File No.	230677	Committee Item No10	
_		Board Item No. 36	
	COMMITTEE/BOA	RD OF SUPERVISORS	

AGENDA PACKET CONTENTS LIST

Committee:	budget and Appropriations Comm	miliee Date	<u>June 15, 2023</u>	
Board of Sur	pervisors Meeting	Date	July 11, 2023	

	Budget and Appropriations Committee Date June 15, 2023 pervisors Meeting Date July 11, 2023
Cmte Boar	rd
	Motion
	Resolution
	Ordinance
	Legislative Digest
	Budget and Legislative Analyst Report
	Youth Commission Report
	Introduction Form
	Department/Agency Cover Letter and/or Report MOU
H	Grant Information Form
HH	Grant Budget
H H	Subcontract Budget
	Contract/Agreement
	Form 126 – Ethics Commission (67)
	Award Letter
	Application
	Public Correspondence
OTHER	(Use back side if additional space is needed)
\bowtie	MYR Budget Submission Letter 6/1/2023
	MYR Trailing Legislation List
	Attachment A Recurring State Grants FY2023-24
	Subcontractors FY2023-24
	DPH Memo 6/2/23
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H	,
Completed k	by: Brent Jalipa Date June 7, 2023
	by: Brent Jalipa Date June 26, 2023

1	[Accept and Expend Grants - Recurring State Grant Funds - Department of Public Health - FY2023-2024]
2	1 12020 2024
3	Resolution authorizing the acceptance and expenditure of State grant funds by the San
4	Francisco Department of Public Health for Fiscal Year (FY) 2023-2024.
5	
6	WHEREAS, The San Francisco Administrative Code requires City Departments to
7	obtain Board of Supervisor's approval in order to accept or expend any grant funds (Section
8	10.170 et seq.); and
9	WHEREAS, The Board of Supervisors provided in Section 11.1 of the administrative
10	provisions of the Fiscal Year (FY) 2023-2024 Annual Appropriation Ordinance that approval o
11	recurring grant funds contained in departmental budget submissions and approved in the
12	FY2023-2024 budget are deemed to meet the requirements of the San Francisco
13	Administrative Code regarding grant approvals; and
14	WHEREAS, The agencies of the State of California that provide grant funds to
15	Department of Public Health (DPH) require documentation of the Board's approval of their
16	specific grant funds (State Administrative Manual, Section 1208.2 (a)); and
17	WHEREAS, The City's budget for FY2023-2024 does not list each State grant but
18	contains two aggregate items; one indicating all Federal, and one all State grant funds; and
19	WHEREAS, Department of Public Health has prepared a document entitled "Recurring
20	FY2023-2024 State Grants, Attachment A" that lists the estimated amount of each recurring
21	grant provided by the State of California for FY2023-2024, the State agency that provides the
22	grant, and the indirect costs of each grant, which is on file with Clerk of the Board of
23	Supervisors in File No. 230677; and
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1	WHEREAS, As a result of periodic redistribution of appropriations within the State
2	budget, Department of Public Health may, in fact, receive more money or less money from
3	some of the various grants itemized in the attached document that Department of Public
4	Health estimates at this time; and
5	WHEREAS, This Resolution requires expedited review by the Board of Supervisors to
6	ensure that documentation of specific grant funds can be provided to the State as early as
7	possible in the funding year; and
8	WHEREAS, Resolutions authorizing the acceptance and expenditure of grant funds
9	may be placed automatically on consent agendas in committee, as they are usually
10	considered to be routine items, and this Resolution authorizes the acceptance and
11	expenditure of grant funding; now, therefore, be it
12	RESOLVED, That the Board of Supervisors hereby approves the acceptance and
13	expenditure of Department of Public Health of the State of California grants listed in the
14	"Recurring FY2023-2024 State Grants, Attachment A;" and, be it
15	FURTHER RESOLVED, That the Director of Health is authorized to enter into the
16	Agreement, and any amendments, invoices, or any other documents related to or required for
17	the administration of said Agreement on behalf of the City and County; and, be it
18	FURTHER RESOLVED, That the Director of Health is authorized to certify that DPH
19	has and will comply with all applicable federal and state statutory and regulatory requirements
20	related to any grant funds received; and, be it
21	FURTHER RESOLVED, That should Department of Public Health receive more money
22	or less money on any of the grants than is estimated in the "Recurring FY2023-2024 State
23	Grants, Attachment A", that the Board of Supervisors hereby approves the acceptance and
24	expenditure by Department of Public Health of the additional or reduced money.

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1	Recommended:	Approved: <u>/s/</u>
2		Mayor
3	<u>/s/</u>	
4	Dr. Grant Colfax	Approved: <u>/s/</u>
5	Director of Health	Controller
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	Program/ Sub-Program		Grant Type	State Contract Number	FY 23-24 Grant Term	FY 23-24 Grant Amount	FY 23-24 Indirect Costs	Indirect Cost Information	Match	In-kind	Subcontract Amount	Title, Services, FY 2023-2024	Program Manager	Phone Number	Grant Code	Project code	Staff	Grant Status
	Administration	Agency CDPH - EPO	Federal Pass-through	22-10678	7/1/23 - 6/30/24	300.290	15.014	6.490135% of	Match	in-kind	Amount	Hospital Preparedness Program Grant funds the planning and coordination of hospital	Amanda Kwong	(628) 206-7618	HCAC11-24	10039547	Peter	Active
	AIDS Office - Health Services	CA Dept. of Public Health (CDPH)		18-10886	4/1/24 - 3/31/25	3,259,617	15,014	Personnel -	-	-	3,011,322	preparedness activities for health care facilities HIV Care Program - SAM HCP is a Two-tiered approach to service priorization & delivery based on service categories defined by HRSA. Tier 1 services are outpatient & ambulatory medical care. Tier	Bill Blum / Sajid Shaikh	415-255-3512	HCAC11-24	10039547	Jeannette	Pending
3	Center for Research	The Regents of the University of California	Federal Pass-through	8940sc	4/1/23 - 3/31/24	14,026	1,502	12% of tdc	-	-	-	2 support access to lier 1. UCSF-GSI Technical Assistance in Strategic Information and Health Systems under MAM-PHACTS Dr. William McFarland will work with MOHSS, CDC Namibia and other partners to provide technical assistance in the implementation and completion of 1885/PDI and / or other surveillance and survey activities.	W. McFarland / Sajid Shaikh	415-255-3512	HCA054-24	10039365	Kimberly	Pending
4	Center for Research	The Regents of the University of California	Federal Pass-through	8952sc	6/1/23 - 5/31/24	19,558	1,778	10% of tdc	-	-		Western States Node of the National Drug Abuse Treatment SFDPH will work in conjunction with the UCSF to provide the infrastructure for the Western States Node of the Nat'l Drug Abuse Treatment Clinical Trials Network.	P. Coffin / Sajid Shaikh	415-255-3512	HCAO98-24	10039490	Kimberly	Pending
5	Epidemiology & Disease Control	CDPH-Emergency Preparedness	State	22-10678	7/1/23-6/30/24	88,822	4,059	4.8% of total direct cost	-	-	-	CA Pandemic Influenza Preparedness Prepare for and respond to bioterrorism, infectious disease outbreak, and other public health threats and emergencies.	Amanda Kwong	628-206-7618	HCD113-24	10039519	Elizabeth	Active
6	Center for Learning & Innovation	The Regents of the University of California	Federal Pass-through	13793sc	9/1/23 - 8/31/24	13,792	2,758	25% of tdc	-	-		UCSF-Bay Area Center for AIDS Research Provide assistance to UCSF's Mentoring Program.	J. Fuchs / Amanda Kwong	628-206-7618	HCD134-24	10039363	Kimberly	Pending
7	HD STD	California Department of Public Health	State	19-10557	07/01/23 - 6/30/24	268,666	2,977	24.68% personnel	-	-	162,061	Local Assistance for Core STD Management Implement evidence-based public health activities to proactively address Sexually Transmitted Diseases (STD) with Local health jurisdiction (LHJ)	Maggie Han	628-206-7681	HCD142-24	10039339	Martin	Active
8	TB Control	California Department of Public Health	State	2290CTCA00	07/01/23 - 06/30/24	243,945	20,342	10% of total contract amount	-	-	223,760	Support Tuberculosis Prevention & Control Activities Local assistance funding to support tuberculosis (TB) prevention & control activities	Maggie Han	628-206-7681	HCDC22-24	10039406	Martin	Active
9	Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	pending	1/1/23 - 12/31/23	66,530	-	-	-	-		HC LSYC Calendar Year 2023 Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS	Beth Neary	628-206-7679	HGCLSC-23	10038176	Sean	Active
10	Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	pending	1/1/24 - 12/31/24	66,530	-	-	-	-		HC LSYC Calendar Year 2024 Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS	Beth Neary	628-206-7679	HCGLSC-24	10039523	Sean	Active
11	Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	pending	1/1/23 - 12/31/23	1,255,850	-	-	-	-		HC McKinney Homeless Calendar 20223 Funding for the provision of health care services to the homeless	Beth Neary	628-206-7679	нссмск-23	10038178	Sean	Active
12	Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	pending	1/1/24 - 12/31/24	1,255,850	-	-	-	-		HC McKinney Homeless Calendar 2024 Funding for the provision of health care services to the	Beth Neary	628-206-7679	нссмск-24	10039524	Sean	Active
13	Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	pending	1/1/23 - 12/31/23	81,250	-	-	-	-		RWPC Tom Waddell Clinic 2023 Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS	Beth Neary	628-206-7679	HCGTWC-23	10038179	Sean	Active
14	Primary Care	San Francisco Community Clinic Consortium	Federal Pass-through	pending	1/1/24 - 12/31/24	81,250	-	-	-	-		RWPC Tom Waddell Clinic 2024 Funding to support the provision of RWPC Early Intervention Services (EIS) services to persons living with HIV/AIDS	Beth Neary	628-206-7679	HCGTWC-24	10039526	Sean	Active
15	Center for Research	The Regents of the University of California	State	UFRA-278 (SFDPH- 00sc)	7/1/23 - 6/30/24	29,169	3,125	12% of tdc	-	-		IGHS International Training Program Dr. McFarland will coordinate training and technical assistance activities, assists in preparation of abstracts and presentations for international and regional AIDS conferences	W. McFarland / Sajid Shaikh	415-255-3512	HCIV14-24	10039396	Kimberly	Pending
16	мсн	CDPH-MCH Branch	Federal Pass-through	CHVP 21-38	7/1/23 - 6/30/24	1,128,429	29,779	3% of personnel	-	-		Nurse Family Partnership Nurses providing home visits with priority given to women with high risk factors to help women break the cycle of poverty and abuse.	Maya Vasquez	415-575-5732	HCMC02-24	10039503	Elizabeth	Active
17	Environmental Health	CDPH-CLPPB	Multiple funding sources	pending	7/1/23 - 6/30/24	887,922	112,836	15% of personnel costs	-	-		Lead Case Management Contract Identify and manage cases of children with elevated lead levels in their blood.	Haroon Ahmad	415-252-3956	НСРВ02-24	10039466	Jeannette	pending
	AIDS Office - Health Services	CDPH-OA-ADAP	State	21-10962	7/1/23 - 6/30/24	145,000	-	-	-	-	-	State AIDS Drug Assistance Program Administration of the AIDS Drug Assistance Program enrollment process provided by SFDPH and/or its subcontractors.	Kevin Hutchcroft/ Sajid Shaikh	415-437-6244	HCPD10-23	10026702 10001992 10001810 10001859	Sajid	Active
19	ARCHES	CDPH-Office of AIDS	State	19-10445	7/1/23 - 6/30/24	715,084	77,385	25% of personnel costs	-	-	187,876	State AIDS Surveillance Program HIV/AIDS Surveillance program provides precise & timely information necessary to identify ongoing patterns of infection & to measure the burden of the disease.	Sajid Shaikh	255-3512	HCPD14-24	10039381	Martin	Active
20	TB Control	CA Department of Public Health	State	2290BASE00 & 2290FSIE00	7/1/23 -6/30/24	337,200	13,821	5.1% personnel	-	-		Tuberculosis Subvention To provide outreach and housing services for homeless tuberculosis patients and implement the "Directly Observed Therapy Program (DOT) for tuberculosis cases.	Maggie Han	628-206-7681	HCPD21-24	10039412	Martin	Active
21	Epidemiology & Disease Control	CDPH - Immunization Branch	Federal Pass-through	17-10345	7/1/23-6/30/24	275,070	-	-	-	-		Immunization Services Grant Administers an immunization program against nine vaccine preventable diseases and prenatal Hepatitis B services.	Amanda Kwong	628-206-7618	HCPD29-24	10039522	Sean	Active
22	Epidemiology _PHEPR	CDPH Emergency Preparedness	Federal Pass-through	22-10678	7/1/23 - 6/30/24	564,160	27,544	5.3% of total direct cost	-	-		Health Preparedness & Response Prepare for and respond to bioterrorism, infectious disease outbreaks and other public health threats and emergencies.	Andrea Tenner/Amanda Kwong	628-206-7618	HCPD69-24	10039520	Elizabeth	Active

