroz	Yohana	Board of Directors
10	Skolnick	Darren	Board of Directors
11	Hofman	Michael N.	Board of Directors
12	Bobulsky	Susan	Board of Directors
13	Costello	Daniel	Board of Directors
14	Limpert	Terry M.	Board of Directors
15	Neal	Kathy	Board of Directors
16	Orias	Michael	Board of Directors
17	Rojo	Peter	Board of Directors
18	Stelle	Tamara	Board of Directors
19	Woods	George	Board of Directors

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	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 con	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	DATE SIGNED		
Docusigned by: 988C8F42C3084B5 Angela Calvillo	07-21-2022 15:47:30 PDT		



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: 07-21-2022 | 15:46:03 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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		
Felton Institute		(415) 474-7310			
STREET ADDRESS (including City, State and Zip Code)		EMAIL			
1500 Franklin Street, San Francisco, CA 94109					
6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688		
07/19/2022					
DESCRIPTION OF AMOUNT OF CONTRACT					
\$469,821					
NATURE OF THE CONTRACT (Please describe)					
Provide program support.					
7. COMMENTS					
Amounts confirmed in Recurring Grants Subcontractors FY21-22 and list of Subcontractors documents on file.					
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	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	ΑΊ	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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. A	P. AFFILIATES AND SUBCONTRACTORS			
exec who	the names of (A) members of the contractor cutive officer, chief financial officer, chief of has an ownership interest of 10 percent of	perating officer, or other persons with s	imilar titles; (C) any individual or entity	
contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE	

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

	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.					
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED			
CLE	CLERK DocuSigned by: 07-21-2022 15:46:03 PDT 988C8F42C3084B5 Angela Calvillo				



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:⁰⁷⁻²¹⁻²⁰²² | 15:40:15 PDT

1

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Felton Institute		(415) 474-7310		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1500 Franklin Street, San Francisco, CA 94109				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688	
07/19/2022				
DESCRIPTION OF AMOUNT OF CONTRACT				
\$131,080				
NATURE OF THE CONTRACT (Please describe)				
Provide support for TAPP program.				
7. COMMENTS				
Amounts confirmed in Recurring Grants Subcontractors FY21-22 and list of Subcontractors				
documents on file.				
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	Al	Board of Directors		
6	Davis	Marvin	Board of Directors		
7	Dalmacio-Julien	Liz	Board of Directors		
8	Ortiz	Robin	Board of Directors		
9	Quiroz	Yohana	Board of Directors		
10	Skolnick	Darren	Board of Directors		
11	Hofman	Michael N.	Board of Directors		
12	Bobulsky	Susan	Board of Directors		
13	Costello	Daniel	Board of Directors		
14	Limpert	Terry M.	Board of Directors		
15	Neal	Kathy	Board of Directors		
16	Orias	Michael	Board of Directors		
17	Rojo	Peter	Board of Directors		
18	Steele	Tamara	Board of Directors		
19	Woods	George	Board of Directors		

COIII	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 \neg Check this box if you need to include additional names. Please submit a separate form with complete information.

Ш	Select "Supplemental" for filing type.		
10.	VERIFICATION		
I ha	ve used all reasonable diligence in preparing this statement	. I have reviewed this statement and to the best of my	
kno	wledge the information I have provided here is true and cor	nplete.	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIG	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLE	Pocusigned by:	07-21-2022 15:40:15 PDT	



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:⁰⁷⁻²¹⁻²⁰²² | 15:29:32 PDT

1

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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 Reduction Therapy Center		(415) 86	3-4282
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
45 Franklin Street San Francisco, CA 94102			
C. CONTRACT			
6. CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RED NI IMRER	FILE NUMBER (If applicable)
DATE CONTRACT WAS AFFROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	KFF NOWIBER	220688
07/19/2022			
DESCRIPTION OF AMOUNT OF CONTRACT			
\$18,480			
NATURE OF THE CONTRACT (Please describe)			
Provide Clinical Consultation Services to LINC	frontline	staff.	
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
□□ Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Weingand	Shantel	CF0		
2	Dennison	Sam	Board of Directors		
3	Del Pinal	Ale	Board of Directors		
4	Jia Son	Alice	Board of Directors		
5	Tidwell	Roy	Board of Directors		
6	Denning	Patt	Board of Directors		
7	Little	Jeannie	Board of Directors		
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contract.			
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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

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

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement.	I have reviewed this statement and to the best of my	
knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	07-21-2022 15:29:32 PDT	



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:⁰⁷⁻²¹⁻²⁰²² | 15:45:20 PDT

1

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

Provide program evaluation services.

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)
07/19/2022			220688
DESCRIPTION OF AMOUNT OF CONTRACT	•		
\$40,000			
NATURE OF THE CONTRACT (Please describe)	·	·	

7. COMMENTS

Amounts confirmed in Recurring Grants Subcontractors FY21-22 and list of Subcontractors documents on file.

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

2

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.

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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#	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 entire of the control of th

e officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		
10	VERIFICATION		
I ha	ave used all reasonable diligence in prepa	aring this statement. I have reviewed this s	statement and to the best of my
knc	owledge the information I have provided	here is true and complete.	
l ce	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
	NATURE OF CITY ELECTIVE OFFICER OR BOAR		

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		
CLERKDocuSigned by:		
DocuSigned by:	07-21-2022 15:45:20 PDT	
000007400000405		
Angela Calvillo		



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Received On:⁰⁷⁻²²⁻²⁰²² | 17:33:54 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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			

E CONTRACTOR						
5. CONTRACTOR		TELEDIJONE NUMBED				
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 (If applicable)			
07/19/2022			220688			
DESCRIPTION OF AMOUNT OF CONTRACT						
\$126,888						
NATURE OF THE CONTRACT (Please describe)						
Provide fiscal intermediary check-writing serv	ices.					
7. COMMENTS						
Amount confirmed in Recurring Grants Subcontra	ctors and L	ist of Sub	contractors supporting			
documents on file.						
8. CONTRACT APPROVAL						
This contract was approved by:						
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM						
A DOADD 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 ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS						

con	tract.		T
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Hawgood	Sam	Board of Directors
2	Velaski	Paul	Board of Directors
3	Trimble	Gardner	Board of Directors
4	C1une	Michael	Board of Directors
5	Calger	Joseph	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my		
knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	07-22-2022 17:33:54 PDT	



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Received On: 07-22-2022 | 17:32:51 PDT

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		
DATE OF ORIGINAL FILING (for amendment only)		
AMENDMENT DESCRIPTION – Explain reason for amendment		

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
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)
07/19/2022			220688
DESCRIPTION OF AMOUNT OF CONTRACT	1		
\$220,925			
NATURE OF THE CONTRACT (Please describe)			
Fiscal Intermediary.			
7. COMMENTS			
Amount confirmed in Recurring Grants Subcontra	actors and Li	ist of Subo	contractors supporting
documents on file.			
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
I .			

