

#### San Francisco Ethics Commission

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

Received On:

File #: 221005

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

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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	***
	<b>10</b>
	X.

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

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

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

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
UCSF/ZSFG Department of Psychiatry / Division of Subst	(415) 476-7000
STREET ADDRESS (including City, State and Zip Code)	EMAIL
401 Parnassus Ave, San Francisco, CA 94143	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
₽ <sub>0</sub>		221005
DESCRIPTION OF AMOUNT OF CONTRACT		
\$327,172		
NATURE OF THE CONTRACT (Please describe)		
Provide HIV services.	<b>9</b>	
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UCSF/ZSFG Department of Psychiatry / DSAAM is a 501 ( c ) 3 Nonprofit with a Board of Directors.

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

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Oberndorf	William	Other Principal Officer		
2	Hammarskjold	Philip	Other Principal Officer		
3	Ach	Andrew	Board of Directors		
4	Ballard	Andrew	Board of Directors		
5	Briger	Peter	Board of Directors		
6	Carter	Todd	Board of Directors		
7	Cohen	Fred	Board of Directors		
8	Chen	Connie	Board of Directors		
9	Donohoe	Robin	Board of Directors		
10	Emery	Dana	Board of Directors		
11	Fisher	William	Board of Directors		
12	Gandhi	Sameer	Board of Directors		
13	Grossman	Brian	Board of Directors		
14	Нао	Kenneth	Board of Directors		
15	Hartz	Julia	Board of Directors		
16	Kawaja	Carl	Board of Directors		
17	Kimball	Richard	Board of Directors		
18	Marcus	George	Board of Directors		
19	McKnight	Amy	Board of Directors		

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
20	Moment	Jason	Board of Directors		
21	Morris	Diane	Board of Directors		
22	Pritzker	Lisa	Board of Directors		
23	Read	Steven	Board of Directors		
24	Scangos	George	Board of Directors		
25	Soghikian	Shahan	Board of Directors		
26	weill	Joan	Board of Directors		
27	Woeber	Andrew	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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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>10</b>
	X.

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

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

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

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5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
San Francisco AIDS Foundation		415-487-3000	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1035 Market Street, 4th floor San Francisco, CA 941	L03		
6. CONTRACT			
	INAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			221005
DESCRIPTION OF AMOUNT OF CONTRACT			
\$80,000			
NATURE OF THE CONTRACT (Please describe)			
San Francisco AIDS Foundation will pilot mobile cor experiencing homelessness.	ntingen	cy managem	ent with people
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experiencing homelessness.			
7. COMMENTS			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CIT	TY ELECTIV	VE OFFICER(S) II	DENTIFIED ON THIS FORM SITS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Marquis	Matthew	Other Principal Officer
2	Garcia	Ferd	Other Principal Officer
3	Borkon	Peter	Board of Directors
4	Brooke	Keri	Board of Directors
5	Brooks	Douglas	Board of Directors
6	Cowen	Christopher	Board of Directors
7	Damalas	Alex	Board of Directors
8	Duff	Frank	Board of Directors
9	Edwards	Kenneth	Board of Directors
10	Lazarre	Zoe	Board of Directors
11	Hodges	Philip	Board of Directors
12	Huang	Steven	Board of Directors
13	Kinsley	Michael	Board of Directors
14	Livingston	Sean	Board of Directors
15	Mapps	Rosco	Board of Directors
16	Nungaray	Manny	Board of Directors
17	Pincow	James	Board of Directors
18	Reid	Katrina	Board of Directors
19	Silva	Fredo	Board of Directors

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
20	Vastardis	william	Board of Directors		
21	Watson	Maureen	Board of Directors		
22	Walker	La Shon	Board of Directors		
23	Wong	Dora	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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Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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Board of Supervisors	Members	

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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 Community Health Center dba Asian & Paci	(415) 292-3400
STREET ADDRESS (including City, State and Zip Code)	EMAIL
730 Polk St, San Francisco, CA 94109	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
		221005
DESCRIPTION OF AMOUNT OF CONTRACT		
\$610,166		
NATURE OF THE CONTRACT (Please describe)		
Provide HIV services.	9	
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SFHC dba Asian Pacific Islander Wellness Center  $\,$  is a 501 ( c ) 3 Nonprofit with a Board of Directors.

8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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	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	Choi	Mario	Other Principal Officer		
2	Plumley	Ben	Other Principal Officer		
3	You	Emmy	Board of Directors		
4	Rabanal	Michael	Board of Directors		
5	Marquez-Rodriguez	Melisa	Board of Directors		
6	McGovern	Patrick	Board of Directors		
7	Rivera	Alexander	Board of Directors		
8	Gomez	Cynthia	Board of Directors		
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contract.				
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED		
BOS Clerk of the Board			