

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: 06-08-2023 | 14:22:11 PDT

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File #: 230477

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Kelly Hiramoto		415-255-3492
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	kelly.hiramoto@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Bayview Hunters Point Foundation for Community Imprvmt	415-468-5100
STREET ADDRESS (including City, State and Zip Code)	EMAIL
5815 Third Street, San Francisco, CA 94124	james.bouquin@bayviewci.org

6. CC	ONTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	1
06	/06/2023			230477
	,,			
DESC	CRIPTION OF AMOUNT OF CONTRACT			
No	t to Exceed \$16,300,000			
NATI	JRE OF THE CONTRACT (Please describe)			
Provide behavioral health services through outpatient mental health services to adults, adolescents, and children; prevention and school-based early intervention behavioral health services; program administration services for clinic-based services, primary care and behavioral health services to Lesbian/Gay/Bisexual/Transgender transitional age youth; and long-term residential and recovery programming.				
7. CO	DMMENTS			
			. /2022	
Description of Amount reflects amendments in Committee 6/2/2023.				
8. CC	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 MUHICU AN ARROUNTED OF	THE CITY ELECTIV	E OEEICEDIC\ :	DENTIFIED ON THIS FORM SITS
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	INE CITY ELECTIV	E OFFICER(S) I	DENTIFIED ON THIS FORIN 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.

con	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Watson	Susan	Board of Directors	
2	Fuller	Wayzel	Board of Directors	
3	Cray	Adam	Board of Directors	
4	Everhart	Claude	Board of Directors	
5	Coulson	Chuck	Board of Directors	
6	Bouquin	James	CE0	
7	Gilmore	Pamela	Other Principal Officer	
8	Ndemera	Simbarashe	CF0	
9	Davenport	Anthony	Other Principal Officer	
10	Harrington	Nicole	Other Principal Officer	
11	Nieri	Lindsay	Other Principal Officer	
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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	ТҮРЕ
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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.	ase submit a separate form with complete information.		
40 MEDIFICATION			
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 cor	nplete.		
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		
CLERK Docusigned by: 988C8F42C3084B5 Angela Calvillo	06-08-2023 14:22:11 PDT		