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	Eisen	Vitka	Board of Directors
2	Duong	Топу	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

3

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		
31					
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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	Check this box if you need to include add Select "Supplemental" for filing type.	itional names. Please submit a separate	form with complete information.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my		
knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
DocuSigned by:	07-22-2022 17:32:51 PDT	



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: 07-22-2022 | 17:31:41 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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. CON	TRACTOR				
NAME (F CONTRACTOR		TELEPHONE NUMBER		
HealthRight 360		(415) 762-3700			
STREET	ADDRESS (including City, State and Zip Code)		EMAIL		
1563	Mission St, SF, CA 94103				
6. CON	TRACT				
DATE CO	ONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688	
07/1	9/2022			220000	
DESCRIE	TION OF AMOUNT OF CONTRACT	•			
\$448	,033				
NATURE	OF THE CONTRACT (Please describe)				
Fisc	al Intermediary.				
7. COM	MENTS				
Amount confirmed in Recurring Grants Subcontractors and List of Subcontractors supporting					
docu	ments on file.				
	RACT APPROVAL				
	itract was approved by:				
	IE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
	BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
	Board of Supervisors				
TI	IE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	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 of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	07-22-2022 17:31:41 PDT	



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:⁰⁷⁻²²⁻²⁰²² | 17:30:43 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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	22/20/14/20/20/20/20/20/20/20/20/20/20/20/20/20/			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	(RFP NUMBER FILE NUMBER (If applicable) 220688		
07/19/2022				
DESCRIPTION OF AMOUNT OF CONTRACT	L			
\$142,000				
NATURE OF THE CONTRACT (Please describe)				
Provides Fiscal Intermediary services.				
7 COMMENTS				
7. COMMENTS				
Amount confirmed in Recurring Grants Subcontra documents on file.	ctors and Li	ist of Subo	contractors supporting	
accumentes on their				
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 APPOINTER OF	THE CITY ELECTIV	E OEEICEB(S) !!	DENITIEIED ON THIS EODM SITS	
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	INC CIT ELECTIV	E OFFICER(3) II	DEINTIFIED OIN THIS FUKIVI 3113	

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	Eisen	Vitka	Board of Directors
2	Duong	Топу	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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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

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

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.				
SIGI CLE	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR RK Docusigned by: 988C8F42C3084B5 Angela Calvillo	DATE SIGNED 07-22-2022 1	7:30:43 PDT	



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: 07-22-2022 | 17:28:17 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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 DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
HealthRight 360		(415) 762-3700	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1563 Mission St, SF, CA 94103			
6. CONTRACT	l		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	D/RFP NUMBER FILE NUMBER (If applicable) 220688	
07/19/2022			
DESCRIPTION OF AMOUNT OF CONTRACT			
\$419,301			
NATURE OF THE CONTRACT (Please describe)			
Fiscal Intermediary			
L			
7. COMMENTS			
Amount confirmed in Recurring Grants Subcontra	ctors and Li	ist of Subo	contractors supporting
documents on file.			
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			
220.0.0.2.00.0			
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	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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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		

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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 of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK DocuSigned by: 988C8F42C3084B5 Angela Calvillo	07-22-2022 17:28:17 PDT	



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: 07-22-2022 | 17:37:56 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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 DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Heluna Health		800-201-7320	
neruna nearen		000 201	7.320
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
13300 Crossroads Parkway, Suite 450, CID, CA 9	1746		
6. CONTRACT	T -		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
07/19/2022			
DESCRIPTION OF AMOUNT OF CONTRACT			
\$499,118			
NATURE OF THE CONTRACT (Please describe)			
Provide support for Expecting Justice Program.			
7. COMMENTS			
Amount confirmed in Recurring Grants Subcontractors and List of Subcontractors supporting documents on file.			
documents on file.			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Cutler	Blayne	Board of Directors
2	Seifert	Tim	Board of Directors
3	Dale	Peter	Board of Directors
4	Gadd	Jordan	Board of Directors
5	Ghosh	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

#	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. A	FFILIATES AND SUBCONTRACTORS				
exec who	List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
39					
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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.				

50			
	Check this box if you need to include additional names Select "Supplemental" for filing type.	s. Please submit a separate	form with complete information.
10.	VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY O	R DATE SIGNED	
CLE	Pocusigned by: 988C8F42C3084B5 Angela Calvillo	07-22-2022 1	7:37:56 PDT
•			



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: 07-22-2022 | 17:16:00 PDT

1

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

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

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

13300 Crossroads Parkway, Suite 450, CID, CA 9	91/46		
	•		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)	
07/19/2022		220688	
DESCRIPTION OF AMOUNT OF CONTRACT	1		
\$175,000			
NATURE OF THE CONTRACT (Please describe)			
Providing program administration and support	services - Fiscal Inte	rmediary.	
7. COMMENTS			
Amount confirmed in Recurring Grants Subcontractors and List of Subcontractors lists on file.			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			

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

Board of Supervisors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Cutler	Вlayne	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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9. AFFILIATES AND SUBCONTRACTORS
List the names of (A) members of the contractor's board of directors; (B) the cor

ntractor'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.

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

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK Docusigned by: Angela Calvillo	07-22-2022 17:16:00 PDT	



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:⁰⁷⁻²¹⁻²⁰²² | 15:33:33 PDT

1

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

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

5. CONTRACTOR						
NAME OF CONTRACTOR		TELEPHONE NUMBER				
Heluna Health		(800) 201-7320				
STREET ADDRESS (including City, State and Zip Code)		EMAIL				
13300 Crossroads Parkway, Suite 450, CID CA 91746						
6. CONTRACT						
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	S) ORIGINAL BID/RFP NUMBER FILE NUMBER (If applicable)					
07/19/2022			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.			
7. COMMENTS						
8. CONTRACT APPROVAL						
This contract was approved by:						
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM						
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES						
Board of Supervisors	Board of Supervisors					
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS			

cont	contract.						
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ				
1	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				

#	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.	AFFIL	IATES	AND	SUE	BCON	TRA	CTC	DRS

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

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	07-21-2022 15:33:33 PDT	



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:⁰⁷⁻²²⁻²⁰²² | 17:26:38 PDT

1

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				
DATE OF ORIGINAL FILING (for amendment only)				
AMENDMENT DESCRIPTION – Explain reason for amendment				

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

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

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Horizons Unlimited		(415) 487-6700		
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)	
07/19/2022			220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$22,500				
NATURE OF THE CONTRACT (Please describe)				
provide MH/SUD program services.				
7. COMMENTS				
Amount confirmed in Recurring Grants Subcontra	ctors and L	ist of Subo	contractors lists on	
file.				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
□ Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Moretti	Matthew	Board of Directors		
2	Таріа	Virgina	Board of Directors		
3	Amador	Donna	Board of Directors		
4	Corona	Cristina	Board of Directors		
5	Johnson	Zachary	Board of Directors		
6	Boin	Isabelle P.	Board of Directors		
7	Serrano	Salvador	Board of Directors		
8	Williams	Jillian	Board of Directors		
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	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	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.						
	NATURE OF CITY ELECTIVE OFFICER OR BOARD	SECRETARY OR	DATE SIGNED			
CLE	Pocusigned by: 988C8F42C3084B5 Angela Calvillo		07-22-2022 1	.7:26:38 PDT		



