

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

Received On:

File #: 220948

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dylan Sch	hneider	628.652.7742
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

E CC	DNTRACTOR				
	E OF CONTRACTOR		TELEPHONE N	NUMBER	
Но	using for Survivors		415.643.	415.643.7861	
STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL		
Р.	O. Box 40369, San Francisco, CA. 94140				
6. CC	ONTRACT				
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220948	
	₹ <mark>o</mark>			220946	
DESC	RIPTION OF AMOUNT OF CONTRACT	•			
\$2	,309,776				
NATU	JRE OF THE CONTRACT (Please describe)				
Pr	oposed 2022 CoC Grant Funding for annual re	newal projec	ts.		
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			3		
Proposed 2022 CoC Grant Funding for annual renewal projects.					
7. CC	DMMENTS				
8. CONTRACT APPROVAL					
This contract was approved by:					
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
Ш					
	A DOADD ON WHICH THE CITY ELECTIVE OFFICED(C) CED (EC				
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
$ $	Board of Supervisors				
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE O	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS	

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Eby	Toni	CEO		
2	Brown	Jazmyn	CF0		
3	Moore	Kristen	C00		
4	Hua	Julietta	Board of Directors		
5	Conrotto	Sister Rosina	Board of Directors		
6	Becker	Alan	Board of Directors		
7	Ruiz	Gabriella	Board of Directors		
8	Sum	Juliann	Board of Directors		
9	Faison	June	Board of Directors		
10	Ly	Mattison	Board of Directors		
11	Nunuez	Sandra	Board of Directors		
12	Phillip	Susan	Board of Directors		
13	Foster	Timothy	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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



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1. FILING INFORMATION	9
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	0
	Q_{λ}

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dylan Sch	hneider	628.652.7742
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
3rd Street Youth Center and Clinic		415.822.	1707	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
		EIVIAIL		
1728 Bancroft Avenue, San Francisco, CA.94124				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220948	
			220940	
DESCRIPTION OF AMOUNT OF CONTRACT	1			
\$547,848				
NATURE OF THE CONTRACT (Please describe))			
2022 CoC funds proposed for rapid rehousing an (TAY).	d support so	ervices to	Transitional Age Youth	
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(TAY).				
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
1	Jackson-Morgan	Joi	CEO			
2	Jackson-Morgan	Joi	C00			
3	Relyea	Jackie	CF0			
4	Maggee-Co	Michelle	Board of Directors			
5	Lacoste	Lyslynn	Board of Directors			
6	Relyea	Jackie	Board of Directors			
7	Fallon	Laura	Board of Directors			
8	Moorthy	Savitha	Board of Directors			
9	Patton	Misty	Board of Directors			
10	Lelaind	Herschel	Board of Directors			
11	Kunene	Glen	Board of Directors			
12	Eng	Vanessa	Board of Directors			
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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



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AMENDMENT DESCRIPTION – Explain reason for amendment	***
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	X.

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
Dylan Sch	hneider	628.652.7742	
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL	
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org	

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Asian Women's Shelter		415.751.0880		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
3543 18th Street #19, San Francisco 94110				
	<u>'</u>			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable) 220948	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$1,342,758				
NATURE OF THE CONTRACT (Please describe)				
Proposed 2022 CoC Grant Funding for annual rene	wal project	s.		
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
□ Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF TI	HE CITY ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	
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con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Pusey	Orchid	CE0		
2	Quan	Kit	CF0		
3	Le	Huong	C00		
4	Wang	Christine	Board of Directors		
5	Nozawa	Noz	Board of Directors		
6	Tapken	Jennifer	Board of Directors		
7	Wan	Nancy	Board of Directors		
8	Ramakrishnan	Aparna	Board of Directors		
9	Hong	Edit	Board of Directors		
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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9. A	FFILIATES AND SUBCONTRACTORS			
List exec who	the names of (A) members of the contract cutive officer, chief financial officer, chief has an ownership interest of 10 percent	operating officer, or other persons with s	imilar titles; (C) any individual or entity	
cont	ract.		T	
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
10. VERIFICATION				
I ha	ve used all reasonable diligence in prepar wledge the information I have provided h		tatement and to the best of my	