	Epidemiology _PHEPR	CDPH-Emergency	Federal Pass-through	22-10678	7/1/23-6/30/24	189,148	9.095	5.2% of total			105,226	Cities Readiness Initiative Increase & enhance readiness to make effective use of the	Andrea Tenner/Amanda	628-206-7618	HCPD95-24	10039521	Elizabeth	Active
23		Preparedness	reactor ass among:	22 100/0	7,2,23 0,30,24	103,140					103,220	Strategic National Stockpile (SNS) in the event of several possible types of catastrophic terrorist attacks. Tobacco Free Project	Kwong	020 200 7010	110 055 24	10033321	Lizabetii	ALUIC .
24	Health Education- Health Promotion	DHS-Tobacco Section	State	CTCP-21-38	7/1/23-6/30/24	984,491	110,471	15% of personnel cost	-	-	130,052	Provide Tobacco education in accordance with the State Comprehensive Tobacco Control Plan Guidelines for local lead agencies Black Infant Health Program	Maryna Spiegel	628-206-7640	НСРН01-24	10039358	Danna	Active
25	мсн	CDPH - MCH Branch	Federal Pass-through	202138	7/1/23 - 6/30/24	2,073,641	240,542	based on time study, and 25% of salary & fringe		-	1,183,129	Provide outreach and referral services, pediatric care, education and follow-up support to African American pregnant & postpartum women and their infants.	Joshua Nossiter	558-4037	HCPM02-24	10039504	Sean	Active
26	мсн	CDPH - MCH Branch	Federal Pass-through	202238	7/1/23-6/30/24	9,024,597	1,297,976	24.68% personnel	11,134,065	-	859,600	Maternal and Child Health	Joshua Nossiter	558-4037	НСРМ03-24	10039506	Elizabeth	Active
27	мсн	CDPH - CMS Branch	Federal Pass-through	22-03 & 22-04	7/1/23-6/30/24	1,736,215	214,452	25% of salary	592,840	-		CHDP/EPSDT Children's health and disability prevention services	Kimberlee Pitters	(628) 217-6713	HCPM05-24	10039553	Peter	Active
	мсн	CDPH (WIC)	Federal Pass-through	22-10282	10/1/23-9/30/24	3,025,397		-	-	-		WIC Program Nutrition, education, and supplemental foods to pregnant, lactating or post-partum women and to children under 5 years who are receiving on-going medical care	Priti Rane	(415) 575-5716	HCPM08-24	10039552	Peter	Active
29	мсан	СДРН	Federal Pass-through	19-10345	10/1/23-9/30/24	803,720	6,575	1.4% of Personnel Costs		-	314,583	Nutrition Network Project Project to increase nutrition education and physical activity targeted to California's under-served populations.	Priti Rane	(415) 575-5716	HCPM13-24	10039554	Peter	Active
30	мсан	CA Dept of Health Services/CMS	Federal Pass-through	22-01	7/1/23-6/30/24	749,434			-	-		Health Care Program Children in Foster Care To provide health care program for children is foster care	Kimberlee Pitters	(415) 575-5764	HCPM14-24	10039555	Peter	Active
31	CBHS - Mental Health	Ca Department of Rehabilitation	Federal Pass-through	30952	7/1/23 - 6/30/24	263,811	14,444	5.79% of personnel cost	818,875	-		State Vocational Rehabilitation Services Provide vocational rehabilitation services.	Juan Ibarra	415-255-3496	HMAD04-24	10039362	Danna	Active
32	Mental Health	Department of State Hospitals	State	19-79007-000	10/01/23 - 9/30/24	737,671	67,061	10% direct charges		-	670,610	Pre-Trial Felony Mental Health San Francisco Pre Trial Felony	Mimi Fung	415-575-5719	HM105-24	10039347	Danna	Active
33	CBHS-Mental Health	CA Mental Health Svcs Oversight & Accountability	State	19MHSOAC088	2/8/24 - 2/7/25	522,924	18,687	17.64% of direct cost	944,274	-	458,091	Early Psychosis ntervention (EPI) Mental Health Service Oversight and Accountability Commission	Mimi Fung	415-255-3667	HM107-24	10039375	Danna	Active
34	CBHS-Mental Health	Mental Health Services Oversight & Accountability	State	21MHSOAC028	10/01/23-9/30/24	1,627,177	212,240	15% of total program cost		-	718,002	Mental Health Student Act of 2019 Improve Mental Health services in the schools Mental Health Service Oversight and Accountability Commission	Mimi Fung	415-255-3667	HM109-24	10039367	Danna	Active
35	CBHS-Mental Health	Regents of The University of California	Federal Pass-through	13788sc	8/01/23-7/31/24	93,393			-	-		HRSA Title IV HIV Services Center for Special Problems provides professional outpatient mental health services to women who have HIV and their adult family members.	Sajid Shaikh	415-255-3512	HMM005-24	10039341	Miguel	Active
36	CBHS-Mental Health	Dept of Health Care Svcs. Mental Health	Federal Pass-through	Letter sent 8/29/2022	7/01/23-6/30/24	4,579,474			-	-	1,370,850	SAMSHA - MHBG, System of Care To provide timely access to appropriate care for severely mentally ill (SMI), dually diagnosed adults and seriously emotionally disturbed (SED) children and youth	Janis Omeara	415-581-3051	нмм007-24	10039340	Miguel	Active
37	Bridge HIV	The Regents of the University of California	Federal Pass-through	11324sc	4/1/23 - 3/31/24	45,046	3,217	12% of tdc	-	-		Evaluation of Doxycycline Post-Exposure Prophylaxis DPH will oversee planning and implementation of the DoxyPrep study at SF City Clinic and supervise recruitment and retention.	S. Buchbinder/ Sajid Shaikh	415-255-3512	PD111-24	10039422	Kimberly	Pending
38	Center for Research	The Regents of the University of California	Federal Pass-through	11580sc	9/30/23 - 9/29/24	45,620		3 12% of mtdc	-	-		Recent Infection Surveillance Consortium Dr. McFarland will provide high level technical assistance on surveillance strategy.	W. McFarland / Sajid shaikh	415-255-3512	PD113-24	10039386	Kimberly	Pending
39	Center for Research	The Regents of the University of California	Federal Pass-through	11644sc	9/30/23 - 9/29/24	30,413	3,258	12% of total direct costs		-		Targeted HIV/TB Strategic Information Technical Assistance for President's Emergency Plan for AIDS Relief (PEPFAR)	W. McFarland / Sajid shaikh	415-255-3512	PD121-24	10039391	Kimberly	Pending
40	Center for Research	The Regents of the University of California	Federal Pass-through	11626sc	9/30/23-9/29/24	45,620	4,888	12% of total direct costs	-	-		Targeted HIV/TB Strategic Information Technical Assistance for President's Emergency Plan for AIDS Relief (PEPFAR) and Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Countries. On. McFarland will provide technical assistance on HIV Surveillance activities and facilitate in-country trainings and workshops.	W. McFarland / Sajid shaikh	415-255-3512	PD123-24	10039394	Kimberly	Pending
41	HD STD	California Department of Public Health	State	19-10937	7/01/23 - 6/30/24	190,406			-	-	188,21	Hepatitis C Virus (HCV) Prevention and Control Activities Support Hepatitis C (HCV) elimination activities	Sajid Shaikh	255-3512	PD126-24	10039399	Martin	Active
42	Laboratory	California Department of Public Health	State	UFRA-177	7/1/23 - 6/30/24	44,450		-	-	-		ELC PHL Preparedness Supplement #1 Funds AB178/179 sustainability of PHLs by producing eligible PHLDs, recruitment and training of eligible candidates for future PHLDs etc.	Lina Casto / Amanda Kwong	628-206-7618	PD187-24	10039878	Miguel	Pending
43	HD STD	California Department of Public Health	State	19-10887	7/1/23 - 6/30/24	267,239	65,618	25% personnel	-	-			Maggie Han	628-206-7681	PD131-24	10039382	Martin	Active
44	HD STD	California Department of Public Health	State	19-10791	7/01/23 - 6/30/24	369,754	35,365	25% personne	-	-	183,977	STD Program Management and Collaboration Project Impement public health activities to monitor, investigate, and prevent sexually transmitted diseases (STD)	Maggie Han	628-206-7681	PD132-24	10039387	Martin	Active
45	Environmental Health	California Department of Food and Agriculture	State	pending	7/1/23 - 6/30/25	42,421			-	-	42,421	Noxious Weed Program This project works to eradicate invasive sea lavender at all tidal marsh locations in the county.	Cree Morgan/Phil Calhoun	415-252-3950	PD136-24	10039491	Jeannette	pending
46	Center for Research	The Regents of the University of California	Federal Pass-through	12263sc	8/1/23 - 7/31/24	7,380	671	10% of total direct	-	-		Expanding Access to Buprenorphine Treatment among Homeless Persons with Opliod the Disorder Along with UCSF personnel, Dr. Coffin will perform the following tasks: Assist Dr. Masson in designing interview guides, surveys, and refining recruitment procedures? 2. Assist Dr. Masson in engaging community partners in the proposed research including, director of homeless shelters, syringe exchange access programs, and local health care providers, etc.	P. Coffin / Sajid Shaikh	415-255-3512	PD138-24	10039409	Kimberly	Pending