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File #: 220688

Bid/RFP #:

Notification of Contract Approval

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A Public Document

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF 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		
Horizons Unlimited		(415) 487-6700			
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 (<i>If applicable</i>) 220688		
07/19/2022					
DESCRIPTION OF AMOUNT OF CONTRACT					
\$82,549					
NATURE OF THE CONTRACT (Please describe)					
provide MH/SUD program services.					
7. COMMENTS					
Amount confirmed in Recurring Grants Subcontractors and List of Subcontractors lists on					
file.					
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	tract.		T
#	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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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	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 con	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	DATE SIGNED		
CLERK Docusigned by: 988C8F42C3084B5 Angela Calvillo	07-22-2022 17:22:57 PDT		
	1		



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: 07-22-2022 | 17:38:57 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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		
Jamestown Community Center		(415) 647-4709		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
3382 26th St, San Francisco 94110				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688	
07/19/2022			220000	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$105,495				
NATURE OF THE CONTRACT (Please describe)				
provide MH/SUD program services.				
7. COMMENTS				
	atone and L	: a.e. a.e. cb.		
Amount confirmed in Recurring Grants Subcontractors and List of Subcontractors lists on file.				
9 CONTRACT ADDROVAL				
8. CONTRACT APPROVAL This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

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

Select "Supplemental" for filing type.		
10. VERIFICATION		
I have used all reasonable diligence in preparing this statement.	I have reviewed this statement and to the best of my	
knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	07-22-2022 17:38:57 PDT	



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: 07-22-2022 | 17:29:01 PDT

1

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

STREET ADDRESS (including City, State and Zip Code) 2012 Pine Street, San Francisco 94109 6. CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/19/2022 DESCRIPTION OF AMOUNT OF CONTRACT \$14,603 NATURE OF THE CONTRACT (Please describe) provide MH/SUD program services.
STREET ADDRESS (including City, State and Zip Code) 2012 Pine Street, San Francisco 94109 6. CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/19/2022 DESCRIPTION OF AMOUNT OF CONTRACT \$14,603 NATURE OF THE CONTRACT (Please describe)
6. CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 07/19/2022 DESCRIPTION OF AMOUNT OF CONTRACT \$14,603 NATURE OF THE CONTRACT (Please describe)
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DESCRIPTION OF AMOUNT OF CONTRACT \$14,603 NATURE OF THE CONTRACT (Please describe)
DESCRIPTION OF AMOUNT OF CONTRACT \$14,603 NATURE OF THE CONTRACT (Please describe)
\$14,603 NATURE OF THE CONTRACT (Please describe)
NATURE OF THE CONTRACT (Please describe)
provide MH/SUD program services.
7. COMMENTS
Adopting the Recommendations of the Guaranteed Income Advisory Group and Establishing a City Policy in Support of Guaranteed Income
Portey in Support of Guaranteed Income
9. CONTRACT ARREOVAL
8. CONTRACT APPROVAL This contract was approved by:
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
A DOADD ON WHICH THE CITY ELECTIVE OFFICED(S) SEDVES
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES
Board of Supervisors
THE DOADS OF A STATE ACTION ON HUMBER OF A STATE OF THE S
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	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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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement	. I have reviewed this statement and to the best of my	
knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERKDocuSigned by:	520.02	
A - a Caduado	07-22-2022 17:29:01 PDT	
	·	
Angela Calvillo		
3		



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Received On:⁰⁷⁻²¹⁻²⁰²² | 15:32:01 PDT

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File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
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	
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)
07/19/2022		220688
01/ 13/ 2022		
DESCRIPTION OF AMOUNT OF CONTRACT		
\$681,216		
NATURE OF THE CONTRACT (Please describe)		
To provide safe housing, medical care and nutr life and those needing respite to return to in		

7. COMMENTS

Amounts confirmed in Recurring Grants Subcontractors FY21-22 and list of Subcontractors documents on file.

9 CONTRACT APPROVAL				
8. C	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			
ш	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS			
1				

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	лim	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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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	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 contrac

tor'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

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

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement.	I have reviewed this statement and to the best of my	
knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Docusigned by:	07-21-2022 15:32:01 PDT	



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: 07-22-2022 | 17:17:47 PDT

1

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

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

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
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 (If applicable)
07/19/2022			220688
DESCRIPTION OF AMOUNT OF CONTRACT	1		
\$200,000			
NATURE OF THE CONTRACT (Please describe)			
Co-recipient of grant funds.			
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			
	=115 Ar=	/F 0 FF: 0 == ' - '	DENIELED ON THE COLUMN
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	tract.		
#	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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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILI	ATES AND SUB	CONT	RACTO	RS
	C (a)		C . I	

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

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement.	I have reviewed this statement and to the best of my	
knowledge the information I have provided here is true and con	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	DATE SIGNED	
DocuSigned by:	07-22-2022 17:17:47 PDT	



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File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
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	
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			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688
07/19/2022			220000
DESCRIPTION OF AMOUNT OF CONTRACT			
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Provide support for oral health program.			
7. COMMENTS			
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 EI ECTIV	LE UEEICED(S) II	DENTIFIED ON THIS FORM SITS
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITT ELECTIV	L OI FICER(3) II	PERMITTED ON THIS FORIN SITS

	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Woo	Kent	Board of Directors	
2	Liao	Michael	Board of Directors	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	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			

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	
DocuSigned by: 988C8F42C3084B5 Angela Calvillo	07-22-2022 17:14:14 PDT	



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File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF 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
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)
07/19/2022			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$146,772			
NATURE OF THE CONTRACT (Please describe)			
Providing Equal Access to Health Care Program	Services		
7. COMMENTS			
Amounts confirmed in Recurring Grants Subcontractors FY21-22 and list of Subcontractors documents on file.			
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	Schneider	Brian	Board of Directors		
2	Roger	Kent M.	Board of Directors		
3	Schroder	Tim	Board of Directors		
4	Brown	Chris	Board of Directors		
5	Callaghan	Larkin	Board of Directors		
6	Freiman	Josh	Board of Directors		
7	Gonzalez	Nelson	Board of Directors		
8	Ishida	Ryo	Board of Directors		
9	Michaels	Jacques	Board of Directors		
10	Niczyporuk	Michael	Board of Directors		
11	Papilion	Zack	Board of Directors		
12	Smith	Darren	Board of Directors		
13	Steinberg	Michael	Board of Directors		
14	Treaster	Merredith	Board of Directors		
15	Andrews	Brett	CEO		
16	Alouf	Joe	CF0		
17	Clark	Elaine	CF0		
18	Fostel	John	Other Principal Officer		
19	Henneman	Tasha	Other Principal Officer		