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



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	Q_{λ}

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Dylan Schneider		628.652.7742	
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL	
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org	

XX				
5. CONTRACTOR				
NAME OF CONTRACTOR	TE	LEPHONE N	UMBER	
Catholic Charities		415.972.3	1200	
Cathoric charters		TIJ.J/2	1200	
STREET ADDRESS (including City, State and Zip Code)	EN	MAIL		
1555 39th Avenue, San Francisco, CA. 94122				
1333 33th Avenue, 3an Francisco, CA. 34122				
	•			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP	NUMBER	FILE NUMBER (If applicable)	
A			220948	
100				
DESCRIPTION OF AMOUNT OF CONTRACT		<u> </u>		
\$4,852,735.00				
\$4,632,733.00				
NATURE OF THE CONTRACT (Please describe)				
Proposed 2022 CoC Grant Funding for annual ren	ewal projects			
Troposed 2022 ede drane randring for annual ren	cwar projects.			
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		C.		
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S. GARANTAN CALLARA				
7. COMMENTS		_		
7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				

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

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Hammerle	Dr. Ellen	CEO		
2	Ewers	Cheryl	CF0		
3	Hammerle	Dr. Ellen	C00		
4	Corideleone	Rev. Salvatore	Board of Directors		
5	Hammerle	Dr. Ellen	Board of Directors		
6	Grogan	Kathleen Cathleen	Board of Directors		
7	Borromeo	Ted	Board of Directors		
8	Clark	Philip	Board of Directors		
9	Boerio	Joe	Board of Directors		
10	Bojorquez	Dr. Diana	Board of Directors		
11	Brigham	Martha	Board of Directors		
12	O'Brien	Susie	Board of Directors		
13	Ghilotti	Michael	Board of Directors		
14	Gonzalez	Elenor	Board of Directors		
15	Kearney	Phillip	Board of Directors		
16	Grogan	Kathleen	Board of Directors		
17	Hultman	David	Board of Directors		
18	Ikeda	Lisa	Board of Directors		
19	Gelt	Jerilyn	Board of Directors		

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

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



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AMENDMENT DESCRIPTION – Explain reason for amendment	0
	Q_{λ}

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Dylan Schneider		628.652.7742	
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL	
НОМ	Homelesness and Supportive Housing	dylan.schneider@sfgov.org	

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Chinatown Community Development Corporation	415.929.5258
STREET ADDRESS (including City, State and Zip Code)	EMAIL
663 Clay Street, San Francisco, CA. 94111	

6. C	ONTRACT			
	E CONTRACT WAS APPROVED BY THE CITY ELECTI	VE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220948
DESC	CRIPTION OF AMOUNT OF CONTRACT			
	46,681	67.		
NAT	URE OF THE CONTRACT (Please describe)			
Pr	oposed 2022 CoC Grant Funding for	annual ren	ewal projects.	
			S. S	
7. C	OMMENTS			
De	scription of Amount verified agai	nst Form 12	6 attachment in File.	
	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON TI	HIS FORM		
	A BOARD ON WHICH THE CITY ELECTIVE OFFICE	R(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

COM	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Yeung	Malcom	CEO		
2	Louie	Cindy	CF0		
3	Jones	Whitney	C00		
4	Chin	Jane	Board of Directors		
5	Quock	Lindsey	Board of Directors		
6	Nguyen	James	Board of Directors		
7	Zoubi	Fady	Board of Directors		
8	Brookter	Dion Jay	Board of Directors		
9	Chan	Tommy	Board of Directors		
10	Chang	Eirc	Board of Directors		
11	Falger	Jim	Board of Directors		
12	Cheng	Claudine	Board of Directors		
13	Cordero	Terence	Board of Directors		
14	Hilton	Dr. Irene	Board of Directors		
15	Hollins	Guy	Board of Directors		
16	Leadbetter	Julie	Board of Directors		
17	Lee	Olsen	Board of Directors		
18	Lim	Aron	Board of Directors		
19	Lin	Barbara	Board of Directors		