47	Environmental Health	California Department of Justice	State	Letter dated 12/31/2020	7/1/23 - 6/30/24	305,345	10,492	5% of total personnel services	-	-	55,00	police decoy operations; eliminate illegal sales of tobacco; develop a protocol to investigate consumption; and to share data and knowledge.
48	Center for Research	The Regents of the University of California	Federal Pass-through	12518sc	9/30/23 - 9/29/24	18,779	2,012	12% of total direct costs	-	-		Namibia Project for HS Strengthening, Continuous Quality Improvement and Enhanced Surveillance, has will, McFarland, MD, PhD, Director of Surveillance, has many years of experience working on surveillance in general and key populations, in both obmestic and international settings. He will provide high-level technical actications on sumalilance, stratem.
49	Center for Research	The Regents of the University of California	Federal Pass-through	12855sc	4/1/23 - 3/31/24	11,875	1,272	12% of total direct cost	-	-		International Traineeships in AIDS Prevention Studies W. McFarland / Sajid shalith 415-255-3512 PD165-24 10039439 Kimberly Pending
50	исн	CDPH - Office of Oral Health	State	22-10193	7/1/23-6/30/24	308,879	2,376	17.25% of total personnel costs	-	-	234,01	Oral Health Program Prop 56 Provide activities that support oral health plan and build 00 capacity for the idicitation and implementation of education, prevention, linkage to treatment, surveillance, and case management services. Active and case management services.
51	мсн	СДРН	State	21-10224	7/1/23-6/30/24	459,560	20,134	4% of total personnel costs	-	-	260,00	California Perinatal Equity Initiative Deepen understanding of the gaps in services within the D0 Black community contributing to increased infant mortality rates and the promising interventions to reduce Black linear mortality linear mortality
52	мсн	СДРН	State	CHVP SGF INV 22-38	7/1/23 -6/30/24	1,000,000		-	-	,	600,00	CHVP State General Fund Innovation
53	мсн	СДРН	State	CHVP SGF EXP 22b- 38	7/1/23 -6/30/24	425,742	71,283	24.68% of personnel	-			CHVP SGF Expansion Joshua Nossiter/Maya 415-558-4037 PM104-24 10039517 Elizabeth Active
54	мсн	СДРН	Federal Pass-through	21-10791	7/1/23 - 6/30/24	395,500			-	-		Children & Youth with Special Health Care Needs - CYSHCN To support families of children with disabilities that will - bring together the community agencies that serve children and youth with special health care needs in San Francisco Independentky of one another along with the families they are serving. Nossiter
55	CBHS-Mental Health	Department of Health Care Services (DHCS)	State	Letter dated 10/04/2021	7/1/23-6/30/24	527,060					42,0	Crisis Care Mobile Units (CCMU) Program Department of Health Care Services Mimi Fung Mimi Fung 415-255-3667 HM111-24 10039374 Danna Pending
	CBHS-Mental Health	Department of Health Care Services (DHCS)	Federal Pass-through	Letter dated 12/06/2021	7/1/23-6/30/24	1,067,383		-	-		374,9	Behavioral Health Response and Rescue Project
57	Substance Abuse	CA Dept of Health Care Services	Federal Pass-through	Letter dated 11/15/2021	7/1/23 - 6/30/24	1,574,980		-	-	-	1,244,8	Department of research case wees
58	PHEP	СДРН	Federal Pass-through	WFD-038	7/1/23 - 6/30/24	1,189,498	192,630	25% personnel	-	-		Public Health Workforce Development To establish, expand, trial, and sustain the STLT public - health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs.
59	Health Education- Health Promotion	СДРН	Federal Pass-through	22-38-90899-00	10/1/23 - 9/30/24	324,061					56,706.1	Refugee Health Assessment Program (RHAP), provide health Assessment services to refugees, asylese, entrants from Haital and Cubs, special visa immigrants, federally concernified victims of human trafficking, eligible Afghan and Ukrainian paroles, and other eligible entrants, as required per the 2022-23 ORH Policy and Procedure Manual.
	Health Education- Health Promotion	СДРН	Federal Pass-through	22-38-90234-00	7/1/23 - 6/30/24	226,000						Asylum Seeker Health Surveillance and Linkage to Care, Provide case management services to a minimum of 150 asylum seekers annually to ensure patient enrollment in Medi-Cal or other health insurance when eligible, and conduct an initial health screener to assess for immediate healthcare needs. Patricia Erwin / Cristy Dieterich Oleterich October 10039423 Martin Active
61	Health Education- Health Promotion	СДРН	Federal Pass-through	22-38-90893-00	10/1/23 - 9/30/24	74,328					52,222.0	REFLIGE HEALTH PROMOTION PROJECT (RHPP). UJKRAINIAN REFLIGES HEALTH PROMOTION (URHP) 00 SUPPLEMENT), to improve the health of newly arrived Ulkrainians and other non-Ulkrainian individuals through outreach, education, and support services.
62	Administration	СОРН	State	FoPH-041	7/1/23 - 6/30/24	3,639,888	114,650	3% personnel				Future of Public Health Spending (FoPH), to supplement local health Jurisdictions for Maggie Han Alice Kurniadi / Maggie Han PD180-24 10039404 Martin Pending Jubic health workforce and Infrastructure
63	HD STD	СДРН	State	22-10889	7/1/23 - 6/30/24	889,417	142,637	24.68% personnel			137,801.0	SYPHILIS OUTBREAK STRATECY (SOS), to support innovative and impactful syphilis and CS prevention and control activities, with a focus on disproportionately impacted populations as determined by local or regional syphilis and CS epidemiology, which may include, but are possible to the proposition of the proposition o
64	Center for Research	The Regents of the University of California	Federal Pass-through	13250sc	9/24/23 - 8/31/24	5,875	534	10% of tdc				One Ballroom, Dr. McFarland will serve as Co-Investigator and will design and analyze the proposed project. He will w. McFarland / superincipate in dissemination activities, manuscript writing, and will be responsible for sampling and RDS saijid Shalkh methodology.

FY23-24 State Recurring Grants (Attachment A)

Center for Research	The Regents of the University of California	Pass-through 1	.3215sc	9/30/23-9/29/24	22,810	2,444 10% of tdc		Prevention and Response for Outbreaks, Threats, and Emergencies through Capacitation and Training (PROTECT), Dr. McFarland will bring his world reknowed surveillance expertise to engage with ministries of health and other regional stakeholders on the design of the surveillance systems.	W. McFarland / Sajid Shaikh	415-255-3512	PD174-24	10039444	Kimberly	Pending
Center for Research	The Regents of the University of California	Pass-through 1	2668sc	9/30/23-9/29/24	43,611	4,673 12% of tdc		CARES Act Proposal, in close collaboration with UCSF, SFDPH will provide technical assistance and capacity building for COVID-19 survey.	W. McFarland / Sajid Shaikh	415-255-3512	PD175-24	10039445	Kimberly	Pending
Center for Research	The Regents of the University of California	Pass-through 1:	.3199sc	9/30/23-9/29/24	15,207	1,629 12% of tdc		Strategic Use of Surveillance and Epidemiology to Support HIV Epidemic Control in Kenya under the President's Emergency Plan for AIDS Rellel (PEPAR), in close collaboration with UCSF, SFDPH will provide technical assistance and capacity building across Kenya Surveillance activities.	W. McFarland / Sajid Shaikh	415-255-3512	PD176-24	10039447	Kimberly	Pending
Center for Research	The Regents of the University of California	Pass-through 1:	:3184sc	9/30/23-9/29/24	14,193	1,521 12% of tdc		Tracking with Recency Assays to Control the Epidemic (TRACE), in Cose Collaboration with UCSF, 9FDPH will provide technical assistance and capacity building for rollout of HIV recenty testing and case surveillance in Vietnam. Additionally, 3FDPH will support in data analyses using HSS+ and CS data collected in Vietnam to better understand the epidemic in country and respond to programmatic needs.	W. McFarland / Sajid Shaikh	415-255-3512	PD179-24	10039464	Kimberly	Pending
Center for Research	The Regents of the University of California Federal P.	Pass-through 1:	.3832sc	9/1/23-6/30/24	69,259	13,852 25% of tdc		UCSF Bay Area Center for AIDS Research, to support "Developing a Regional Approach to Equitable implementation of long-Acting PFP' including providing overall leadership and scientific direction to the project, including project planning, formation of Stakeholder Advisory Board, implementation of stakeholder engagement interviews, development of Implementation Toolkit, and analysis and dissemination of findings.	A. Liu / Sajid Shaikh	415-255-3512	PD188-24	10039892	Kimberly	Pending
Bridge HIV	The Regents of the University of California	Pass-through 1	3800sc	9/1/23-6/30/24	15,570	3,114 25% of tdc		UCSF Bay Area Center for AIDS Research, to support the recruitment, enrollment, specimen collection, and processing for the CFAR PrEP Cohort based at Bridge HIV.	H. Scott / Sajid Shaikh	415-255-3512	PD189-24	10039958	Kimberly	Pending
Substancce Abuse	CA Dept of Health Care Services Federal Page 1		etter dated 5/20/22	7/1/23 -6/30/24	8,913,363		8,913,36	SABG Block Grant Alcohol and Other Drug Programs utilize SABG funding to provide a broad array of alcohol and other drug program treatment and prevention services within the system of care (SOC) programs.	Laurel Snead	(415) 255-3717	SA104-24	10039973	Peter	Pending