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Teng	Chuan	Other Principal Officer
21	Paul	Randi	Other Principal Officer
22			
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	Check this box if you need to include addit Select "Supplemental" for filing type.	tional names. Ple	ase submit a separate	form with complete information.
10.	VERIFICATION			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD S	SECRETARY OR	DATE SIGNED	
CLE	Docusigned by: 988C8F42C3084B5 Angela Calvillo		07-21-2022 1	5:30:32 PDT
			1	



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File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF 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

111.4DED
UMBER
7-2300

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220688
07/19/2022		
DESCRIPTION OF AMOUNT OF CONTRACT		
\$1,408,026		
NATURE OF THE CONTRACT (Please describe)		
To improve the nutritional health of all peopl groceries, nutrition assessments and other fo		

co		

Amounts confirmed in Recurring Grants Subcontractors FY21-22 and list of Subcontractors documents on file.

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				
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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#	LACT NAME (ENTITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
10.	VERIFICATION				
I ha	ve used all reasonable diligence in preparing this statement	. I have reviewed this statement and to the best of my			
knc	wledge the information I have provided here is true and co	nplete.			
l ce	rtify under penalty of perjury under the laws of the State o	of California that the foregoing is true and correct.			
	rtify under penalty of perjury under the laws of the State of NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	of California that the foregoing is true and correct. DATE SIGNED			
	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR				
SIG	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR				
SIG	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED			



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File #: 220688

Bid/RFP #:

Notification of Contract Approval

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A Public Document

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

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF 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)
07/19/2022			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.	ning a coffe	ee service	at the OMI Mental
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	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

#	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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	Check this box if you need to include additio Select "Supplemental" for filing type.	nal names. Please submit a sep	parate form with complete inforn	nation.
10. VERIFICATION I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.				
I ce	rtify under penalty of perjury under the laws	of the State of California that	the foregoing is true and correc	it.
	NATURE OF CITY ELECTIVE OFFICER OR BOARD SEC	CRETARY OR DATE SIGNED		
CLE	DocuSigned by: 988C8F42C3084B5 Angela Calvillo	07-21-2022	2 15:54:47 PDT	



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Received On:⁰⁷⁻²¹⁻²⁰²² | 15:54:07 PDT

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File #: 220688

Bid/RFP #:

Notification of Contract Approval

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A Public Document

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DE	EPARTMENTAL 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	
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	
07/19/2022			220000	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$273,182				
NATURE OF THE CONTRACT (Please describe)				
Provides Bilingual-designated counselor posit	ions.			
7. COMMENTS				
Amount confirmed in Recurring Grants Subcontra	ctors and 1	ist of Sub	contractors lists on	
file.	ictors and L	ist of subt	contractors rists on	
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A DOADD 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	

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

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

10. VERIFICATION	
I have used all reasonable diligence in preparing this statement.	I have reviewed this statement and to the best of my
knowledge the information I have provided here is true and con	nplete.
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
CLERKDocuSigned by:	
A Cachiddo	07-21-2022 15:54:07 PDT
(
Angela Calvillo	



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:⁰⁷⁻²¹⁻²⁰²² | 15:53:18 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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/I	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688
07/19/2022			220000
DESCRIPTION OF AMOUNT OF CONTRACT			
\$249,691			
NATURE OF THE CONTRACT (Please describe)			
Provides Peer Internship Program that prepare counseling	s clients fo	or employme	ent in peer support and
7. COMMENTS			
Amount confirmed in Recurring Grants Subcontra	ctors and Li	ist of Subo	contractors lists on
file.			
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			
		- A	DENTIFIED ON THE COST STORY
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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Hsu	Lee	Board of Directors
21	Roberts	Maggie	Board of Directors
22	Yeh	Тот	Board of Directors
23	Chow	wade	Board of Directors
24	Quinn	Maire	Board of Directors
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	9. AFFILIATE	S AND SUB	CONTRACTO	RS
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COIII	iact.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include add Select "Supplemental" for filing type.	itional names. Please submit a separate	form with complete information.

10. VERIFICATION	
I have used all reasonable diligence in preparing this statement. knowledge the information I have provided here is true and con	•
I certify under penalty of perjury under the laws of the State o	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
	DATE SIGNED
CLERK DocuSigned by: 988C8F42C3084B5 Angela Calvillo	07-21-2022 15:53:18 PDT
3	



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Received On: 07-21-2022 | 15:51:57 PDT

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		
DATE OF ORIGINAL FILING (for amendment only)		

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	TMENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR					
NAME OF CONTRACTOR		TELEPHONE N	IUMBER		
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 (If applicable)		
07/19/2022			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		
7. COMMENTS					
Amount confirmed in Recurring Grants Subcontra	ctors and L	ist of Subo	contractors lists on		
file.					
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	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

#	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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	Check this box if you need to include additional names. Ple Select "Supplemental" for filing type.	ase submit a separate form with complete information.		
10.	VERIFICATION			
I ha	ve used all reasonable diligence in preparing this statement	. I have reviewed this statement and to the best of my		
kno	wledge the information I have provided here is true and cor	nplete.		
I ce	rtify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.		
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
CLE	RKDocuSigned by:			
	A - 2 Cachiala	07-21-2022 15:51:57 PDT		
	988C8F42C3084B5 Angela Calvillo			
	Aligera Carvillo			



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Received On: 07-21-2022 | 15:46:48 PDT

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File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF 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	
Richmond Area Multi-Services		(415) 800-0699		
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	

6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)			
07/19/2022		220688			
DESCRIPTION OF AMOUNT OF CONTRACT		L			
\$247,302					
NATURE OF THE CONTRACT (Please describe)					
Provide Peer Internship Program that prepares clients for employment in peer support and counseling positions.					

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7.4	NV/	VA.I		ITS

Amounts confirmed in Recurring Grants Subcontractors FY21-22 and list of Subcontractors documents on file.