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

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



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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
Dylan Schneider		628.652.7742	
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL	
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Compass Family Services		415.644.0504	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
37 Grove Street, San Francisco, CA. 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 220948
			220946
DESCRIPTION OF AMOUNT OF CONTRACT			
\$903,853			
NATURE OF THE CONTRACT (Please describe)			
Proposed 2022 CoC Grant Funding for annual rem	ewal projec	ts.	
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Kisch	Erica	CEO
2	Hook	Carrie	CFO
3	Calvit	Easter	C00
4	Dyer	Chad	Board of Directors
5	Tait	Adam	Board of Directors
6	Dyer	Chad	Board of Directors
7	Moffet	Tim	Board of Directors
8	Brand	Dalana	Board of Directors
9	Engel	Alison	Board of Directors
10	Daoro	Robert	Board of Directors
11	Dinkelspiel	Steven	Board of Directors
12	Gibbons	Dennis	Board of Directors
13	Goelz	Doug	Board of Directors
14	Harris	Meghan	Board of Directors
15	Houts	Valerie Garcia	Board of Directors
16	Jenkyn	Beth Roy	Board of Directors
17	McCarthy	Michael	Board of Directors
18	McInerney	Brian	Board of Directors
19	Moatz	Krista	Board of Directors

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

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



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

Received On:

File #: 220948

1

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dylan Schneider		628.652.7742
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Conard		415.864.	7833
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1385 Mission Street, #200, San Francisco, CA. 9	4103		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable) 220948
DESCRIPTION OF AMOUNT OF CONTRACT			
\$1,498,780			
NATURE OF THE CONTRACT (Please describe)			
Proposed 2022 CoC Grant Funding for annual rene	wal nroiect	- S .	
Troposed 2022 coe draite railaring for allinaar relie	-		
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7. COMMENTS			
a contract approval			
8. CONTRACT APPROVAL This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
·			
THE BOARD OF A STATE AGENCY ON WHICH AN ADDOINTEE OF THE	HE CITY EI ECTIV	E UEEICED(S) II	DENTIFIED ON THIS FORM SITS
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF TI	HE CITT ELECTIV	E OFFICEK(S) II	DEMILLED OM TUIS LOKIN 2112

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Quintance	Anne	CEO			
2	Neither-Gold	Robyn	CFO			
3	Suarez	Liliana	C00			
4	Zahid	Jafry	Board of Directors			
5	Rehmani	Saba	Board of Directors			
6	Moerman	Ben	Board of Directors			
7	Yang	Emma	Board of Directors			
8	Raheem	Ali	Board of Directors			
9	Yu	Wendy	Board of Directors			
10	Thrope	Dayton	Board of Directors			
11	Rodriquez	Eddie	Board of Directors			
12	Haugen	Theo	Board of Directors			
13	Raina	Savita	Board of Directors			
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COIIC	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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



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

Received On:

File #: 220948

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dylan Schneider		415.682.652.7742
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

X.A			
5. CONTRACTOR			
NAME OF CONTRACTOR	Т	TELEPHONE N	IUMBER
Episcopal Community Services		415.487.	3300
STREET ADDRESS (including City, State and Zip Code)	E	MAIL	
165 8th Street, San Francisco, CA. 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RF	P NUMBER	FILE NUMBER (If applicable) 220948
DESCRIPTION OF AMOUNT OF CONTRACT			
\$4,067,966.00			
NATURE OF THE CONTRACT (Please describe)			
Proposed 2022 CoC Grant Funding for annual ren	ewal projects	5.	
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7. COMMENTS			
8. CONTRACT APPROVAL This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			