60,135,634 3,207,621 21,780,725

Item	Title, Services, FY 2023-24	Subcontract Amount	Contractor Name Nature of the Contract	Address	Executive Director	Board Member Name
2	HIV Care Program - SAM HCP is a Two-tiered approach to service priorization & delivery based on service categories defined by HRSA. Tier 1 services are outpatient & ambulatory medical care. Tier 2 support access to tier 1.	240,656	a) Dolores Street Community Services To improve and maintain the health of our residents through the provision of facility-based health care and other supportive services.	938 Valencia Street, San Francisco, CA94110	Laura Valdez	PRESIDENT: Anjail Cameron; VICE-PRESIDENT: Pedro Hernandez, Jr.; TREASURER: Kani Lin; SECRETARY: Chelsey Tanaka; Michael Winn
		180,336	Individuals at Peter Claver Community an RCFCI program in San Francisco with a special focus on the unique needs of persons living with HIV/AIDS.	1340 Golden Gate Ave, SF, CA 94115	Ellen Hammerle, Ph.D, LMFT	Most Reverend Salvatore Cordileone, Chairman; Dr. Ellen Hammerle, Ph.D., LMFT, Chief Executive Officer; Joe Boerie, Precident, Theodor Borromee, Secretary; Kathleen A. Grogan, CPA, Treasure; Dr. Diana I. Soprquez, Philip Cikir, Adriana Dahis, Usaie Offeiner Firmer, Michael M. Ghilott; Eleanor Gonzalez, David R. Hultman; Lisa Ikeda; Philip Kearney; Scott Landis; Jay Paul Leupy; Sister Maureen McInerney, O.P.; Lorf P. Mirek; Reverend Daniel Nascimento; Jack Pohlman; Reverend Raymund Reyes; Louis Reynaud; Jim Sangiacomo; Barbara Smith; Patrick Woody
		1,347,885	c) Project Open Hand To improve the nutritional health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments and other food and nutrition services.	730 Polk St, SF, CA 94109	Paul Hepfer	Interim board chari: Ruth Yankoupe; FINANCE CHAIR: Andrew Chang, SECRETARY: Ad Wakankar, PhD, Mike Henry, John Cottor, Vishwa Chandra; Jennifer Wieman Petraglia; Dr. Preston Maring, M.D.; Ginny McSwine; Theresa (D, Chang), The Petraglia; Dr. Preston Maring, M.D.; Ginny McSwine; Theresa (D, Chang), Chang (P, Chang), Susanna Holt; Jason Wei
		752,053	d) Maitri AIDS Hospice To provide safe housing, medical care and nutrition supports for those with HIV at end of life and those needing respite to return to independence as defined by the resident	401 Duboce Ave, SF, CA 94117	Michael Armentrout	Ray Lapointe; Jane Wong: Austin Miller; Gregg Cummings; Jim King; Johannes Casados; Donna Cummings; Namita Dilawri; Alvin Ling; David Ludlow; Sameera Rana
		321,555	e) PRC Providing Equal Access to Health Care Program Services	170 9th St, San Francisco, CA 94103	Chuan Teng, Esq.	Brian Schneider, Kent M. Roger, Esq., Tim Schroeder, Josh Frieman; Nelson Gonzalez, Ryo Ishida; Jacques Michaels; Michael Niczyporuk; Zack Papilion; Darren Smith; Nichole Wiley
		168,837	f) UCSF Alliance Health Project The program goal is to provide outpatient mental health services to people living with HIV - including Long-Term Survivors - to reduce symptoms and functional impairments resulting from mental health and/or substance use disorders.	1855 Folsom St, San Francisco, CA 94103	James W. Dilley, MD	Susan M. Breall, Chair; Sophia Toh, Vice-Chair; Enchi Liu, PhD, Secretary; Phil De Carlo; Vanni Carapetian, MPH; Juan Garcia; Brad Hare, MD; Reginald Hillmon; Bérénice Mettler; Kelly Lake; Michelle V. Porche, EdD; Kate Shumate; Terhilda Garrido; Nwando Anyaoku; Nicole J. Macarchuk;
7	Local Assistance for Core STD Management To provide local assistance funding to local health jurisdictions to build local infrastructure and workforce capacitity to conduct STD survillance and implement evidence-based_effective interventions to reduce the transmission and negative health effects of sexually trasmitted infections	43,243	Harm Reduction Therapy Center Provide Clinical Consultation Services to LINC frontline staff	21 Merlin St, San Francisco CA 94107	Anna Berg	Sam Dennisson , Board Chair, Shantel Winegand, Treasurer, Eileen Norman, Secretary, Ale De Pinal, Kristen Marshall
		118,818	3rd Street Youth Center and Clinic Providing STD Evaluation, Screening and Testing for Youth of Color	1728 Bancroft Avenue San Francisco, CA 94124	Joi Jackson-Morgan	Michelle Magee, Lyslynn Lacoste, Jackie Relyea, Laura Fallon, Savitha Moorthy, Herschel Lelaind, Glen Kunene, Vanessa Eng, José A Rodríguez, Michael Savage
8	Support Tuberculosis Prevention & Control Activities Local assistance funding to support tuberculosis (TB) prevention & control activities	223,760	Controller's Association	1 Hallidie Plaza Suite 808 San Francisco, CA 94102	Penny Eardley	Adam Sharma, Jess Thacher, Courtney Lyles, Elizabeth Longstreth, Ayanna Bennent, Melissa Moore, Mark Morewitz, Nick Oxford, Allison White
19	State AIDS Surveillance Program HIV/AIDS Surveillance program provides precise & timely information necessary to identify ongoing patterns of infection & to measure the burden of the disease.	187,876	Services Tiscal Internedially	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Robert R. Jenks, MBA; Tamara Joseph, JD, Alex Baker, MBA; Carladenise Edwards, PhD; Edward Vp, JD; Georgia Casciato, FACHE; Jean C. O'Cornor, JD, MPH, DrPH, FACHE; Santosh Vetticaden, MD, PHD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH; Hope Tarirai Mago; Vivian Vasallo; Celina Gorre; Bonnie Midura
23	Cities Readiness Initiative Increase & enhance readiness to make effective use of the Strategic National Stockpile (SNS) in the event of several possible types of catastrophic terrorist attacks.	105,226	a) San Francisco Public Health Foundation Fiscal intermediary	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	Penny Eardley	Adam Sharma, Jess Thacher, Courtney Lyles, Elizabeth Longstreth, Ayanna Bennent, Melissa Moore, Mark Morewitz, Nick Oxford, Allison White
24	Tobacco Free Project Provide tobacco education in accordance with the State Comprehensive Tobacco Control Plan Guidelines for local lead agencies.	130,052	a) San Francisco Public Health Foundation Providing program administration in support of SF Tobadcco Free Project.	375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	Penny Eardley	Adam Sharma, Jess Thacher, Courtney Lyles, Elizabeth Longstreth, Ayanna Bennent, Melissa Moore, Mark Morewitz, Nick Oxford, Allison White
25	Black Infant Health Program Provide outreach and referral services, pediatric care, education and follow-up support to African American pregnant & postpartum women and their infants.	1,183,129	a) HealthRight 360 Fiscal Intermediary	1563 Mission St, SF, CA 94103	Dr. Vitka Eisen	Diane Ireland, Sankar Venkatraman, Linda Smart, Daniel Binder, Yener Balan, MD,DFAPA, Natalie Beaulieu, Bryan B.C.I. Graham, Chris Gurley, Kathryn Holmes, Raquel Macfarlane, Natalie Mitchell, Talia Pierluissi, Karen E. Pointer, Alex Pugh, Ahmad Thomas, Timothy Torres.
26	Maternal and Child Health Coordination and advocacy for programs and services targeting women and children and review of fetal infant deaths.	610,705	a)Heluna Health Provide support for Expecting Justice Program	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Robert R., Jereks, MBA, Tamara Joseph, JD, Alex Baiker, MBA, Carladenine Edwards, PhD, Edward Vp, JD, Georgia Casciato, FACHE; Jean C, O'Cornor, JD, MPH, DrPH, FACHE; Santosh Vetticaden, MD, PHD, MBA, Sanda Mullers Rich, MBA, Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH, Hope Tarirai Mago; Vivian Vasatlo; Celina Gorre, Bonnie Midura
	Nutrition Network Project	248,895	b) Felton Institute Provide support for TAPP program a) San Francisco Unified School District	1500 Franklin Street, San Francisco, CA 94109 555 Franklin Street, San Francisco, CA 94102	Al Gilbert	Darren Skolnick, Tamarra Steele, Cilfford Nalls, Kathy Neal, Michael Orias, Peter Rojo, Deborah Wafer, Dr. George Woods, Susan Bobulsky, Oliver Brooks, Daniel Costello Kevine Boggess, Lisa Weissman-Ward, Matt Alexander, Alda Fisher, Jenny Lam, Lainie Motamedi, Mark Sanchez
29	Nutrition Network Project Project to increase nutrition education and physical activity targeted to California's under-served populations.	180,000	Provide outreach to targeted populations	445 Church Street, San Francisco, CA 94102	Gina M. Fromer, Ph.D.	Ravine Boggess, Lisa Weissman-Waro, Matt Ausxanoer, Alica Fisner, Jenny Lain, Laine Motamea, Mark Sancnez Anna Nordberg, Deborah Sims, Brandy Vause, Marga Dusedau, Ashley Murphy, Jake Levinson, Maegan Warehouse, Dominique Benavidez, Jessica Hilberman,
-		134,583	Provide outreach to targeted populations a) University of California, San Francisco	550 16th Street, 7th Floor, San Francisco, CA	Sam Hawgood	Philip Hammarskiold, Chair, Dana Emery, Vice Chair, Andrew Ballard, Allison Bhusri, Susan Bloch, Pete Brider, Todd Carter, Conne E. Chen, Fred Cohen, Phyllis
32	Pre-Trial Felony Mental Division Program To implement and demonstrate the effectiveness of a pre-trial diversion program specifically geared to individuals with specific serious mental disorders who have been charged with at least one felony.	570,610	Conduct a new comprehensive client assessment and produce a modified Treatment Plan	94143		Couler, Opengian Deb, Stephanie DiMarco, Carliner Friedram, Kathryn Hall, Komerdi Hao, Jalle Hartz, Kicharla Krimalli, Devesh Malan, Meyer Malaka, Iran, Couler, Opengian Deb, Stephanie DiMarco, Carliner Friedram, Kathryn Hall, Komerdi Hao, Jalle Hartz, Kicharla Krimalli, Devesh Malan, Meyer Malaka, Mary, William S, Fisher, Sameer Gandhi, Carl Kaneja, George Marcus, Carmen Policy - Richard M. Rosenberg, Jachyn Salter, Lynne Benieff, Brook H. Byers, Dorfs F, Fisher, William E, Oberdorf, J., oan Well, Diane B. Wilsey, Ellen Maggin Newman, Sam Haugood, Chancellor, Erin Hicksy Canacellor of University Development and Allumin Relations, II/SE Foundation Investment Company, David Hardins President Diane Ireland, Sankar Venkatraman, Linda Smart, Jonale Blander, Vener Balan, MD/DFAPA, Natalle Beaulier, Byrna D. Cl. Grandin, Chris Gurley, Kathryn Holmes,
		100,000	b) HealthRight 360 Provide fiscal intermediary check-writing	1563 Mission St, SF, CA 94103	Dr. Vitka Eisen	Diane Ireland, Sankar Venkatraman, Linda Smart, Daniel Binder, Yener Balan, MD,DFAPA, Natalie Beaulieu, Bryan B.C.I. Graham, Chris Gurley, Kathryn Holmes, Raquel Macfarlane, Natalie Mitchell, Talia Pierluissi, Karen E. Pointer, Alex Pugh, Ahmad Thomas, Timothy Torres.
33	Early Psychosis intervention (EPI) Mental Health Service Oversight and Accountability Commission	458,091	services a) Felton Institute Provide program support	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Darren Skolnick, Tamara Steele, Clifford Nalls, Kathy Neal, Michael Orias, Peter Rojo, Deborah Wafer, Dr. George Woods, Susan Bobulsky, Oliver Brooks, Daniel Costello