9 CONTRACT ARREDOVAL			
8. C	8. CONTRACT APPROVAL		
This	This contract was approved by:		
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
	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 THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS		
1			

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

#	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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	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 ha	ve used all reasonable diligence in preparing this stateme	nt. I have reviewed this st	tatement and to the best of my
kno	wledge the information I have provided here is true and o	complete.	•
	mougo the mornation made provided here is true and t		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGI	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
CLE	RKDocuSigned by:		
	-A-gagyalo	07-21-2022 1	5:46:48 PDT
		·	
	988C8F42C3084B5 Angela Calvillo		
	Aligera Carvillo		



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Received On: 07-22-2022 | 17:15:09 PDT

1

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

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

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
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	

STREET ADDRESS	S (including City, State and Zip Code)		EMAIL	
1 Hallidie Plz, Ste 808, 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
07/19/2022				220000
DESCRIPTION OF	AMOUNT OF CONTRACT			
\$214,000				
NATURE OF THE	CONTRACT (Please describe)			
Fiscal Int	ermediary.			
7. COMMENTS				
	firmed in Recurring Grants Subcontra	ctors and L	ist of Subo	contractors lists on
8. CONTRACT A	as approved by:			
	LECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board	of Supervisors			
THE BOARI	D OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
Eardley	Penny	Board of Directors
Petrosova	Anastasija	Board of Directors
Toatelegese	Kellsa	Board of Directors
Thornton	Kitty	Board of Directors
Campos	Laura	Board of Directors
Mikalacki- Sublett	Jehnifer	Board of Directors
Cather	Christy	Board of Directors
Falk	Nicole	Board of Directors
Bennett	Ayanna	Board of Directors
Longstreth	Elizabeth	Board of Directors
Lyles	Courtney	Board of Directors
Moore	Melissa	Board of Directors
Villagomez	Alice	Board of Directors
Sharma	Adam	Board of Directors
Morewitz	Mark	Board of Directors
Oxford	Nick	Board of Directors
	Petrosova Toatelegese Thornton Campos Mikalacki- Sublett Cather Falk Bennett Longstreth Lyles Moore Villagomez Sharma Morewitz	Petrosova Anastasija Toatelegese Kellsa Thornton Kitty Campos Laura Mikalacki- Sublett Jehnifer Cather Christy Falk Nicole Bennett Ayanna Longstreth Elizabeth Lyles Courtney Moore Melissa Villagomez Alice Sharma Adam Morewitz Mark

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. A	FFILIATES AND SUBCONTRACTORS			
List t	the names of (A) members of the contract utive officer, chief financial officer, chief has an ownership interest of 10 percent	operating officer, or other	persons with similar titles; (C) any indi	vidual or entity
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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	Check this box if you need to include ac Select "Supplemental" for filing type.	lditional names. Please sul	omit a separate form with complete info	ormation.
10.	VERIFICATION			

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 com	nplete.
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	DATE SIGNED
DocuSigned by: 988C8F42C3084B5 Angela Calvillo	07-22-2022 17:15:09 PDT



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Received On: 07-22-2022 | 17:08:48 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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
San Francisco Public Health Foundation		(415) 50	4-6738
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1 Hallidie Plaza, Suite 808 San Francisco, CA	94102		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
07/19/2022			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$8,964			
NATURE OF THE CONTRACT (Please describe)			
Fiscal Intermediary.			
7. COMMENTS			
Amount confirmed in Recurring Grants Subcontra	ctors and I	ist of Sub	contractors lists on
file.	ctors and L	ist or sub-	contractors rists on
8. CONTRACT APPROVAL This contract was approved by:			

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

2

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

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	Check this box if you need to include additional names. P Select "Supplemental" for filing type.	lease submit a separate	form with complete information.	
10.	VERIFICATION			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
CLE	Pocusigned by: 988C8F42C3084B5 Angela Calvillo	07-22-2022 1	7:08:48 PDT	



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: 07-21-2022 | 15:42:46 PDT

1

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

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

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

STREET ADDRESS (Including City, State and Zip Code)		LIVIAIL	
1 Hallidie Plz, Ste 808, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
07/19/2022			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$14,161			
NATURE OF THE CONTRACT (Please describe)			
Fiscal intermediary.			
7. COMMENTS			
Amounts confirmed in Recurring Grants Subconti documents on file.	actors FY21	-22 and li	st of Subcontractors
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	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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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCON	TRACTORS				
List the names of (A) membe	rs of the contractor's h	poard of directors; (E	3) the contract	or's principa	l officers, ir
executive officer, chief finance	cial officer, chief opera	iting officer, or other	r persons with	similar titles	; (C) any in

exec	the names of (A) members of the contractor autive officer, chief financial officer, chief of has an ownership interest of 10 percent of	perating officer, or other persons with s	imilar titles; (C) any individual or entity
cont	ract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include add Select "Supplemental" for filing type.	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 con	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 DATE SIGNED		
Docusigned by: 988C8F42C3084B5 Angela Calvillo	07-21-2022 15:42:46 PDT	



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:⁰⁷⁻²¹⁻²⁰²² | 15:37:52 PDT

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)
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Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

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

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

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

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

1 Hallidie Plz, Ste 808, San Francisco, CA 941	.02			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP N	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
07/19/2022		220688		
DESCRIPTION OF AMOUNT OF CONTRACT	l			
\$135,354				
NATURE OF THE CONTRACT (Please describe)				
Providing program administration in support of	SF Tobacco Free	Project.		
7. COMMENTS				
Amounts confirmed in Recurring Grants Subcontr	actors FY21-22 a	nd list of Subcontractors		
documents on file.				
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 OFF	CER(S) IDENTIFIED ON THIS FORM SITS		

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Eardley	Penny	Board of Directors
2	Petrosova	Anastasija	Board of Directors
3	Toatelegese	кellsa	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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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACT	ORS
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	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include add Select "Supplemental" for filing type.	litional names. Please submit a separate	form with complete information.

10. VERIFICATION	
I have used all reasonable diligence in preparing this statement.	•
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.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
CLERKDocuSigned by:	
CLERK DocuSigned by:	07-21-2022 15:37:52 PDT
988C8F42C3Q84B5 Angela Calvillo	



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Received On:⁰⁷⁻²¹⁻²⁰²² | 15:24:26 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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	CTING 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
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	

(more	iamig city, state and hip code,			
1 Hallidie Plz	, Ste 808, San Francisco, CA 941	.02		
6. CONTRACT				
DATE CONTRACT WAS	APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
07/19/2022				220688
DESCRIPTION OF AMO	UNT OF CONTRACT			
\$14,885				
NATURE OF THE CONT	RACT (Please describe)			
Fiscal interme	diary			
7. COMMENTS				
Amounts confir documents on f	med in Recurring Grants Subcontr ile.	actors FY21	-22 and lis	st of Subcontractors
8. CONTRACT APPRO				
This contract was app				
THE CITY ELECTIV	'E OFFICER(S) IDENTIFIED ON THIS FORM			
⊠ I	IICH THE CITY ELECTIVE OFFICER(S) SERVES .			
Board of S	uperv1sors			
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	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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	Check this box if you need to include additional names. Please "Supplemental" for filing type.	ease submit a separate form with complete information.
10.	VERIFICATION	
I ha	ve used all reasonable diligence in preparing this statement	. I have reviewed this statement and to the best of my
kno	wledge the information I have provided here is true and co	mplete.
	·	
l ce	rtify under penalty of perjury under the laws of the State of	of California that the foregoing is true and correct.
	rtify under penalty of perjury under the laws of the State of NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	of California that the foregoing is true and correct. DATE SIGNED
	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	1
SIG	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	1
SIG	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR RK DocuSigned by:	DATE SIGNED
SIG	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR RK DocuSigned by:	DATE SIGNED
SIG	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED