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

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Stokes	Beth	CEO		
2	Larra	Eric	CF0		
3	Callandrillo	Chris	C00		
4	Andrus	Rev. Marc Handley	Board of Directors		
5	Harley	Kate	Board of Directors		
6	Clayter	Todd	Board of Directors		
7	Dienst	Sedgwick C.	Board of Directors		
8	Geeslin	Keith	Board of Directors		
9	Но	неіdі	Board of Directors		
10	Jones	Dr. Martin C.	Board of Directors		
11	Ketcham	Susan	Board of Directors		
12	McTieran	Megan	Board of Directors		
13	LEong	Gordon	Board of Directors		
14	Mouton-Patterson	Rita	Board of Directors		
15	Robershotte	Megan	Board of Directors		
16	Singer	Rev. Susanna	Board of Directors		
17	Springwater	Richard	Board of Directors		
18	Stokes	Beth	Board of Directors		
19	Tatsuno	Yvonne	Board of Directors		

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

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



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

Received On:

File #: 220948

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dylan Sch	hneider	628.652.7742
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Glide		415.674.	6070
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
330 Ellis 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) 220948
DESCRIPTION OF AMOUNT OF CONTRACT			
\$578,559			
NATURE OF THE CONTRACT (Please describe)			
Proposed 2022 CoC Grant Funding for annual ren	ewal project	+c	
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7. COMMENTS			
9 CONTRACT ARREOVAL			
8. CONTRACT APPROVAL This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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COIII	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Hanrahan	Karen	CEO	
2	Foster	Erby L., Jr.	CF0	
3	Zimmerman	Jane	C00	
4	Foster	Kaye	Board of Directors	
5	Glide	Mary	Board of Directors	
6	Glad	Crickette Brown	Board of Directors	
7	Archibong	Ime	Board of Directors	
8	Cohen	Emily	Board of Directors	
9	Collins	Paula R.	Board of Directors	
10	Lawson	Dr. Erica	Board of Directors	
11	Layney	Tracey	Board of Directors	
12	Magee	Allision	Board of Directors	
13	Mendoza	Hydra	Board of Directors	
14	Weiner	Ross	Board of Directors	
15	Walter	Malcom	Board of Directors	
16	Osberg	Sharon	Board of Directors	
17	Ryle	Mark	Board of Directors	
18	Simon	Gil	Board of Directors	
19	Walker	Virginia	Board of Directors	

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

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



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

Received On: File #: 220948

Bid/RFP #:

1

Notification of Contract Approval

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

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

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

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

4. CONTRAC	TING DEPARTMENT CONTACT	
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dylan Sc	hneider	628.652.7742
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
Hamilton Families		415.321.	2612
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
273 9th Street, San Francisco, CA. 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable) 220948
DESCRIPTION OF AMOUNT OF CONTRACT			
\$1,103,192			
NATURE OF THE CONTRACT (Please describe)			
Proposed 2022 CoC Grant Funding for annual ren	newal project	S.	
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
□□ Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Noon	Kyriell	CEO
2	Martinez	Rosa	CF0
3	Kim	Kenneth	C00
4	Bloom	Marissa	Board of Directors
5	Florendo	Lauren	Board of Directors
6	Goldin	David	Board of Directors
7	Jackson	Rebecca	Board of Directors
8	Kurtze	DJ	Board of Directors
9	Lane	Jessica	Board of Directors
10	Maidenberg	Ted	Board of Directors
11	Moreno	Karina	Board of Directors
12	Picazo	Rene	Board of Directors
13	Scott	Mary	Board of Directors
14	Smudsky	Clayton	Board of Directors
15	Toland	Susan	Board of Directors
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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



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1. FILING INFORMATION	9_
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	♥ .
AMENDMENT DESCRIPTION – Explain reason for amendment	0
	*