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34	Mental Health Student Act of 2019 Improve Mental Health services in the schools To improve mental health sercices for students and propose services include	270,500	a) Seneca Family of Agencies	8945 Golf Links Rd, Oakland, CA 94605	Leticia Galyean	Neil Gilbert, Chair, Leticia Galyean, President: Dion Aroner, Secretary, Geoffrey Le Plastrier, Treasurer, Rochelle 'Shelley' Benning, Member, Jeff Davi, Member; Gwen Foster, Member; Sylvia Pitzini, Member; Nancy Peña, Member, Jamic Church; Sach Cohen; Jenny Drew, Zach Hill; Alex Kaplan; Dwayne Redmon; Hong Thatch; Stephanie Gaywood
		407,502	b) 3rd Street Youth Center & Clinic	1728 Bancroft Ave, San Francisco, CA 94124	Joi Jackson-Morgan	Michelle Magee, Lysłynn Lacoste, Jackie Relyea, Laura Fallon, Savitha Moorthy, Herschel Lelaind, Glen Kunene, Vanessa Eng, José A Rodríguez, Michael Savage
	SAMSHA - MHBG, System of Care	40,000	a) Richmond Area Multi-Services Provide	4355 Geary Blvd.	TBD JavVon Muhammad	Patricia Rodriguez, Marjorie Scholtz, Anoshua Chaudhuri, Lee Hsu, Maggie Roberts, Tom Yeh, Wade Chow, Dr. Jei Africa
36	To provide timely access to appropriate care for severely mentally ill (SMI), dually diagnosed adults and seriously emotionally disturbed (SED) children and youth	65,080	a) Richmond Area Multi-Services Provide Peer Internship Program that prepares clients for employment in peer support and counseling positions	4355 Geary Bivo. San Francisco, CA 94118	Jayvon Munammad	Patricia Rodriguez, Marjone Scholtz, Anoshua Chaudinur, Lee Hsu, Magge Roderts, Tom Yen, Wade Chow, Ur. Jei Alfica
		20,000	b) Felton Institute Provides mental health technical assistance to community based MH crisisresponse to trauma	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Darren Skolnick, Tamara Steele, Clifford Nalls, Kathy Neal, Michael Orias, Peter Rojo, Deborah Wafer, Dr. George Woods, Susan Bobulsky, Oliver Brooks, Daniel Costello
		13,732	d) San Francisco Study Center Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic	1663 Mission Street, Suite 310, San Francisco, CA 94103	Geoffrey Link	Richard Livingston, Reiko Homma True, Ph.D.,Hazim Elbgal, Eric Eldon, Masami Kobayashi, Jeanne Kwong, Stas Margaronis, Jim McWilliams
		114,273	 f) Curry Senior Center Provides support for older adults with mental health issues and are homeless or risk of losing their houses 	333 Turk Street, San Francisco, CA 94102	David Knego	Jonnie Davila, Diane Sklar, MD, Shirley Quitugua, David Birkham, Alycia Norton, Jim Illig, Brittany Kuykendall, John McKinnon, Diane Dwyer, Julie Valente, Hannah Lincecum, Pattie Pritchett, Isis Spinola-Schwartz, Richard Sullivan, Ja Eun Guerrero Huh, LCSW, Wendy Zachary, MD
		152,000	g) HealthRight 360	1563 Mission St, SF, CA 94103	Dr. Vitka Eisen	Diane Ireland, Sankar Venkatraman, Linda Smart, Daniel Binder, Yener Balan, MD,DFAPA, Natalie Beaulieu, Bryan B.C.I. Graham, Chris Gurley, Kathryn Holmes,
		150,266	Provides Fisacl Intermediary services h) RAMS Provides support of consumer-run centers	3626 Balboa St, SF, CA 94124	JayVon Muhammad	Raouel Macfarlane. Natalie Mitchell. Talia Pierluissi. Karen E. Pointer. Alex Puch. Ahmad Thomas. Timothy Torres. Patricia Rodríguez, Marjorie Scholtz, Anoshua Chaudhuri, Lee Hsu, Maggie Roberts, Tom Yeh, Wade Chow, Dr. Jei Africa
		330,014	serving manu dually-diagnosed individuals i) Family Services Agency Provides services First Episode Psychosis, families suffering from signs & symptoms of	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Darren Skolnick, Tamara Steele, Clifford Nalls, Kathy Neal, Michael Orias, Peter Rojo, Deborah Wafer, Dr. George Woods, Susan Bobulsky, Oliver Brooks, Daniel Costello
		247,303	schizophrenia n) RAMS Provides Peer Internship Program that prepares clients for employment in peer support and counseling	3626 Balboa St, SF, CA 94124	JayVon Muhammad	Patricia Rodríguez, Marjorie Scholtz, Anoshua Chaudhuri, Lee Hsu, Maggie Roberts, Tom Yeh, Wade Chow, Dr. Jei Africa
		273,182	o) RAMS Provides Bilingual-designated counselor	3626 Balboa St, SF, CA 94124	JayVon Muhammad	Patricia Rodriguez, Marjorie Scholtz, Anoshua Chaudhuri, Lee Hsu, Maggle Roberts, Tom Yeh, Wade Chow, Dr. Jei Africa
		5,000	q) RAMS Peer wages for consumers participating in running a coffee service at the OMI Mental Health Clinic - Joh training wages	3626 Balboa St, SF, CA 94124	JayVon Muhammad	Patricia Rodriguez, Marjorie Scholtz, Anoshua Chaudhuri, Lee Hsu, Maggie Roberts, Tom Yeh, Wade Chow, Dr. Jei Africa
41	Hepatitis C Virus (HCV) Prevention and Control Activities Support hepatitis C (HCV) elimination activities for populations at risk of forward transmission.	93,008	a) Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Robert R. Jenks, MBA: Tamara Joseph, JD; Alex Baker, MBA: Carladenies Edwards, PhD; Edward Vp, JD; Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DrPH, FACHE; Santosh Vetticaden, MD, PHD, MBA: Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH; Hope Tarlrial Mago; Vivlan Vasallo; Celina Gorre; Bonnie Midura
		95,203	b) Shanti Provides Hepatitis C prevention services	730 Polk Street, 3rd Floor San Francisco, CA 94109	Charlie Meade	William L. Dawes, Jamie Ennis, Jerry Francone, Sheila Fischer Kiernan, Micki Klearman, MD, Ethan M. Sullivan, Marc Vincent, Chip Supanich, Josh Weinstein, Stanley Yee
			a) University of California, San Francisco	550 16th Street, 7th Floor, San Francisco, CA	Sam Hawgood	Philip Hammarskiold, Chair, Dana Emery, Vice Chair, Andrew Ballard, Allison Bhusri, Susan Bloch, Pete Briger, Todd Carter, Connie E, Chen, Fred Cohen, Phyllis
44	STD Program Management and Collaboration Project Impement public health activities to monitor, investigate, and prevent sexually transmitted diseases (STD)	183,977	Technical Ássistance: HIV Global Health	94143		Couter, Dipanjan Deb, Stephanie Dilánco. Catherine Friedman, Kathryn Hall, Kenneth Hao, Julia Hartz, Richard Kimball, Divesh Makan, Meyer Malka, Ian McKinnon, Diane Morris, Joyce Newstat, Ruchi Sanghri, George Saragos, Lyulia Shorenstein, Shahan Soghikan, Babara Bass Bakar, William H. Davidow, William S. Fisher, Sameer Gandhi, Carl Kawaja, George Marcus, Carmen Policy, Richard M. Rosenberg, Jaclyn Saffer, Lynne Benioff, Brook H. Byers, Dorfs F. Fisher, William E. Oberndorf, Joan Weili, Diane B. Wilsey, Ellen Magnin Newman, Sam Hawgood, Chancellor, Ein Hickey, Vice Chancellor of University Devolopment and Aliem Relations (1875-Enviration) reventment Company, David Harkine President
45	Noxious Weed Program This project works to eradicate invasive sea lavender at all tidal marsh locations in the county.	42,421	California Invasive Plant Council To restore specified marshes by replanting native cordgrass and marsh gumplant.	1442-A Walnut St. #462, Berkeley, CA 94709	Doug Johnson	Deudocoment and Allumoi Relations. II/SE Foundation Investment Company. David Hadrine: President Jason Glessow, President; Town Kert (Voo President; Matt Major, Tessuerer, Amanda Cartus Swanson, Secretary, Josie Bennett, Tarrya Chapple, Doug Gibson, Sarah Godfrey, Metha Klock, Michael Kwong, Tarrya Meyer, LeeAnne Mila, Scott Oneto, Stephanie Ponce, Lauren Quon, Tom Reyes, Marcos Trinidad
47	DOJ Tobacco Grant Program This enforcement grant will allow SEDPH to increase the Department's capacity for outreach and education; expand police decoy operations; eliminate illegal sales of tobacco; develop a protocol to investigate consumption; and to share data and knowledge.	5,000	a) San Francisco Public Health Foundation Fiscal intermediary	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	Penny Eardley	Adam Sharma, Jess Thacher, Courtney Lyles, Elizabeth Longstreth, Ayanna Bennerst, Melissa Moore, Mark Morewitz, Nick Oxford, Allison White
		50,000	b) TBD - San Francisco community based	TBD	TBD	TBD
50	Oral Health Program Prop 56 Provide activities that support oral health plan and build capacity for the facilitation and implementation of education, prevention, linkage to treatment surveillance, and case management services.	5,000	organizations a) APA Family Support Services Provide support for oral health program	10 Nottingham Place, San Francisco, CA 94133	Fanny Lam	Rose Chung, Cary Chen, Jacqueline Huie, Julie Hoxie, Joyce Tso, Mai-Sie Chan, M.D., Kimberly Culp, Van Diep, Kory Lam, Jennifer Ng, M.D., Susan Sung, Ph.D., Dean Yao, Ph.D., Sorrya Trac, Shu White
	,	5.000	b) CARECEN	3101 Mission St Suite #101, San Francisco,	Lariza Dugan-Cuadra	Jose Artiga, Elena Asturias, Kathleen Coll, Honorable Carmen Flores, Michelle Loya-Talamantes, Gabriella Rodezno, Father Richard Smith, Ph.D.
		5,000	Provide support for oral health program Provide support for oral health program	CA 94110 550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philip Hammarskjold, Chair, Dana Emery, Vice Chair, Andrew Ballard, Allison Bhusri, Susan Bloch, Pete Briger, Todd Carter, Connie E. Chen, Fred Cohen, Phyllis Coulter, Diparigin Deb, Stephanie DMarco, Catherine Friedman, Kathyn Halt, Kenneth Hao, Juia Hartz, Richard Kimball, Divesh Makar, Meyer Malka, Ian McKimon, Diane Morris, Joyce Newstal, Ruchi Sangivi, George Sangos, Lydia Shorenstein, Shahara Sogikkan, Babara Sekar, William H. Davdow, William S. Fisher, Sameer Gandhi, Carl Kawaja, George Marcus, Carmen Poloy, Richard M. Rosenberg, Jadyn Safier, Lynne Bennoll, Brook H. Byers, Dolfer Magini Newman, Sam Hwagood, Chrancellor, Erin Hickey, Vice Chancellor of University
l		5 000	d) NICOS Chinese Health Coalition	1208 Mason St, San Francisco, CA 94108	Kent Woo	Heusenment and aumni relations. It is endicharchi misserment i omnany I aum earring President Michael Liao
1			Provide support for oral health program e)San Francisco Public Health Foundation	1 Hallidie Plaza. Suite 808	Penny Eardley	Adam Sharma, Jess Thacher, Courtney Lyles, Elizabeth Longstreth, Ayanna Bennent, Melissa Moore, Mark Morewitz, Nick Oxford, Allison White
	Colffee to Destruct Front Law 1	214,000	Fiscal Intermediary a) San Francisco Study Center	San Francisco, CA 94102 1663 Mission Street, Suite 310, San Francisco.	Geoffrey Link	Richard Livingston, Reiko Homma True, Ph.D.,Hazim Elbgal, Eric Eldon, Masami Kobayashi, Jeanne Kwong, Stas Margaronis, Jim McWilliams
51	California Perinatal Equity Initiative Deepen understanding of the gaps in services within the Black community contributing to increased infant mortality rates and the promising interventions to reduce Black infant mortality	180,000	Develop a racial equity hospital quality improvement plan to improve health outfcomes	CA 94103	·	
		80,000	b) Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Robert R. Jenks, MBA: Tamara Joseph, DJ. Alex Baker, MBA: Catiadenies Edwards, PhD; Edward Yip, JD; Georgia Casciato, FACHE: Jean C. O'Connor, JD. MPH, DrPH, FACHE; Santosh Vetticaden, MD, PHD, MBA: Sarah Mullen Rich, MBA; Soci Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH; Hope Tariral Manon Vakian Vasalin, Celaina Corres Bonnie Midruz Susan Gorin, David Rabbid, Chris Coursey, James Gore, Lynda Hopkins
52	CHVP State General Fund Innovation Implementing home visits as a primary intervention strategy for families from pregnancy through kindergarten to promote positive outcomes and family success.	400,000	Sonoma County co-recipient of grant funds	625 5th Street Santa Rosa, CA 95404	Not applicable	Susan Gorin, David Rabbitt, Chris Coursey, James Gore, Lynda Hopkins
		200,000	Napa County co-recipient of grant funds .	2751 Napa Valley Corporate Drive Building B Napa, CA 94558	Not applicable	Joelle Gallagher, Ryan Gregory, Anne Cottrell, Alfredo Pedroza, Belia Ramos
	Crisis Care Mobile Units (CCMU) Program	42,000	TBD	TBD	TBD	TBD
55	Department of Health Care Services	42,000	provide MH program services			