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Received On:⁰⁷⁻²¹⁻²⁰²² | 15:34:19 PDT

1

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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 9410	02
6. CONTRACT	
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/REP NUMBER FILE NUMBER (If applicable)

STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1 Hallidie Plz, Ste 808, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable)
7/19/2022			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$19,228			
NATURE OF THE CONTRACT (Please describe)			
Fiscal Intermediary			
1 13car Intermedialy			
7. COMMENTS			
Amounts confirmed in Recurring Grants Subcontractors FY21-22 and list of Subcontractors			
documents on file.			
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 FI FCTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
SOARS OF A STATE ASSISTED ON WHICH AN AIR POINTEE OF	Ciri ELLCIIV	2 311 ICEN(3) II	

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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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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DocuSign Envelope ID: 7AF4265F-BA7F-48EB-A501-6CAE48F96BB8 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

Ш	Select "Supplemental" for filing type.
10.	VERIFICATION
	ive used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my byledge the information I have provided here is true and complete.
l ce	rtify under penalty of perjury under the laws of the State of California that the foregoing is true and correct

 \neg Check this box if you need to include additional names. Please submit a separate form with complete information.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
CLERK DocuSigned by:	07-21-2022 15:34:19 PDT		



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Received On:⁰⁷⁻²¹⁻²⁰²² | 15:31:15 PDT

1

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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	

1 Hallidie Plz, Ste 808, San Francisco, CA 941	.02				
6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220688		
07/19/2022					
DESCRIPTION OF AMOUNT OF CONTRACT					
\$181,818					
NATURE OF THE CONTRACT (Please describe)					
Fiscal Intermediary Svc for California TB Cont	roller's As	sociation.			
7. COMMENTS					
Amounts confirmed in Recurring Grants Subcontractors FY21-22 and list of Subcontractors documents on file.					
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					

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	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
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13	Villagomez	Alice	Board of Directors
14	Sharma	Adam	Board of Directors
15	Morewitz	Mark	Board of Directors
16	Oxford	Nick	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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 com	ıplete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
DocuSigned by: 988C8F42C3084B5 Angela Calvillo	07-21-2022 15:31:15 PDT		



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: 07-21-2022 | 15:37:03 PDT

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	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF 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

gn Envelope ID. 024EF411-766A-43F6-A716-FDFECC367633			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	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 941	.02		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
07/19/2022			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$1,419			
NATURE OF THE CONTRACT (Please describe)			
Fiscal intermediary			

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7.4	NV/	VA.I		ITS

Amounts confirmed in Recurring Grants Subcontractors FY21-22 and list of Subcontractors documents

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	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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DocuSign Envelope ID: 024EF411-7B6A-43F6-A71B-FDFECC367B53 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

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.
recently under penalty of perjury under the laws of the state of	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
CLERKDocuSigned by:	
CLERK DocuSigned by:	07-21-2022 15:37:03 PDT
988C8F42C3084B5 Angela Calvillo	
g	



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:⁰⁷⁻²¹⁻²⁰²² | 15:49:21 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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
San Francisco Study Center		(415) 62	6-1650
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1663 Mission Street, Suite 310,San Francisco,	CA 94103		
6. CONTRACT			
DATE CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
07/19/2022			220688
DESCRIPTION OF AMOUNT OF CONTRACT	<u>.</u>		
\$13,732			
NATURE OF THE CONTRACT (Please describe)			
Peer wages for consumers participating in running a coffee service at the OMI Mental Healt Clinic.			at the OMI Mental Health
7. COMMENTS		-	
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			

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

Board of Supervisors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	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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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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DocuSign Envelope ID: 690AFC3E-A03E-4E1F-AC25-96020CB15EEC 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

ш	Select "Supplemental" for filing type.
10.	VERIFICATION
I ha	ve used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my
kno	wledge the information I have provided here is true and complete.

Check this box if you need to include additional names. Please submit a separate form with complete information.

referring under penalty of perjury under the laws of the State of Camornia that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
DocuSigned by:	07-21-2022 15:49:21 PDT	



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: 07-21-2022 | 15:28:31 PDT

1

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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
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/		FUE NUIMBER (If applicable)
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER FILE NUMBER (If applicable) 220688	
07/19/2022			
DESCRIPTION OF AMOUNT OF CONTRACT			
\$105,932			
NATURE OF THE CONTRACT (Please describe)			
Provide outreach to targeted populations.			
7. COMMENTS			
Amount confirmed in Recurring Grants Subcontra	ctors and L	ist of Subo	contractors lists on
file.			
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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Matthews	Vincent	Board of Directors
2	Leigh	Myong	Board of Directors
3	Morthel	Enikia F.	Board of Directors
4	Blythe	Gentle	Board of Directors
5	Lam	Jenny	Board of Directors
6	Boggess	Kevin	Board of Directors
7	Alexander	Matt	Board of Directors
8	Hsu	Ann	Board of Directors
9	Motamedi	Lainie	Board of Directors
10	Sanchez	Mark	Board of Directors
11	Weissman-ward	Lisa	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. A	9. AFFILIATES AND SUBCONTRACTORS			
List to	List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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	Check this box if you need to include add Select "Supplemental" for filing type.	litional names. Please submit a separate	form with complete information.	

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	Check this box if you need to include additional names Select "Supplemental" for filing type.	. Please submit a separate	form with complete information.
10.	VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OF	R DATE SIGNED	
CLE	Docusigned by: 988C8F42C3084B5 Angela Calvillo	07-21-2022 1	5:28:31 PDT
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25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:⁰⁷⁻²¹⁻²⁰²² | 15:27:30 PDT

1

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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
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)
07/19/2022	,		220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$215,000			
NATURE OF THE CONTRACT (Please describe)			
Provide outreach to targeted populations.			
7. COMMENTS			
Amounts confirmed in Recurring Grants Subcontractors FY21-22 and list of Subcontractors			
documents on file.			
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 SIT		DENTIFIED ON THIS FORM SITS	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Matthews	Vincent	Board of Directors
2	Leigh	Myong	Board of Directors
3	Morthel	Enikia F.	Board of Directors
4	Blythe	Gentle	Board of Directors
5	Lam	Jenny	Board of Directors
6	Boggess	Kevin	Board of Directors
7	Alexander	Matt	Board of Directors
8	Hsu	Ann	Board of Directors
9	Motamedi	Lainie	Board of Directors
10	Sanchez	Mark	Board of Directors
11	weissman-ward	Lisa	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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 DocuSigned by: 15:27:30 PDT 988C8F42C3084B5 10 10 10 10 10 10 10 1		



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Received On: 07-21-2022 | 15:51:01 PDT