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
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
Dylan Sch	hneider	628.652.7742
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Homerise (Community Housing Partnership)	415.852.5300
STREET ADDRESS (including City, State and Zip Code)	EMAIL
20 Jones Street, Suite 200, San Francisco, CA. 94102	
6. CONTRACT	
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) ORIGINAL	BID/RFP NUMBER FILE NUMBER (If applicable) 220948
DESCRIPTION OF AMOUNT OF CONTRACT	'
\$1,138,106	
NATURE OF THE CONTRACT (Please describe)	
Proposed 2022 CoC Grant Funding for annual renewal proj	jects.
7. COMMENTS	

7. C	OMMENTS
8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
	A DO ADD ON MUNICULTUS CITY SUSCENIES OFFICED/C/ CEDVISC
K	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	Aubry	Rick	CEO		
2	Shah	Bilal	CF0		
3	Turner	Gerald	C00		
4	Miller	Gregg	Board of Directors		
5	wyler	Jonathan	Board of Directors		
6	Fisher	John	Board of Directors		
7	Chaloeicheep	Juthaporn	Board of Directors		
8	Chavez	Malea	Board of Directors		
9	Edelman	Devra	Board of Directors		
10	Lewis	David Elliot	Board of Directors		
11	Maddock	Lauren	Board of Directors		
12	Reed	Julia	Board of Directors		
13	Valentino	Patrick	Board of Directors		
14	Sims	Neil	Board of Directors		
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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



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

Received On:

File #: 220948

1

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dylan Schneider		628.652.7742
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Larkin Street Youth Services		415.673.	0911
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
134 Golden Gate Avenue, 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) 220948
DESCRIPTION OF AMOUNT OF CONTRACT			
\$1,162,486			
NATURE OF THE CONTRACT (Please describe)			
Proposed 2022 CoC Grant Funding for annual ren	ewal projec	ts.	
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE DOADS OF A STATE ACTIVITY OF THE STATE A	THE OIT : 5. 50-	/F OFFICED/0' ::	DENTIFIED ON THIS FORM OFF
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	Adams	Sherilyn	CEO		
2	Roberts	Gayle	CF0		
3	Mar	Martha	C00		
4	Roos	Eric	Board of Directors		
5	Shapiro	sally	Board of Directors		
6	Valentine	D	Board of Directors		
7	Moise	Adam	Board of Directors		
8	Cameron	Cecily	Board of Directors		
9	Elias	Marcie	Board of Directors		
10	Grossman	Blake	Board of Directors		
11	Obaro	Bambo	Board of Directors		
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COIIC	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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



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

Received On:

File #: 220948

1

Bid/RFP #:

Notification of Contract Approval

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1. FILING INFORMATION	9
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	0
	Q_{λ}

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
Dylan Schneider		628.652.7742	
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL	
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
LGBT Center		415.865.	5555
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1800 Market Street, San Francisco, CA. 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/R	RFP NUMBER	FILE NUMBER (If applicable) 220948
DESCRIPTION OF AMOUNT OF CONTRACT			
\$368,177			
NATURE OF THE CONTRACT (Please describe)			
Proposed 2022 CoC Grant Funding for annual rene	wal project	S.	
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE	HE CITY ELECTIVI	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Rolfe	Rebecca	CEO		
2	Wiseman	Bobby	CF0		
3	Valles	Jennifer	C00		
4	Wu	Sophie	Board of Directors		
5	Persson	Maceo	Board of Directors		
6	Gutierrez	Carlos	Board of Directors		
7	Millard	Jonathan	Board of Directors		
8	Adeyemi	Andre	Board of Directors		
9	Gould	Anthony	Board of Directors		
10	Avalos	Carissa	Board of Directors		
11	Hermosillo	Carlos	Board of Directors		
12	Wu	Daniel	Board of Directors		
13	Mondragon	Eric	Board of Directors		
14	Hernandez	Genesis	Board of Directors		
15	Riles	Jeff	Board of Directors		
16	Sun	Jeff	Board of Directors		
17	Bacalao	Mary Kate	Board of Directors		
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COIIC	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR

DATE SIGNED

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

BOS Clerk of the Board

CLERK



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

Received On:

File #: 220948

1

Bid/RFP #:

Notification of Contract Approval

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A Public Document

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
Dylan Schneider		628.652.7742	
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL	
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Mercy Housing		415.355.	7100
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1390 Mission 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) 220948
DESCRIPTION OF AMOUNT OF CONTRACT			
\$1,218,155			
NATURE OF THE CONTRACT (Please describe)			
Proposed 2022 CoC Grant Funding for annual ren	ewal projec	ts.	
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS 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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Guerro	Ismael	CEO	
2	Bruni	Angela	CF0	
3	Walsh	Dee	C00	
4	Brandt	Julie	Board of Directors	
5	Cox	Brandley	Board of Directors	
6	Smith	Kay Fernandez	Board of Directors	
7	Garcia	Christina	Board of Directors	
8	Hayner	Jamie	Board of Directors	
9	Hughes	Phyllis	Board of Directors	
10	Jamason	Ellen	Board of Directors	
11	Lee	Christopher	Board of Directors	
12	Levine	David	Board of Directors	
13	Mersey	Ezra	Board of Directors	
14	Pavao	William	Board of Directors	
15	Rodriguez	Guillermo	Board of Directors	
16	Ruggiero	Janet	Board of Directors	
17	Saez	Mirian	Board of Directors	
18	Soni	Dr. Monica	Board of Directors	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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Received On:

File #: 220948

Bid/RFP #:

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1. FILING INFORMATION	3
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	♥ .
AMENDMENT DESCRIPTION – Explain reason for amendment	O

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

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

4. CONTRACTING DEPARTMENT CONTACT				
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER		
Dylan Schneider		628.652.7742		
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL		
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org		

5. CONTRACTOR					
NAME OF CONTRACTOR		TELEPHONE NUMBER			
Mission Housing Development Corporation		415.864.6432			
STREET ADDRESS (including City, State and Zip Code)		EMAIL			
474 Valencia Street, #280, CA. 94103					
6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220948		
No.					
DESCRIPTION OF AMOUNT OF CONTRACT					
\$438,456					
NATURE OF THE CONTRACT (Please describe)					
Proposed 2022 CoC Grant Funding for annual ren	ewal projec	ts.			
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7. COMMENTS					
8. CONTRACT APPROVAL					
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM					
THE CITY ELECTIVE OFFICER(S) IDEIGNIFIED 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	Moss	Sam	CEO		
2	Leone	Paul	CF0		
3	Contreras	Marcia	C00		
4	Arce	Joshua	Board of Directors		
5	Gonzales	Irving	Board of Directors		
6	Gomez-Benitez	F	Board of Directors		
7	Ahn	Eddie	Board of Directors		
8	Layman	Jon	Board of Directors		
9	Esparza	Marisela	Board of Directors		
10	Gallegos	Pete	Board of Directors		
11	Levine	Тору	Board of Directors		
12	Wang	Shirley	Board of Directors		
13	Tolentino	Rhosie	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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



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Received On:

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Bid/RFP #:

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1. FILING INFORMATION	7_
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	0.
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER	
Board of Supervisors	Members	

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Dylan Schneider		628.652.7742
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Reality House West		415.920.1351		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
380 Eddy 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) 220948	
₹ <mark>0</mark>			220340	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$1,577,664				
NATURE OF THE CONTRACT (Please describe)				
Proposed 2022 CoC Grant Funding for annual ren				
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/F OFFICER(S) II	DENTIFIED ON THIS FORM SITS	
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cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Knego	David	CEO		
2	Bushnell	Arlo	CF0		
3	Hill	Daniel	C00		
4	Davila	Jonrie	Board of Directors		
5	Quitugua	Shirley	Board of Directors		
6	Sklar	Diane	Board of Directors		
7	Bickham	David	Board of Directors		
8	Slam	Arielle	Board of Directors		
9	Norton	Alyca	Board of Directors		
10	Dwyer	Diane	Board of Directors		
11	Lincecum	Hannah	Board of Directors		
12	Illig	Jim	Board of Directors		
13	Guerrero	Ja Eun	Board of Directors		
14	McKinnon	John	Board of Directors		
15	Pritchett	Pattie	Board of Directors		
16	Valente	Julie Barmeyer	Board of Directors		
17	Zhang	Alice	Board of Directors		
18	Zachary	Wendy	Board of Directors		
19	Selvam	Sasha	Board of Directors		