56	Behavioral Health Response and Rescue Project (BHRRP) for Community Mental Health Services Block Grant (MHBG) American Rescue Plan Act (ARPA)	219,638	a) University of California, San Francisco Fiscal Intermediary	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philp Hammarskjold, Chair, Dana Emery, Vica Chair, Andrew Ballard, Alison Bhusti, Suran Bloch, Pate Briger, Todd Carter, Cornie E. Chen, Fred Cohen, Phylis Coulter, Dipojani Deb, Stephenie DMarco, Casteriere Fiederan, Kardyn Hall, Kennerh Hao, Juliel Hartz, Richard Kimball, Malka, Inn McKimon, Diane Morris, Joyce Newstat, Rucht Sanghvi, George Scangos, Lydia Shorenstein, Shahan Sophikian, Barbara Bass Bakar, William H. Davidow, William S. Erher, Sameer Gandli, Cart Kaveja, George Marcus, Camere Policy, Richard M. Rosenberg, Jachy Saffer, Lydenfid, Erock H. Byers, Dovis F. Fisher, William E. Oberndorf, Joan Weill, Diane B. Wilsey, Ellen Magnin Newman, Sam Hawgood, Chancellor, Erin Hickey, Vice Chancellor of University
		155,359	b) Felton Institute Fiscal Intermediary	1500 Franklin Street, San Francisco, CA 94109	Al Gilbert	Darren Skolnick, Tamara Steele, Clifford Nalls, Kathy Neal, Michael Orias, Peter Rojo, Deborah Wafer, Dr. George Woods, Susan Bobulsky, Oliver Brooks, Daniel
57	ARPA - SABG Provides children Strengthening Families Services, Community Outreach and education, and Campaign & Website development. To support a SORT program to provide treatment services for SUD clients.	72,209	Horizons Unlimited provide MH/SUD program services	440 Potrero Avenue, San Francisco 94110	Celina Lucero	Matthew Moretti, Virginia Tapia, Cristina Corona, Zachary Johnson, Jillian Williams
		60,049	Japanese Community Youth Council provide MH/SUD program services	3382 26th St, San Francisco 94110	Jon Osaki	Angus MacDonald, Oliver Dunlap, Shah Nagree, Asia Harrigan, Darryl Abantao, Dinesh C, Evan Wayne, Heather Littleton, Jerome Anderson, Kitty Mah, Louise Carroll, Max Mah, Gilaniali Rawat, Gautam Shah
		60.049	Inmentary Community Contor	2929 19th Street, San Francisco, CA, 94110	Nelly Sapinski	BETTY PAZMINO, ALEKS ZAVALETA, RICH GROSS, LUIS BARAHONA, EFRAIN BARRERA, KATIE BRACKENRIDGE, LISA BRANSTEN, GARY FURNEY, RENU KARIR. PAUL VEGA
		68,049	Brovide MH/SUD program services YMCA Urban Services provide MH/SUD program services	1426 Fillmore Street, Suite 204, San Francisco 94115	Jamie Bruning-Miles	Alicia Becerril, Amy Price, Annabel Chang, Caryl B. Welborn, Christopher A. Patz, David (selly, Eric Prosnitz, Gary Teague, Gina Gregory-Burns, Glenn M. Farrell, Gregory Evans, Jennifer Gridley, Jenemy, Welland, John Baker, John Willingham, Jon Eberly, Jossé Estrada, Marianna Pisano, Mark Bley, Mike Robinson, Mollie Richardson, Petert M. Sulsok, Richard Chöholm, Richard Robins, Samuel L.J. Selby Passaell Tsai, Istepher Hankins, Stephers, Theodora Lee, Thomas Kearney, André Strinivasan, Brian Wheeler, Dr. Jason Lau, Emma Shlaes, Janet Lee, Joseph Guevara, Keith Shea, La Shon Walker, Young Pham
		60,049	Youth Leadership Institute provide MH/SUD program services	209 9th Street Suite 200, San Francisco 94103	Patricia Barahona	Kristin Belden, Joshua Espulgar Rowe, Matthew Goulding, Laura Harmon, Kaitlin Ketchum, Cameron Kurtz, Bill Leitsch, Phillip Martin Gonzalez, Richard A. Perez,
		643,603	UCSF provide MH/SUD program services	1001 Potrero Avenue, San Francisco 94110	Sam Hawgood	Philp Harmarskjöld, Chair, Dana Emery, Visc Chair, Andews Balled, Allison Bluster, Susan-Bloch, Pete Bright, Todd Carter, Connie E. Chen, Fred Corben, Phylin Couller, Dipognian Deb, Stephenia DiMarco, Carterine Friedman, Kardyn Hall, Kernerh Hao, Juliel Hartz, Richard Kimshall, Malka, Ibn McKimon, Diane Morris, Joyce Newstar, Rucht Sanghw, George Scanges, Lydia Shorenstein, Shahan Soghikian, Barbara Bass Bakar, William N. Eriker, Sameer Gandhi, Cart Kawaja, Garoge Marcus, Gamen Policy, Richard M. Rosenberg, Jachy Safler, Lyndeniff, Brook H. Byers, Doris F. Fisher, William S. Eriker, Sameer Gandhi, Cart Kawaja, Garoge Marcus, Gamen Policy, Richard M. Rosenberg, Jachy Safler, Lyndeniff, Brook H. Byers, Doris F. Fisher, William E. Oberndorf, Joan Well, Diane B. Wilsey, Ellen Magnin Newman, Sam Hawgood, Chancellor, Erik Hickey, Vice Chancellor of University
		280,859	TBD provide MH/SUD program services	TBD	TBD	TBD
59	Refugee Health Assessment Program (RHAP), provide health assessment services to refugees, asylees, entrants from Haiti and Cuba, special visa immigrants, federally certified victims of human trafficking, eligible Afghan and Ukrainian parolees, and other eligible entrants, as required per the 2022-23 ORH Policy and Procedure Manual.	56,706	a) Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carladenise Edwards, PhD; Edward Yip, JD; Georgia Casciato, FACHE; Jean C. O'Connor, JD, MPH, DrPH, FACHE; Santosh Vetticaden, MD, PHD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH; Hope Tarirai Mago; Vivian Vasallo; Celina Gorre; Bonnie Midura
61	REFUGEE HEALTH PROMOTION PROJECT (RHPP), UKRAINIAN REFUGEE HEALTH PROMOTION (URHP) SUPPLEMENT, to improve the health of newly arrived Ukrainians and other non-Ukrainian individuals through outreach, education, and support services.	52,222	A) Heluna Health Providing program administration and support services - Fiscal Intermediary	13300 Crossroads Parkway, Suite 450, City of Industry, CA 91746	Blayne Cutler, MD, PhD	Robert R. Jenks, MBA; Tamara Joseph, JD; Alex Baker, MBA; Carladenise Edwards, PhD; Edward Yip, JD; Georgia Casciato, FACHE; Jean C. O'Cornor, JD, MPH, DrPH, FACHE; Santosh Vetticaden, MD, PHD, MBA; Sarah Mullen Rich, MBA; Scott Filer, MPH, MBA; Susan De Santi, PhD; Von Nguyen, MD, MPH; Hope Tarirai Mago; Vivian Vasallo; Celina Gorre; Bonnie Midura
63	SYPHILIS OUTBREAK STRATEGY (SOS), to support innovative and impactful syphilis and CS prevention and control activities, with a focus on disproportionately impacted populations as determined by local or regional syphilis and CS epidemiology, which may include, but are not limited to, African American/Black people, Latinx people, American Indians/Alaska Native people, trans women, pregnant people experiencing homelessness or who use drugs, (e.g., people who exhange sex for money, drugs, or a place to stay), and gay, bisexual, and other men who have sex with men (MSM).	77,801	a) University of California, San Francisco Team Lily, Fiscal Intermediary b) University of California, San Francisco Clinical Champion, provide syphilis screening for ZSFGH patients	550 16th Street, 7th Floor, San Francisco, CA 94143	Sam Hawgood	Philip Hammarskjold, Chair, Dana Emery, Vice Chair, Andrew Ballard, Allison Blusur, Suzan Bloch, Pete Briger, Todd Carter, Cornie, E. Chen, Fred Cohen, Phyllis Coulter, Dipanjan Deb, Stephanie DiMarco, Catherine Friedman, Kathryn Hall, Kenntehl Hao, Julia Hartz, Richard Kimball, Divesh Makan, Meyer Malka, jan McKimnon, Diane Morris, Joyce Newstat, Ruchl Sanghvi, George Scrapps, Lydia Shorenstein, Shahan Soghikan, Barbara Bass Bakar, William H. Davidow, William S. Fisher, Sameer Gandh, Carl Kawaja, George Marcus, Carmen Policy, Richard M. Rosenberg, Jadyn Saffer, Lynne Bernidf, Broch H. Davidow, Fisher, William E. Oberdorf, Joan Well, Diane B. Willey, Ellen Magnin Newman, Sam Hawgood, Chancellor, Erin Hickaro, Concellor of University Development and Alumni Relations, UCSF Foundation Investment Company, David Harkins, President
		60,000	Facente Consulting Provide a wide range of public health consulting services	5601 Van Fleet Ave, Richmond CA, 94804	Shelley Facente, PhD	Shelley Facente, PhD
71	SABG Block Grant Alcohol and Other Drug Programs utilize SABG funding to provide a broad array of alcohol and other drug program treatment and prevention services within the system of care (SOC) programs.	500,000	Baker Place/PRC Providing MH/SUD program services	170 9th St, San Francisco, CA 94103	Chuan Teng, Esq.	Brian Schneider; Kent M. Roger, Esq.; Tim Schroeder, Josh Frieman; Nelson Gonzalez: Ryo Ishida; Jacques Michaels; Michael Niczyporuk; Zack Papilion; Darren Smith; Nichole Wiley
		593,926	Bayview Hunter Point Foundation Providing MH/SUD program services	150 Executive Park Blvd, Suite 2800, San Francisco, CA 94134	James Bouquin	Susan Watson, Wayzel Fuller, Claude Everlart, James Kendrix, Adam Cray, Chuck Colson
		4,328,200	Healthright 360 Providing MH/SUD program services	1563 Mission St, SF, CA 94103	Dr. Vitka Eisen	Diane Ireland, Sankar Venkatraman, Linda Smart, Daniel Binder, Yener Balan, MD,DFAPA, Natalie Beaulieu, Bryan B.C.I. Graham, Chris Gurley, Kathryn Holmes, Raquel Macfarlane, Natalie Mitchell, Talia Pierluissi, Karen E. Pointer, Alex Puoh, Ahmad Thomas, Timothy Torres.
		856,481	Mount Saint Joseph Saint Elizabeth's Providing MH/SUD program services	100 Masonic Avenue, San Francisco, CA 94118	Sister Betty Marie Dunkel	Sister Marjory Ann Baez, Brenda MacLean, Sister Frances Vista, Tina Ahn, Deacon Larry Chatmon, Sister Trinitas Hernandez, Victoria Jones, Sister Estela Morales, Deacon Gene Smith
		956,024	Horizons Unlimited provide MH/SUD program services	440 Potrero Avenue, San Francisco 94110	Celina Lucero	Matthew Moretti, Virginia Tapia, Cristina Corona, Zachary Johnson, Jillian Williams
		415,967	Jamestown Community Center provide MH/SUD program services	2929 19th St, San Francisco, CA 94110	Nelly Sapinski	BETTY PAZMINO, ALEKS ZAVALETA, RICH GROSS, LUIS BARAHONA, EFRAIN BARRERA, KATIE BRACKENRIDGE, LISA BRANSTEN, GARY FURNEY, RENU KARIR. PAUL VEGA
		478,998	Japanese Community Youth Council provide MH/SUD program services	2012 Pine Street, San Francisco 94109	Jon Osaki	Angus MacDonald, Oliver Dunlap, Shah Nagree, Asia Harrigan, Darryl Abantlao, Dinesh K, Evan Wayne, Heather Littleton, Jerome Anderson, Kitty Mah, Louise Carroll Max Mah, Gilaniali Rawat, Gautam Shah
		411,921	Youth Leadership Institute provide MH/SUD program services	201 9th Street Suite 200, San Francisco 94103	Patricia Barahona	Kristin Belden, Joshua Espulgar Rowe, Matthew Goulding, Laura Harmon, Kaitlin Ketchum, Cameron Kurtz, Bill Leitsch, Phillip Martin Gonzalez, Richard A. Perez, Anna Pletcher, Ivoree Robinson, Elizabeth Romero, Luke Torres, James Wiley
		371,846	YMCA Urban Services Ymod HVSUD program services provide MH/SUD program services	1426 Fillmore Street, Suite 204, San Francisco 94115	Jamie Bruning-Miles	Alicia Becerril, Amy Price, Annabel Chang, Caryl B. Welborn, Christopher. Patz, David Rely, Erd Possitz, Gay Teague, Gina Gregory-Burns, Glenn M. Farrell, Gregory Evans, Jenneler Gridgey, Jenemy, Welland, John Baker, John Willingham, Jon Eberly, Josué Estrada, Marianna Pisano, Mark Bley, Mike Robinson, Mollie Richardson, Peter M. Subso, Richard Chisholm, Richard Robins, Samuel LJ, Selby Passaell Tsal, Stepher Hankins, Stephers, Theodra Lee, Thomas Kearney, André Srinivasan, Brian Wheeler, Dr. Jason Lau, Emma Shlaes, Janet Lee, Joseph Guevara, Keith Shea, La Shon Walker, Young Pham

Total Per State Recurring Grants List Difference 21,780,725 21,780,725 0

OFFICE OF THE MAYOR SAN FRANCISCO





To: Angela Calvillo, Clerk of the Board of Supervisors

From: Anna Duning, Mayor's Budget Director

Date: June 1, 2023

Re: Mayor's FY 2023-24 and FY 2024-25 Budget Submission

Madam Clerk,

In accordance with City and County of San Francisco Charter, Article IX, Section 9.100, the Mayor's Office hereby submits the Mayor's proposed budget by June 1st, corresponding legislation, and related materials for Fiscal Year (FY) 2023-24 and FY 2024-25.

In addition to the Mayor's Proposed FY 2023-24 and FY 2024-25 Budget Book, the following items are included in the Mayor's submission:

- The Annual Appropriation Ordinance and Annual Salary Ordinance, along with Administrative Provisions
- The proposed budget for the Office of Community Investment and Infrastructure for FY 2023-24
- The Airport Annual Salary Ordinance Supplemental for FY 2023-24
- The Port of San Francisco Annual Salary Ordinance Supplemental for FY 2023-24 and Annual Appropriation Ordinance Supplemental for FY 2023-24
- The Public Utilities Commission Capital Budget for FY 2023-24 and Annual Appropriation Ordinance Supplemental for FY 2023-24
- 34 separate pieces of trailing legislation (see list attached)
- A Transfer of Function letter detailing the transfer of positions from one City department to another
- An Interim Exception letter
- A letter addressing funding levels for nonprofit corporations or public entities for the coming two fiscal years
- Memo to the Board President requesting for 30-day rule waivers on ordinances

Please note the following:

• Technical adjustments to the June 1 budget are being prepared, but are not submitted with this set of materials.

Sincerely

Anna Duning

Mayor's Budget Director

cc: Members of the Board of Supervisors

Budget & Legislative Analyst's Office

Controller

DEPT	Item	Description	Type of Legislation	File #
ADM	Code Amendment	Amending the Administrative Code to eliminate the Annual Joint Fundraising Drive	Ordinance	230648
ADM Code Amendment		Amending the Administrative and Environment Codes to reduce reporting burdens, so as to update insurance manuals when requested or necessary, instead of on an annual basis, and eliminating some scheduled reports	Ordinance	230647
ADM Code Amendment Code relating to Technology Commodities and Services Procurements, to eliminate the Tech Marketplace fee		Ordinance	230649	
ADM	Continuing Prop J	City Administrator's Office convention facility management services, Real Estate custodial services, and Fleet and Real Estate security services	Resolution	230672
BOS	Continuing Prop J	Board of Supervisors Budget and Legislative Analyst Services for FY 2023-24	Resolution	230672
CON	Access Line Tax (ALT) Tax Rates	Sets Access Line Tax in line with 2023 Consumer Price Index. Revenues assumed in budget.	Ordinance	230676
CON	Neighborhood Beautification Fund	Neighborhood Beautification and Graffiti Clean-Up Fund Option (now known as the Community Challenge Grant Program)	Ordinance	230668
DBI	Department of Building Inspection Fee Changes	partment of Changing the fee structure for DBI fees that are charged for		230658
DEC	Early Care and Education Education Amending the baseline funding requirements for early care and education programs to enable the		Ordinance	230661
DEC	Early Care and Education, Commercial Rents Tax Deductions	Amending the Business and Tax Regulations Code relating to the Early Care and Education Commercial Rents Tax Sublessor Deduction	Ordinance	230660
EMSA Fee Updating medical services fees Changes due to annual adjustments for the		required for certain additional	Ordinance	230659

