

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 #: 230014

Bid/RFP #: 920

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: <u>https://sfethics.org/compliance/city-officers/contract-approval-city-officers</u>

1. FILING INFORMATION	2
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	NO.
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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 DEPAR	RTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Tahir Shaikh		415-557-6085
FULL DEPARTME	ENT NAME	DEPARTMENT CONTACT EMAIL
HSA	Human Services Agency	tahir.shaikh@sfgov.org

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5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Self-Help for the Elderly	415-677-7600
STREET ADDRESS (including City, State and Zip Code)	EMAIL
731 Sansome Street, Suite 100, San Francisco, CA 94111	

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6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)		
	920	230014		
DESCRIPTION OF AMOUNT OF CONTRACT	·			
\$11,881,213	\$11,881,213			
NATURE OF THE CONTRACT (Please describe)				
NATURE OF THE CONTRACT (Please describe) Second amendment between the City and County of San Francisco and Self Help for the Elderly,to provide a congregate meal program and modified congregate meal program for older adults,and to increase the contract amount by \$930,731 for a total not to exceed amount of\$11,881,213 to the grant period of July 1, 2021, through June 30, 2025.				
7. COMMENTS				

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Chung	Anni	CEO
2	Nair	Leny	CFO
3	Jay	Nicholas	Other Principal Officer
4	Hinton	Nnne	Other Principal Officer
5	Lee	Jerry	Other Principal Officer
6	Sum	Dickson	Other Principal Officer
7	Kaung	Janie	Other Principal Officer
8	Schulte	william	Other Principal Officer
9	Au	Yat Pang	Board of Directors
10	Кжок	Wendy	Board of Directors
11	Low	Randall	Board of Directors
12	Wong	Мау	Board of Directors
13	Chang	Mary	Board of Directors
14	Lau	Joseph	Board of Directors
15	Mui	Magdalen	Board of Directors
16	Wong	Vicky	Board of Directors
17	Chen	Angel	Board of Directors
18	Zen	Paul	Board of Directors
19	Li	Dominic	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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

10. VERIFICATION

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

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

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