1

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

CONTRACTOR			
5. CONTRACTOR NAME OF CONTRACTOR		TELEPHONE NUMBER	
		510-654-4004	
Seneca Family of Agencies		310-034-	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)
07/19/2022			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$270,500			
NATURE OF THE CONTRACT (Please describe)			
Fiscal Intermediary.			
7. COMMENTS			
Amount confirmed in Recurring Grants Subcontractors and List of Subcontractors lists on			
file.			
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

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	Hill	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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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. A	FFILIATES AND SUBCONTRACTORS		
List t exec who	the names of (A) members of the contrac	operating officer, or other persons with	n similar titles; (C) any individual or entity
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include add Select "Supplemental" for filing type.	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 con	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	DATE SIGNED			
CLERKDocuSigned by:				
CLERK DocuSigned by:	07-21-2022 15:51:01 PDT			
0000054303004DE				
Angela Calvillo				



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:⁰⁷⁻²¹⁻²⁰²² | 15:56:30 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

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

5. CONTRACTOR				
NAME OF CONTRACTOR			TELEPHONE NUMBER	
Shanti		(415) 674-4700		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
730 Polk Street, 3rd Floor San Francisco, CA S	4109			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
07/19/2022			220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$95,203				
NATURE OF THE CONTRACT (Please describe)				
Provides Hepatitis C prevention services.				
7. COMMENTS				
Amount confirmed in Recurring Grants Subcontra	ctors and L	ist of Subo	contractors lists on	
file.				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A POADD ON WHICH THE CITY ELECTIVE OFFICED(S) SEDVES				
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	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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
10.	VERIFICATION				
I ha	ve used all reasonable diligence in preparing this state	tement. I have reviewed this s	tatement and to the best of my		
kno	wledge 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				
CLE	C DocuSigned by:				
	Angela Calvillo	07-21-2022 1	.5:56:30 PDT		
	90.2 24.7.1.10				



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: 07-22-2022 | 17:17:00 PDT

1

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					
DATE OF ORIGINAL FILING (for amendment only)					
AMENDMENT DESCRIPTION – Explain reason for amendment					

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
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)
07/19/2022			220688
DESCRIPTION OF AMOUNT OF CONTRACT			
\$400,000			
NATURE OF THE CONTRACT (Please describe)			
Co-recipient of grant funds			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	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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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9.	AFFIL	IATES	AND	SUE	BCON	ITRA	CTO	ORS

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

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.		
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	07-22-2022 17:17:00 PDT	



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File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

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

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

STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
16	63 Mission Street, Suite 700, San Francisco,	CA 9410		
	DNTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688
07,	/19/2022			220000
DESC	RIPTION OF AMOUNT OF CONTRACT			
\$7	8,872			
NATU	JRE OF THE CONTRACT (Please describe)			
Fi	scal Intermediary			
7. CC	DMMENTS			
Am	ount confirmed in Recurring Grants Subcontra le.	ctors and L	ist of Subo	contractors lists on
	ONTRACT APPROVAL			
IIIIS	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	Auil	Maria J.	Board of Directors				
2	Albert	Sarah L.	Board of Directors				
3	McDonald	Sally C.	Board of Directors				
4	Berthold	Jessica	Board of Directors				
5	Shepherd	Kathy B.	Board of Directors				
6	Binko	Christine	Board of Directors				
7	Castillo-Lartigue	Tiffani	Board of Directors				
8	Fram	Nicholas	Board of Directors				
9	Griffiths	Julia	Board of Directors				
10	Harten	Rosena	Board of Directors				
11	Hollyfield	Amy	Board of Directors				
12	Leap	Jeffrey	Board of Directors				
13	Lin	Tiffany	Board of Directors				
14	Mason	Glynis	Board of Directors				
15	Nieto	Monique	Board of Directors				
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#	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 cor	•			
knowledge the information r have provided here is true and cor	inpiete.			
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				
CLERKDocuSigned by:				
A consigned by	07-22-2022 17:18:34 PDT			
4 Sacricas	07-22-2022 17.10.54 PD1			
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988C8F42C3084B5 Angela Calvillo				
, and the second				



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1

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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			
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)			
07/19/2022			220688			
DESCRIPTION OF AMOUNT OF CONTRACT						
\$286,115						
NATURE OF THE CONTRACT (Please describe)						
Provide MH/SUD program services.						
7. COMMENTS						
Amount confirmed in Recurring Grants Subcontractors and List of Subcontractors lists on						
file.						
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	Aldana	Olga	Board of Directors			
2	Rodriguez	Dee D.	Board of Directors			
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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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COIII	onuact.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				

10. VERIFICATION			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
Docusigned by: 988C8F42C3084B5 Angela Calvillo	07-22-2022 17:22:10 PDT		



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Received On: 07-21-2022 | 15:27:03 PDT

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		
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)	
Original		
AMENDMENT DESCRIPTION – Explain reason for amendment		

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF 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
UCSF Alliance Health Project	(415) 476-3902
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1930 Market St, San Francisco, CA 94102	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220688
07/19/2022		
DESCRIPTION OF AMOUNT OF CONTRACT	L	L
\$168,837		
NATURE OF THE CONTRACT (Please describe)		
The program goal is to provide outpatient ment including Long-Term Survivors - to reduce sym from mental health and/or substance use disord	ptoms and functional	

co		

Amounts confirmed in Recurring Grants Subcontractors FY21-22 and list of Subcontractors documents on file.

0 0	ONTRACT ARREOVAL
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
ш	Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS
1	

#	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
19			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	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 Theck this box if you need to include additional names. Please submit a separate form with complete information.

ш	Select "Supplemental" for filing type.		
10.	VERIFICATION		
I ha	ve used all reasonable diligence in preparing this statement	. I have reviewed this statement and to the best of my	
knowledge the information I have provided here is true and complete.			
l ce	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIG	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLE	Pocusigned by:	07-21-2022 15:27:03 PDT	



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Received On: 07-22-2022 | 17:35:01 PDT

File #: 220688

Bid/RFP#:

Notification of Contract Approval

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

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

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
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	

SIKE	ET ADDRESS (including City, State and Zip Code)		EWAIL	
550 16th Street, 7th Floor, San Francisco CA 94143				
C C	CANTRACT			
	ONTRACT E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
		,		220688
07	7/19/2022			
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$3	51,543			
NΔT	URE OF THE CONTRACT (Please describe)			
		and produce	a madifia	d Trootmont Dlan
Co	nduct a new comprehensive client assessment	and produce	a mourrie	u Treatment Plan.
7. C	OMMENTS			
Amount confirmed in Recurring Grants Subcontractors and List of Subcontractors supporting documents on file.				
	ONTRACT APPROVAL			
11115	contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	THE CITY ELECTIVE OF THE LIGHT IED ON THIS TORM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
			/E OFFICE-10' ::	DENITIES ON THE TOTAL AND
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
ı				

#	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

	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
39	Friend	Robert B.	Board of Directors		
40	Newman	Ellen	Board of Directors		
41	Oberndorf	William E.	Board of Directors		
42	Wilsey	Diane B.	Board of Directors		
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	Check this box if you need to include 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-	ipiete.	
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		
CLERKDocuSigned by:		
DocuSigned by:	07-22-2022 17:35:01 PDT	
Angela Calvillo		