DPH	Patient Rates	Amending the Health Code to set patient rates and rates for other services provided by the Department of Public Health.	Ordinance	230662
DPH	Recurring State Grants	Accept and expend for annual, recurring state grant funds.	Resolution	230677
DPH	Managed Care Rates	Amending the Health Code to set managed care rates provided by the Department of Public Health.	Ordinance	230650
DPH	Public Health Foundation MOU	MOU between DPH and San Francisco Public Health Foundation to establish roles and responsibilities for purposes of fundraising and capital projects	Resolution	230673
DPH	Hospital Foundation MOU	MOU between DPH and San Francisco General Hospital Foundation to establish roles and responsibilities for purposes of fundraising and capital projects	Resolution	230674
DPH	Mobile Crisis Grant	Grant agreement between DPH and Advocates for Human Potential Inc. for anticipated revenue that support behavioral health mobile crisis and non-mobile crisis services	Resolution	- 230679
DPH	Continuing Prop J	Department of Public Health Security Services	Resolution	230672
DPW	Continuing Prop J	Department of Public Works Security Services for FY 2023-24	Resolution	230672
ECN	Contract Amendment - MidMarket Foundation	Contract amendment to reflect budgeted funding levels for the Mid-Market Foundation - Mid- Market/Tenderloin Community- Based Safety Program	Resolution	230681
ECN	Contract Amendment – San Francisco Tourism Improvement District Management Corporation	Contract amendment to reflect budgeted funding levels for the San Francisco Tourism Improvement District Management Corporation – Downtown Welcome Ambassador Program	Resolution	230680
ECN	Film Commission Fee Changes	Increase of filming fees for the SF Film Commission	Ordinance	230651
НОМ	CAAP Legislation	Annual legislation for CAAP housing, required if appropriations for HSH fund exceed \$11.9 million, including expenditure details and explanation of benefits provided	Resolution	230675
HOM	Continuing Prop J	Homelessness and Supportive Housing security services	Resolution	230672

HSA	Continuing Prop J	Human Services Agency Security Services for FY 2023-24	Resolution	230672
HSH/ DPH	Funding Reallocation - Our City, Our Home Homelessness Gross Receipts Tax	Ordinance reallocating approximately \$60,000,000 in unencumbered revenues from the Our City, Our Home Fund to allow the City to use revenues from the Homelessness Gross Receipts Tax to provide services to prevent homelessness.	Ordinance	230657
LIB	Friends of the Library A&E	Annual Accept & Expend legislation for the SFPL's Friends of the Library Fund	Resolution	230678
MOHCD	Continuing Prop J	Mayor's Office of Housing and Community Development security services for undeveloped real property	Resolution	230672
OCII -	OCII Interim Budget Resolution	OCII Interim Budget Resolution	Resolution	230670
6 1	Citywide Tax Changes	Gross Receipts Tax Rate Increase Postponement and Credits for Opening City Location	Ordinance (Introduced)	File No. 230155
REG	Continuing Prop J	Department of Elections Envelope Assembly Services for FY 2023- 24	Resolution	230672
REG	Ballot Arguments Opt-Out	Legislation for CCSF opt out of arguments on ballots required in AB 1416	Ordinance	230663
SHF	Continuing Prop J	Sheriff's Department County Jails Food Services for FY 2023-24	Resolution	230672
TTX	First Year Free	Continues waiving certain small business first-year permit, license, and business registration fees	Ordinance	230664



London N. Breed Mayor Grant Colfax, MD Director of Health

TO:	Angela Calvillo, Clerk of the Board of Supervisors				
FROM:	Grant Colfax, MD Director of Health				
DATE:	Friday, June 2, 2023				
SUBJECT:	Accept & Expend Resolution for State Grants				
TITLE:	FY 2023-2024 Recurring State Grants				
Attached please fir	nd the original and 1 copy of	f each of the f	following:		
Proposed gr	rant resolution, original sign	ed by Departr	nent		
	nation form, including disability checklist (<i>Not required, these are ants which are included in the FY 2023-2024 budget.</i>)				
Other (Expla	ain): List of State grants (At	tachment A)			
Special Timeline Ro	equirements:				
Departmental rep	resentative to receive a co	opy of the ad	opted resolution:		
Name: Gregory W	ong ong	Phone: 554-	2521		
Interoffice Mail Add	dress: 101 Grove, Ste. 110				
Certified copy requ	uired Yes 🗌		No 🖂		



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 #: 230677

Bid/RFP #:

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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	4. CONTRACTING DEPARTMENT CONTACT				
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER			
Gregory \	Wong	415-554-2521			
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL			
DPH	Department of Public Health	greg.wong@sfdph.org			

5. CONTRACTOR						
NAME OF CONTRACTOR			TELEPHONE NUMBER			
3rd Street Youth Center & Clinic		(415) 822-1707				
STREET ADDRESS (including City, State and Zip Code)		EMAIL				
1728 Bancroft Ave, San Francisco, CA 94124						
6. CONTRACT						
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230677			
			230077			
DESCRIPTION OF AMOUNT OF CONTRACT						
\$407,502						
NATURE OF THE CONTRACT (Please describe)						
Providing STD Evaluation, Screening and Testin	g for Youth	of Color				
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7. COMMENTS						
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						
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THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	INE CITY ELECTIV	E OFFICEK(S) II	DEMILITIED ON THIS FUKIVI SITS			

con	contract.					
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1	Jackson-Morgan	Joi	Other Principal Officer			
2	Magee	Michelle	Board of Directors			
3	Lacoste	Lyslynn	Board of Directors			
4	Relyea	Jackie	Board of Directors			
5	Fallon	Laura	Board of Directors			
6	Moorthy	Savitha	Board of Directors			
7	Lelaind	Herschel	Board of Directors			
8	Kunene	Glen	Board of Directors			
9	Eng	Vanessa	Board of Directors			
10	Rodríguez	Jose	Board of Directors			
11	Savage	Michael	Board of Directors			
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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.

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		



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 #: 230677

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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
Gregory N	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

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5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
3rd Street Youth Center and Clinic		(415) 82	2-1707
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1728 Bancroft Ave, San Francisco, CA 94124			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT	1		<u> </u>
\$118,818			
NATURE OF THE CONTRACT (Please describe)			
Providing STD Evaluation, Screening and Testin	g for Youth	of Color.	
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
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 ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Jackson-Morgan	Joi	Other Principal Officer		
2	Magee	Michelle	Board of Directors		
3	Lacoste	Lyslynn	Board of Directors		
4	Relyea	Jackie	Board of Directors		
5	Fallon	Laura	Board of Directors		
6	Moorthy	Savitha	Board of Directors		
7	Lelaind	Herschel	Board of Directors		
8	Kunene	Glen	Board of Directors		
9	Eng	Vanessa	Board of Directors		
10	Rodriguez	Jose	Board of Directors		
11	Savage	Michael	Board of Directors		
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.

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		



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 #: 230677

1

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

E OF ORIGINAL FILING (for amendment only)
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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 DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
Gregory Wong		415-554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

7 A				
5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	NUMBER	
APA Family Support Services		(415) 617-0061		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
10 Nottingham Place, San Francisco, CA 94133				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230677	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$5,000				
NATURE OF THE CONTRACT (Please describe)				
Provide support for oral health program.	<u>G</u>			
	S.			
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Provide support for oral health program.				
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
THE CITY ELECTIVE STRICEN(S) ISENTIALES ON THIS TOKK				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN ARROBITE OF	THE CITY EI ECTIV	LE UEEICEB(S) II	DENTIFIED ON THIS EODM SITS	
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	INE CITY ELECTIV	/E OFFICEK(3)	DEMILITED OM 1 HIS FOKIVI 2112	

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Lam	Fanny	Other Principal Officer			
2	Chung	Rose	Board of Directors			
3	Chen	Cary	Board of Directors			
4	Huie	Jacqueline	Board of Directors			
5	Hoxie	Julie	Board of Directors			
6	Tso	Joyce	Board of Directors			
7	Chan	Mai-Sie	Board of Directors			
8	Culp	Kimberly	Board of Directors			
9	Diep	Van	Board of Directors			
10	Lam	Kory	Board of Directors			
11	Ng	Jennifer	Board of Directors			
12	Sung	Susan	Board of Directors			
13	Yao	Dean	Board of Directors			
14	Trac	Sonya	Board of Directors			
15	White	Shu	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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9. A	FFILIATES AND SUBCONTRACTORS		
List exec who	the names of (A) members of the contract cutive officer, chief financial officer, chief has an ownership interest of 10 percent	operating officer, or other persons with s	imilar titles; (C) any individual or entity
cont	ract.		T
#	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 submit a separate	form with complete information.
10.	VERIFICATION		
I ha	ve used all reasonable diligence in prepar wledge the information I have provided h		tatement and to the best of my

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 BOS Clerk of the Board



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 #: 230677

1

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

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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	
Gregory Wong		415-554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Baker Place/PRC		(415) 25	5-6544
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
170 9th St, San Francisco, CA 94103			
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6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 230677
			230077
DESCRIPTION OF AMOUNT OF CONTRACT			
\$500,000			
NATURE OF THE CONTRACT (Please describe)			
Providing MH/SUD program services.	9		
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7. COMMENTS			
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 ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Teng	Chuan	Other Principal Officer
2	Schneider	Brian	Board of Directors
3	Roger	Kent	Board of Directors
4	Schroeder	Tim	Board of Directors
5	Frieman	Josh	Board of Directors
6	Gonzalez	Nelson	Board of Directors
7	Ishida	Ryo	Board of Directors
8	Michaels	Jacques	Board of Directors
9	Niczyporuk	Michael	Board of Directors
10	Papilion	zack	Board of Directors
11	Smith	Darren	Board of Directors
12	Wiley	Nichole	Board of Directors
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	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.

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	



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 #: 230677

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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	
Gregory (Wong	415-554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

* A				
5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Bayview Hunter Point Foundation		(415) 46	8-5100	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
150 Executive Park Blvd, Suite 2800, SF CA 94134				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUM		FILE NUMBER (If applicable) 230677	
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DESCRIPTION OF AMOUNT OF CONTRACT				
\$593,926				
NATURE OF THE CONTRACT (Please describe)				
Providing MH/SUD program services	9			
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Providing MH/SUD program services				
7. COMMENTS		_		
7. COMMENTS				
O CONTRACT ARRESTA				
8. CONTRACT APPROVAL This contract was approved by:				
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 ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS	

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Bouquin	James	Other Principal Officer			
2	Watson	Susan	Board of Directors			
3	Fuller	wayzel	Board of Directors			
4	Everlart	Claude	Board of Directors			
5	Kendrix	James	Board of Directors			
6	Cray	Adam	Board of Directors			
7	Colson	Chuck	Board of Directors			
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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. **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

SAN FRANCISCO ETHICS COMMISSION – SFEC Form 126(f)4 v.12.7.18

BOS Clerk of the Board

CLERK



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 #: 230677

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Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
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A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
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	YA COMPANY

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
Gregory \	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
California Invasive Plant Council		510-843-3902		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1442-A Walnut St. #462, Berkeley, CA 94709				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
			230677	
DESCRIPTION OF AMOUNT OF CONTRACT	1			
\$42,421				
NATURE OF THE CONTRACT (Please describe)				
To restore specified marshes by replanting nat	ive cordgra	ss and mar	sh gumplant.	
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7. COMMENTS				
O CONTRACT ARRESTA				
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 FI FCTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	
	Siri ELLOIN			

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Johnson	Doug	Other Principal Officer		
2	Glessgow	Jason	Board of Directors		
3	Kerr	Drew	Board of Directors		
4	Major	Matt	Board of Directors		
5	Swanson	Amanda	Board of Directors		
6	Bennett	Josie	Board of Directors		
7	Chapple	Tanya	Board of Directors		
8	Gibson	Doug	Board of Directors		
9	Godfrey	Sarah	Board of Directors		
10	кlock	Metha	Board of Directors		
11	Kwong	Michael	Board of Directors		
12	Meyer	Tanya	Board of Directors		
13	Mila	LeeAnne	Board of Directors		
14	Oneto	Scott	Board of Directors		
15	Ponce	Stephanie	Board of Directors		
16	Quon	Lauren	Board of Directors		
17	Reyes	Tom	Board of Directors		
18	Trinidad	Marcos	Board of Directors		
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COIIC	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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. **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 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 BOS Clerk of the Board



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Received On:

File #: 230677

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Bid/RFP #:

Notification of Contract Approval

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(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	' O
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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 DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
CARECEN		415-642-	4400	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
3101 Mission St Suite #101, San Francisco, CA	94110			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 230677	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$5,000				
NATURE OF THE CONTRACT (Please describe)				
Provide support for oral health program.	9			
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Provide support for oral health program.				
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T COMMENTS				
7. COMMENTS				
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Dugan-Cuadra	Lariza	Other Principal Officer		
2	Artiga	Jose	Board of Directors		
3	Asturias	Elena	Board of Directors		
4	Co11	Kathleen	Board of Directors		
5	Flores	Carmen	Board of Directors		
6	Loya-Talamantes	Michelle	Board of Directors		
7	Rodezno	Gabriella	Board of Directors		
8	Smith	Richard	Board of Directors		
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.

