

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: 05-26-2023 | 15:51:33 PDT

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File #: 230416

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. CONTRAC	TING DEPARTMENT CONTACT	
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Mil	ler	978-460-2875
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
НОМ	Homelessness and Supportive Housing	bryn.miller@sfgov.org

5 C	ONTRACTOR			
	IE OF CONTRACTOR		TELEPHONE N	IUMBER
3r	d Street Youth Center and Clinic		415-822-	1707
STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
17	28 Bancroft Avenue, San Francisco, CA 94124			
	ONTRACT			
DATI	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 230416
05	/23/2023			
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$2	0,703,760			
NAT	URE OF THE CONTRACT (Please describe)			
De (1	rst amendment to the grant agreement between partment of Homelessness and Supportive Hous TAY) Navigation Center; extending the grant , 2020, through June 30, 2026; and increasin tal amount not to exceed \$20,703,760	ing for serv term by 36 m	vices at tl months for	he Transitional Age Youth a total term of December
7. C	OMMENTS			
	ONTRACT APPROVAL			
IIIIS	contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED 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.

cont	ract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Magee	Michelle	Board of Directors
2	Davenport	Sue	Board of Directors
3	Relyea	Jackie	Board of Directors
4	Fallon	Laura	Board of Directors
5	Davidson	Samuel	Board of Directors
6	Lelaind	Herschel	Board of Directors
7	Kunene	Glen	Board of Directors
8	Eng	Vanessa	Board of Directors
9	Rodriguez	Jose	Board of Directors
10	Savage	Michael	Board of Directors
11	Jackson-Morgan	Joi	CE0
12	Dinakaran	Girish	Other Principal Officer
13	Nero	Joanne	Other Principal Officer
14	ТАТО		Subcontractor
15	SPOA Services		Subcontractor
16	Bowdry & Bowdry Janitorial		Subcontractor
17	Citiguard		Subcontractor
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	FFILIATES AND SUBCONTRACTORS			
exec who	the names of (A) members of the contractutive officer, chief financial officer, chief has an ownership interest of 10 percent tract.	operating officer, or other	persons with sir	milar titles; (C) any individual or entity
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME		ТҮРЕ
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	Check this box if you need to include ad Select "Supplemental" for filing type.	ditional names. Please sub	mit a separate f	orm with complete information.

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ia that the foregoing is true and correct.
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