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

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



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

Received On:

File #: 220948

1

Bid/RFP #:

Notification of Contract Approval

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

A Public Document

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

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Dylan Schneider		628.652.7742	
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL	
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
Swords to Plowshares		415.727.	8387
30		FRANII	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1060 Howard Street, San Francisco, CA. 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220948
DESCRIPTION OF AMOUNT OF CONTRACT			<u> </u>
\$2,144,008			
NATURE OF THE CONTRACT (Please describe))		
Proposed 2022 CoC Grant Funding for annual rene	wal projec	ts.	
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Troposed Edit coe Grane Fananing for annual Federal Projects.			
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF T	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Blecker	Michael	CEO
2	Garner	Tramecia	CF0
3	Culbertson	Steven	C00
4	Cane	Julie	Board of Directors
5	Dekshenieks	Michael	Board of Directors
6	Fassler	Michael	Board of Directors
7	Seymour	Deleano "Del"	Board of Directors
8	Saavedra	Barbara	Board of Directors
9	Guy	Dottie	Board of Directors
10	Edwards	Erik	Board of Directors
11	Marquez	John	Board of Directors
12	Richardson	Katie	Board of Directors
13	Thiel	Michael	Board of Directors
14	Cox	Paul	Board of Directors
15	Ordona	Placido	Board of Directors
16	Houlberg	Rick	Board of Directors
17	Trevorrow	Robert	Board of Directors
18	Plath	Stephen	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

BOS Clerk of the Board

DATE SIGNED

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR



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

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File #: 220948

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Bid/RFP #:

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Dylan Schneider		628.652.7742	
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL	
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Tenderloin Housing Clinic		415.885.3286	
STREET ADDRESS (including City, State and Zip Code)	i	MAIL	
126 Hyde Street, San Francisco, CA. 94102			
	<u> l </u>		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RE	P NUMBER	FILE NUMBER (If applicable) 220948
DESCRIPTION OF AMOUNT OF CONTRACT			
\$6,550,021			
NATURE OF THE CONTRACT (Please describe)			
Proposed 2022 CoC Grant Funding for annual ren	ewal projects	i.	
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7. COMMENTS		_	
7. COMMENTS			
8. CONTRACT APPROVAL		_	
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A DOADD ON WHICH THE CITY ELECTIVE OFFICED/C) CED/EC			
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) II	DENTIFIED ON THIS FORM SITS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Shaw	Randy	CEO			
2	Tang	Wynne	CF0			
3	Allen	Tabitha	C00			
4	Tiedemann	Chris	Board of Directors			
5	Brophy	Ken	Board of Directors			
6	Pujals	Fernando	Board of Directors			
7	Medeiros	Jodie	Board of Directors			
8	Aguilar	Enrique	Board of Directors			
9	Wilson	Randy	Board of Directors			
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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



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1. FILING INFORMATION	9_
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	♥ .
AMENDMENT DESCRIPTION – Explain reason for amendment	0
	*

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
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
Dylan Sch	hneider	628.652.7742
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Tenderloin Neighborhood Development Corporatio	n	415.776.2151	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
201 Eddy 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) 220948
DESCRIPTION OF AMOUNT OF CONTRACT			
\$8,333,365			
NATURE OF THE CONTRACT (Please describe)			
Proposed 2022 CoC Grant Funding for annual renewal projects and two new proposed projects. Please see Grant Expenditure Form for more details.			
7. COMMENTS		_	
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			