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Received On: 07-22-2022 | 17:29:50 PDT

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File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF 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
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)
07/19/2022			220688
DESCRIPTION OF AMOUNT OF CONTRACT			<u> </u>
\$321,802			
NATURE OF THE CONTRACT (Please describe)			
Provide MH/SUD program services.			
7. COMMENTS			
Adopting the Recommendations of the Guaranteed	l Income Adv	isory Grou	n and Establishing a City
Policy in Support of Guaranteed Income	i income auv	isory Group	b and Establishing a City
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	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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21	Morris	Diane	Board of Directors
22	Pritzker	Lisa S.	Board of Directors
23	Read	Steven	Board of Directors
24	Sanghvi	Ruchi	Board of Directors
25	Scangos	George	Board of Directors
26	Soghikian	Shahan	Board of Directors
27	Weill	Joan	Board of Directors
28	Bakar	Barbara B.	Board of Directors
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30	Davidow	william н.	Board of Directors
31	Kern	Arthur H.	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 con	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	DATE SIGNED		
DocuSigned by:	07-22-2022 17:29:50 PDT		



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:⁰⁷⁻²²⁻²⁰²² | 17:24:25 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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 N	NUMBER
University of California, San Francisco		(415) 47	6-1000
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1001 Potrero Avenue, San Francisco 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)

STREET ADDRESS (including City, State and Zip Code)		EMAIL			
1001 Potrero Avenue, San Francisco 94110					
6. CONTRACT	ODICINAL DID/	DED NUMBER	FUE NUMBER (If emplicable)		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/F	KFP NUIVIBEK	FILE NUMBER (If applicable) 220688		
07/19/2022					
DESCRIPTION OF AMOUNT OF CONTRACT					
\$99,323					
NATURE OF THE CONTRACT (Please describe)					
provide MH/SUD program services.					
7. COMMENTS					
	ctons and Li	ist of Sub	contractors lists on		
Amount confirmed in Recurring Grants Subcontractors and List of Subcontractors lists on file.					
8. CONTRACT APPROVAL					
This contract was approved by:					
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM					
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES					
□□ Board of Supervisors					
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS		

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knowledge the information I have provided here is true and con	nplete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
DocuSigned by:	07-22-2022 17:24:25 PDT		



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:⁰⁷⁻²²⁻²⁰²² | 17:20:15 PDT

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File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

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

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	NUMBER	
University of California, San Francisco		(415) 47	(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		
07/19/2022			220688	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$486,611				
NATURE OF THE CONTRACT (Please describe)				
Fiscal Intermediary.				

		ITS

Amount confirmed in Recurring Grants Subcontractors and List of Subcontractors lists on file.

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

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I have used all reasonable diligence in preparing this statement.	I have reviewed this statement and to the best of my	
knowledge the information I have provided here is true and con	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	DATE SIGNED	
DocuSigned by:	07-22-2022 17:20:15 PDT	



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:⁰⁷⁻²²⁻²⁰²² | 17:19:24 PDT

File #: 220688

Bid/RFP#:

Notification of Contract Approval

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

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

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

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	
, , ,	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	
07/19/2022			220000	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$107,140				
NATURE OF THE CONTRACT (Please describe)				
Fiscal Intermediary.				
7. COMMENTS				
Amount confirmed in Recurring Grants Subcontrafile.	ictors and L	ist of Subo	contractors lists on	
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	
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

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DocuSigned by:	07-22-2022 17:19:24 PDT	



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Received On: 07-22-2022 | 17:10:32 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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	TMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

F. CONTRACTOR			
5. CONTRACTOR NAME OF CONTRACTOR		TELEDHONE N	JUMBER
		TELEPHONE NUMBER	
University of California, San Francisco		(415) 476-1000	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
550 16th Street, 7th Floor, San Francisco, CA	94143		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
07/19/2022			220688
DESCRIPTION OF AMOUNT OF CONTRACT	I		
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Provide support for oral health program.			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
DocuSigned by:	07-22-2022 17:10:32 PDT	



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: 07-21-2022 | 15:57:17 PDT

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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NAME OF CONTRACTOR		TELEPHONE NUMBER	
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		
C. CONTRACT			
6. CONTRACT	ODICINAL DID	DED AULBADED	FUE AUBARER (If modionale)
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	KED NOINIBEK	FILE NUMBER (If applicable) 220688
07/19/2022			
DESCRIPTION OF AMOUNT OF CONTRACT			
\$146,582			
NATURE OF THE CONTRACT (Please describe)			
Technical Assistance: HIV Global Health.			
rechifical Assistance. Hiv grobal hearth.			
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			
1 1			

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

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Hammarskjold	Philip	Board of Directors	
2	Ballard	Andrew	Board of Directors	
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	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	McKinnon	Ian	Board of Directors
21	Morris	Diane	Board of Directors
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

#	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 con	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	DATE SIGNED	
DocuSigned by:	07-21-2022 15:57:17 PDT	



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: 07-21-2022 | 15:38:39 PDT

1

File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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
YMCA Urban services	(415) 561-0631
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1426 Fillmore Street, Suite 204,San Francisco CA 94115	

STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
14	26 Fillmore Street, Suite 204,San Francisco	CA 94115		
6. C	ONTRACT			
	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
07	/19/2022			220688
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$6	8,049			
NAT	URE OF THE CONTRACT (Please describe)			
pr	ovide MH/SUD program services.			
7. C	OMMENTS			
Am	ounts confirmed in Recurring Grants Subcontr le.	actors and I	ist of Sub	ocontractors forms on
	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	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

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

10. VERIFICATION			
I have used all reasonable diligence in preparing this statement.	I have reviewed this statement and to the best of my		
knowledge the information I have provided here is true and con	nplete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
CLERK DocuSigned by: 988C8F42C3084B5 Angela Calvillo	07-21-2022 15:38:39 PDT		



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Received On:⁰⁷⁻²²⁻²⁰²² | 17:09:39 PDT

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File #: 220688

Bid/RFP #:

Notification of Contract Approval

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

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

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
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	
APA Family Support Services		(415) 617-0061	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
10 Nottingham Place, San Francisco, CA 94133			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220688
07/19/2022			220000
DESCRIPTION OF AMOUNT OF CONTRACT			
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Provide support for oral health program			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTER 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	INE CITY ELECTIV	L OFFICER(3) II	DEINTIFIED OIN THIS PURIN SITS

#	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			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS								
List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.								
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME		ТҮРЕ				
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	Check this box if you need to include 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.								

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.							
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SEC	ETARY OR DATE SIGN	DATE SIGNED				
CLE	DocuSigned by: 988C8F42C3084B5 Angela Calvillo	07-22-	2022 1	.7:09:39 PDT			