

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 | 14:23:09 PDT

File #: 230478

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

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 DEF	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	415-468-5100		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
5815 Third Street, San Francisco, CA 94124	james.bouquin@bayviewci.org		

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)	
06/06/2023		230478	
DESCRIPTION OF AMOUNT OF CONTRACT	•		
Not to Exceed \$11,600,000			
NATURE OF THE CONTRACT (Please describe)			
Provide opiate/narcotic treatment and support to San Francisco residents, including incarcerated adult males, females and transgender heroin users who are unable to cease the use of heroin without medical assistance, with a special focus on the African American population primarily residing in the Southeast sector of Bayview and Sunnydale			

7. COMMENTS

Description of Amount reflects amendments in Committee 6/2/2023.

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

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	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	CEO
7	Gilmore	Pamela	Other Principal Officer
8	Ndemera	Simbarashe	CFO
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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#	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	DATE SIGNED
CLERK DocuSigned by: 988C8F42C3084B5 Angela Calvillo	06-08-2023 14:23:09 PDT