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

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Leon	Maurillio	CEO	
2	Huey	Roxanne	CF0	
3	Lamon	Katie	C00	
4	Bohee	Tiffany	Board of Directors	
5	McLean	Jme	Board of Directors	
6	Johnson	Susan	Board of Directors	
7	Edwards	Tracey	Board of Directors	
8	Kroot	Dave	Board of Directors	
9	Wilson	Peter	Board of Directors	
10	Barahona	Luis	Board of Directors	
11	Martin	Freddy	Board of Directors	
12	Pujlas	Frendando	Board of Directors	
13	Siswandi	Jennifer	Board of Directors	
14	Skurdenis	Birute	Board of Directors	
15	Wolfe	Kathy	Board of Directors	
16	Rock	Kathy	Board of Directors	
17	Tharpe	Amy	Board of Directors	
18	Vilkin	Greg	Board of Directors	
19	Kim	Dr. Kenneth	Board of Directors	

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

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



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Bid/RFP #:

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	10
	X.

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dylan Sch	hneider	628.652.7742
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
TODCO Development Co.		415.896.	1880
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
230 4th 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) 220948
			220310
DESCRIPTION OF AMOUNT OF CONTRACT			
\$552,182			
NATURE OF THE CONTRACT (Please describe)			
Proposed 2022 CoC Grant Funding for annual rem			
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
THE CITY ELECTIVE STRICER(S) IDENTIFIED ON THIS TORKS			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

1 Ph 2 Ku 3 RC 4 Ar 5 Fa		Jean Anne Elizabeth April	TYPE CEO CFO COO
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			Board of Directors
c	.1k	Don	Board of Directors
6 Gi	lbert	Albert	Board of Directors
7 Не	nmi	Dennis	Board of Directors
8 Iz	umizaki	Henry	Board of Directors
9 Le	e	Dora	Board of Directors
10 Ma	nalo	Allan	Board of Directors
11 Pa	cia	міchael	Board of Directors
12 Du	ke	Alicia	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

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Bid/RFP #:

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dylan Sch	hneider	628.652.7742
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
United Council of Human Services		415.671.1100	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
2111 Jennings Street, San Francisco, CA. 9412	4		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220948
₹ <mark>S</mark>			220946
DESCRIPTION OF AMOUNT OF CONTRACT			
\$3,135,647			
NATURE OF THE CONTRACT (Please describe)			
Proposed 2022 CoC Grant Funding for annual ren			
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Westbrook	Gwendolyn	CEO		
2	Burgland	Brian	CF0		
3	Bennett	Alonzo	Board of Directors		
4	Perkins	George	Board of Directors		
5	Stokes	Margie	Board of Directors		
6	Jackson	Brenda	Board of Directors		
7	Burgland	Brian	Board of Directors		
8	Thomas	Mary	Board of Directors		
9	Sumante	Frederick	Board of Directors		
10	Flowers	Kelvin	Board of Directors		
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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



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File #: 220948

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Bid/RFP #:

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

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dylan Schneider		628.652.7742
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	NUMBER	
Hazel Betsey		415.206.	2140	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
515 Cortland Avenue, San Francisco, CA. 94110				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220948	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$256,091				
NATURE OF THE CONTRACT (Please describe)	_			
Proposed 2022 CoC Grant Funding for annual ren	ewal projec	ts.		
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St. Ordo Kurko				
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	

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Dacus	Gina	CEO		
2	Siew	Adeline	CF0		
3	Peng	Mary	C00		
4	Espinosa	Ulysses	Board of Directors		
5	Andrews	Nancu	Board of Directors		
6	Muniz	Laurel	Board of Directors		
7	Bagot	Buck	Board of Directors		
8	Cevallos	Cynthia	Board of Directors		
9	Arab	Esperanaza	Board of Directors		
10	Shagley	Carren	Board of Directors		
11	Bagot	Barbara	Board of Directors		
12					
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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