



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 #: 230105

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	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Miller	(978) 460-2875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Episcopal Community Services	TELEPHONE NUMBER (415) 487-3300
STREET ADDRESS (including City, State and Zip Code) 165 8th St, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230105
DESCRIPTION OF AMOUNT OF CONTRACT \$2,870,981		
NATURE OF THE CONTRACT (Please describe) Direct services and housing options at the Cova non-congregate shelter.		

7. COMMENTS
Description of Amount of Contract reflected in the "Grant Expenditure Plan" attachment in File.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	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	TYPE
1	Stokes	Beth	CEO
2	Larra	Eric	CFO
3	Calandrillo	Chris	Other Principal Officer
4	Handley Andrus	Marc	Board of Directors
5	Bond	Doug	Board of Directors
6	Clayter	Todd	Board of Directors
7	Geeslin	Keith	Board of Directors
8	Ho	Heidi	Board of Directors
9	Jones	Martin	Board of Directors
10	Ketcham	Susan	Board of Directors
11	Martinez	Alejandro	Board of Directors
12	McTiernan	Megan	Board of Directors
13	Metoyer	Eric	Board of Directors
14	Rodriguez	Jonathan	Board of Directors
15	Shah	Tajel	Board of Directors
16	Silveira	Dara	Board of Directors
17	Singer	Susanna	Board of Directors
18	Solomon	Barbara	Board of Directors
19	Springwater	Richard	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Tatsuno	Yvonne	Board of Directors
21	Zaidi	Hassan	Board of Directors
22			
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Incomplete - Pending Signature

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<input type="checkbox"/>	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.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Miller	(978) 460-2875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR WeHope	TELEPHONE NUMBER (650) 330-8000
STREET ADDRESS (including City, State and Zip Code) 1854 Bay Rd, East Palo Alto, CA 94303	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230105
DESCRIPTION OF AMOUNT OF CONTRACT \$3,277,334.35		
NATURE OF THE CONTRACT (Please describe) Direct services and housing options at the Monarch non-congregate shelter.		

7. COMMENTS
Description of Amount of Contract reflected in the "Grant Expenditure Plan" attachment in File.

8. CONTRACT APPROVAL	
This contract was approved by:	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Baines	Paul	CEO
2	Garcia	Alivia	COO
3	Baines	Cheryl	Other Principal Officer
4	Adger	Denise	CFO
5	Bunce	Jonathan	Board of Directors
6	Sherrard	Robert	Board of Directors
7	Henderson	Irv	Board of Directors
8	Archer	Thomas	Board of Directors
9	Ericson	Bruce	Board of Directors
10	Granberry	Noland	Board of Directors
11	Hughey	Rosalyn	Board of Directors
12	Reiton	Jerold	Board of Directors
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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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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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
Bryn Miller	(978) 460-2875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230105
DESCRIPTION OF AMOUNT OF CONTRACT \$1,467,284		
NATURE OF THE CONTRACT (Please describe) Direct services and housing options at the 1515 South Van Ness Safe Sleep site.		

7. COMMENTS
Description of Amount of Contract reflected in the "Grant Expenditure Plan" attachment in File.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Valdez	Laura	CEO
2	Hidalgo	Saul	CFO
3	Winn	Michael	Board of Directors
4	Hernandez	Pedro	Board of Directors
5	Lin	Kani	Board of Directors
6	Cameron	Anjali	Board of Directors
7	Tanaka	Chelsey	Board of Directors
8	Leonard-wookey	Anat	Board of Directors
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DATE SIGNED

BOS Clerk of the Board



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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Miller	(978) 460-2875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Heluna Health	TELEPHONE NUMBER (800) 201-7320
STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Pkwy N #450, City of Industry, CA	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230105
DESCRIPTION OF AMOUNT OF CONTRACT \$834,665		
NATURE OF THE CONTRACT (Please describe) San Francisco Homeless Outreach Team direct services.		

7. COMMENTS
Description of Amount of Contract reflected in the "Grant Expenditure Plan" attachment in File.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Baker	Alexander	Board of Directors
2	Vetticaden	Santosh	Board of Directors
3	Jenks	Robert	Board of Directors
4	Joseph	Tamara	Board of Directors
5	Mago	Hope Tatirai	Board of Directors
6	Garrido	Terhilda	Board of Directors
7	Anyaoku	Nwando	Board of Directors
8	Macarchuk	Nicole	Board of Directors
9	Rich	Sarah	Board of Directors
10	Vasallo	Vivian	Board of Directors
11	Casciato	Georgia	Board of Directors
12	Edwards	Carladenise	Board of Directors
13	O'Connor	Jean	Board of Directors
14	Yip	Edward	Board of Directors
15	Gorre	Celina	Board of Directors
16	Midura	Bonnie	Board of Directors
17	Cutler	Blayne	CEO
18	Dale	Peter	COO
19	Gieseler	Brian	CFO

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Robinson	Elizabeth	Other Principal Officer
21	Seifert	Tim	COO
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NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Miller	978-460-2875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR 33 Gough, LLC	TELEPHONE NUMBER (404) 224-1860
STREET ADDRESS (including City, State and Zip Code) 191 Peachtree Street, Suite 4100, Atlanta, GA 30303	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230105
DESCRIPTION OF AMOUNT OF CONTRACT \$1,723,472		
NATURE OF THE CONTRACT (Please describe) Funding from the State Encampment Resolution Fund for one year of lease costs at \$1,372,000 and taxes and insurance costs payable by the City on behalf of 33 Gough LLC estimated at \$351,472 annually.		

7. COMMENTS
Description of Amount of Contract reflected in the "Grant Expenditure Plan" attachment in File.

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1	Perry	Egbert LJ	CEO
2	Edwards	Valerie	Other Principal Officer
3	Powell	Mitch	CFO
4	Sanusi	Adetayo	Other Principal Officer
5	Lundy Wilbon	Vicky	Other Principal Officer
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10. VERIFICATION

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

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

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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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 #: 230105

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	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Miller	(978) 460-2875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Urban Alchemy	TELEPHONE NUMBER (415) 757-0896
STREET ADDRESS (including City, State and Zip Code) 1035 Market Street, Suite 150, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230105
DESCRIPTION OF AMOUNT OF CONTRACT \$2,333,768		
NATURE OF THE CONTRACT (Please describe) Direct services and housing options at the 33 Gough non-congregate cabin program.		

7. COMMENTS
Description of Amount of Contract reflected in the 'Grant App Budget' attachment on file.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	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	TYPE
1	Miller	Lena	CEO
2	wilson	Bayron	CFO
3	Growney	Kristin	CFO
4	whittle	Lola	Board of Directors
5	Baskin	James	Board of Directors
6	Brookter	Dion-Jay	Board of Directors
7	Davis	Darolyn	Board of Directors
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Incomplete - Pending Signature

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NAME OF CONTRACTOR Urban Alchemy	TELEPHONE NUMBER (415) 757-0896
STREET ADDRESS (including City, State and Zip Code) 1035 Market Street, Suite 150, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230105
DESCRIPTION OF AMOUNT OF CONTRACT \$610,296.00		
NATURE OF THE CONTRACT (Please describe) Direct services at the 33 Gough non-congregate cabin program.		

7. COMMENTS
Description of Amount of Contract reflected in the Grant Expenditure Plan attachment in File.

8. CONTRACT APPROVAL	
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