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		



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 #: 230677

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	* O
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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 DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
Gregory \	Wong	415-554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Catholic Charities - Peter Claver		(415) 749-3800	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1340 Golden Gate Ave, SF, CA 94115			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			230677
DESCRIPTION OF AMOUNT OF CONTRACT			
\$180,336			
NATURE OF THE CONTRACT (Please describe)			
To provide attendant care services in complian Centered Services to multiply diagnosed indiviprogram in San Francisco with a special focus HIV/AIDS.	duals at Pet on the uniqu	ter Claver ue needs o	Community an RCFCI f persons living with
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HIV/AIDS.			
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7. COMMENTS			
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 ADPOINTED OF	THE CITY EI ECTIV	E UEEICEB(S) II	DENTIFIED ON THIS FORM SITS
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITT ELECTIV	L OFFICEN(3) II	PEIGLICIED OIG LUIS LOVINI 2112

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Hammerle	Ellen	Other Principal Officer		
2	Cordileone	Salvatore	Board of Directors		
3	Hammerle	Ellen	Board of Directors		
4	Boerio	Joe	Board of Directors		
5	Borromeo	Theodore	Board of Directors		
6	Grogan	Kathleen	Board of Directors		
7	Bojorquez	Diana	Board of Directors		
8	Clark	Philip	Board of Directors		
9	Dahik	Adriana	Board of Directors		
10	Frimel	Susie	Board of Directors		
11	Ghilotti	Michael	Board of Directors		
12	Gonzalez	Eleanor	Board of Directors		
13	Hultman	David	Board of Directors		
14	Ikeda	Lisa	Board of Directors		
15	Kearney	Philip	Board of Directors		
16	Landis	Scott	Board of Directors		
17	Leupp	Jay	Board of Directors		
18	Mclnerney	Maureen	Board of Directors		
19	Mirek	Lori	Board of Directors		

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
20	Nascimento	Daniel	Board of Directors		
21	Pohlman	Jack	Board of Directors		
22	Reyes	Raymund	Board of Directors		
23	Reynaud	Louis	Board of Directors		
24	Sangiacomo	Jim 3	Board of Directors		
25	Smith	Barbara	Board of Directors		
26	Woody	Patrick	Board of Directors		
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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. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my

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 BOS Clerk of the Board



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 #: 230677

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Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

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E OF ORIGINAL FILING (for amendment only)
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XX

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	
Gregory N	Wong	415-554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Children's Council of San Francisco		(415) 27	6-2900
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
445 Church Street, San Francisco, CA 94114			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>\</mark>			230677
DESCRIPTION OF AMOUNT OF CONTRACT			
\$134,583			
NATURE OF THE CONTRACT (Please describe)			
Provide outreach to targeted populations	9		
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7. COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Fromer	Gina	Other Principal Officer		
2	Nordberg	Anna	Board of Directors		
3	Sims	Deborah	Board of Directors		
4	Vause	Brandy	Board of Directors		
5	Dusedau	Marga	Board of Directors		
6	Murphy	Ashley	Board of Directors		
7	Levinson	Jake	Board of Directors		
8	Warehouse	Maegan	Board of Directors		
9	Benavidez	Dominique	Board of Directors		
10	Hilberman	Jessica	Board of Directors		
11	Salaam	Na'eem	Board of Directors		
12	Diana	Elisabeth	Board of Directors		
13	Renschler	Amanda	Board of Directors		
14	Butler	Omar	Board of Directors		
15	Page	Farris	Board of Directors		
16	Abbas	Rehana	Board of Directors		
17	Rosberg	Peter	Board of Directors		
18	Cato	Thandiwe	Board of Directors		
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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who cont	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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42		70%			
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	Check this box if you need to include ad Select "Supplemental" for filing type.	ditional names. Please submit a separate	form with complete information.		
I ha	VERIFICATION ve used all reasonable diligence in prepai wledge the information I have provided h		statement and to the best of my		
Lco	rtify under penalty of perjury under the	laws of the State of California that the fi	oregoing is true and correct		
			oregoing is true and correct.		
וטוכ	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED				

SAN FRANCISCO ETHICS COMMISSION – SFEC Form 126(f)4 v.12.7.18

BOS Clerk of the Board

CLERK



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 #: 230677

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

1. FILING INFORMATION	2
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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
Gregory Wong		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR					
NAME OF CONTRACTOR		TELEPHONE NUMBER			
Curry Senior Center		(415) 920-1351			
30					
STREET ADDRESS (including City, State and Zip Code)		EMAIL			
333 Turk Street, San Francisco, CA 94102					
6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 230677		
No.					
DESCRIPTION OF AMOUNT OF CONTRACT					
\$114,273					
NATURE OF THE CONTRACT (Please describe)					
Provides support for older adults with mental	health issu	es and are	homeless or risk of		
losing their houses	.0				
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losing their houses					
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7. COMMENTS					
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 EI ECTIV	LE UEEICED(S) II	DENTIFIED ON THIS EODM SITS		
THE BOARD OF A STATE AGENCT ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	L OFFICER(3) II	PERMITTED ON THIS FORIN SITS		

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Knego	David	Other Principal Officer
2	Davila	Jonrie	Board of Directors
3	Sklar	Diane	Board of Directors
4	Quitugua	Shirley	Board of Directors
5	Bickham	David	Board of Directors
6	Norton	Alycia	Board of Directors
7	Illig	Jim	Board of Directors
8	Kuykendall	Brittany	Board of Directors
9	McKinnon	John	Board of Directors
10	Dwyer	Diane	Board of Directors
11	Valente	Julie	Board of Directors
12	Lincecum	Hannah	Board of Directors
13	Pritchett	Pattie	Board of Directors
14	Spinola-Schwartz	Isis	Board of Directors
15	Sullivan	Richard	Board of Directors
16	Huh	Ja	Board of Directors
17	Zachary	Wendy	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.

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		



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

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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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
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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 DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

Y.A			
5. CONTRACTOR			
NAME OF CONTRACTOR	TELEP	HONE N	IUMBER
Dolores Street Community Services	(41	.5) 28	2-6209
STREET ADDRESS (including City, State and Zip Code)	EMAII	<u>L</u>	
938 Valencia Street, San Francisco, CA 94110			
	•		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NU	MBER	FILE NUMBER (<i>If applicable</i>) 230677
DESCRIPTION OF AMOUNT OF CONTRACT			
\$240,656			
NATURE OF THE CONTRACT (Please describe)			
To improve and maintain the health of our resi	dents through th	e pro	vision of facility-based
health care and other supportive services.	S.		
	*	X.	
		'	2
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			

THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES

Board of Supervisors

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Valdez	Laura	Other Principal Officer		
2	Cameron	Anjali	Board of Directors		
3	Hernandez Jr	Pedro	Board of Directors		
4	Lin	Kani	Board of Directors		
5	Tanaka	Chelsey	Board of Directors		
6	Winn	Michael	Board of Directors		
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	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. **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.

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	3 ,
AMENDMENT DESCRIPTION – Explain reason for amendment	
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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 DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Facente Consulting		415-554-	2521
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
5601 Van Fleet Ave, Richmond CA, 94804			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 230677
			250077
DESCRIPTION OF AMOUNT OF CONTRACT			
\$60,000			
NATURE OF THE CONTRACT (Please describe)			
Provide a wide range of public health consulti			
	10.		
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		JON CO.	
		10	
			6
7. COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

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.

	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Facente	Shelley	Other Principal Officer	
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contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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.

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



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1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
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	Y _X
	Y _A

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
Gregory N	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Family Services Agency		(415) 474-7310	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>\</mark>			230677
DESCRIPTION OF AMOUNT OF CONTRACT			
\$330,014			
NATURE OF THE CONTRACT (Please describe)			
Provides services First Episode Psychosis, faschizophrenia 7. COMMENTS	umilies suffe	ering from	signs & symptoms of
8. CONTRACT APPROVAL	I		
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

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Gilbert	АТ	Other Principal Officer		
2	Skolnick	Darren	Board of Directors		
3	Steele	Tamara	Board of Directors		
4	Nalls	Clifford	Board of Directors		
5	Neal	Kathy	Board of Directors		
6	Orias	Michael	Board of Directors		
7	Rojo	Peter	Board of Directors		
8	Wafer	Deborah	Board of Directors		
9	Woods	George	Board of Directors		
10	Bobulsky	Susan	Board of Directors		
11	Brooks	Oliver	Board of Directors		
12	Costello	Daniel	Board of Directors		
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.

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		



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 #: 230677

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	' O
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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Gregory \	Wong	415-554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CC	NTRACTOR				
NAME OF CONTRACTOR		TEI	TELEPHONE NUMBER		
Fe	Felton Institute (415) 474-7310		4-7310		
STREE	T ADDRESS (including City, State and Zip Code)	EM	IAIL		
150	00 Franklin Street, San Francisco, CA 94109				
6. CC	NTRACT				
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP	NUMBER	FILE NUMBER (<i>If applicable</i>) 230677	
DESC	RIPTION OF AMOUNT OF CONTRACT				
\$20	0,000				
NATU	IRE OF THE CONTRACT (Please describe)				
	Provides mental health technical assistance auma.	to community			
8. CO	NTRACT APPROVAL				
	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 T	HE CITY ELECTIVE O	FFICER(S) II	DENTIFIED ON THIS FORM SITS	

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
1	Gilbert	АТ	Other Principal Officer			
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11	Brooks	Oliver	Board of Directors			
12	Costello	Daniel	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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File #: 230677

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Bid/RFP #:

Notification of Contract Approval

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A Public Document

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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	
Gregory \	Wong	415-554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Felton Institute		(415) 474-7310	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>S</mark>			230677
DESCRIPTION OF AMOUNT OF CONTRACT			
\$458,091			
NATURE OF THE CONTRACT (Please describe)			
Provide program support.	9		
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Provide program support.			
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7. COMMENTS			
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 ELECTIV	/F OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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2 Skolnick Darren Board of Directors 3 Steele Tamara Board of Directors 4 Nalls Clifford Board of Directors 5 Neal Kathy Board of Directors 6 Orias Michael Board of Directors 7 Rojo Peter Board of Directors 8 Wafer Deborah Board of Directors 9 Woods George Board of Directors 10 Bobulsky Susan Board of Directors 11 Brooks Oliver Board of Directors 12 Costello Daniel Board of Directors 13 14 15 16 17 18	con	contract.					
2 Skolnick Darren Board of Directors 3 Steele Tamara Board of Directors 4 Nalls Clifford Board of Directors 5 Neal Kathy Board of Directors 6 Orias Michael Board of Directors 7 Rojo Peter Board of Directors 8 Wafer Deborah Board of Directors 9 Woods George Board of Directors 10 Bobulsky Susan Board of Directors 11 Brooks Oliver Board of Directors 12 Costello Daniel Board of Directors 13 14 15 16 17 18	#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
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5 Neal Kathy Board of Directors 6 Orias Michael Board of Directors 7 Rojo Peter Board of Directors 8 Wafer Deborah Board of Directors 9 Woods George Board of Directors 10 Bobulsky Susan Board of Directors 11 Brooks Oliver Board of Directors 12 Costello Daniel Board of Directors 13 14 15 16 17 18	3	Steele	Tamara	Board of Directors			
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7 Rojo Peter Board of Directors 8 Wafer Deborah Board of Directors 9 Woods George Board of Directors 10 Bobulsky Susan Board of Directors 11 Brooks Oliver Board of Directors 12 Costello Daniel Board of Directors 13 Board of Directors 14 Board of Directors	5	Neal	Kathy	Board of Directors			
8 Wafer Deborah Board of Directors 9 Woods George Board of Directors 10 Bobulsky Susan Board of Directors 11 Brooks Oliver Board of Directors 12 Costello Daniel Board of Directors 13 Board of Directors 14 Board of Directors	6	Orias	Michael	Board of Directors			
9 Woods George Board of Directors 10 Bobulsky Susan Board of Directors 11 Brooks Oliver Board of Directors 12 Costello Daniel Board of Directors 13 14 15 16 17 18	7	Rojo	Peter	Board of Directors			
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11 Brooks Oliver Board of Directors 12 Costello Daniel Board of Directors 13	9	Woods	George	Board of Directors			
12 Costello Daniel Board of Directors 13	10	Bobulsky	Susan	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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.

10. VERIFICATION		
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I certify under penalty of perjury under the laws of the State of	f 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		



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Received On:

File #: 230677

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	♂ .
AMENDMENT DESCRIPTION – Explain reason for amendment	
	6
	YX.
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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. C0	ONTRACTOR			
NAM	IE OF CONTRACTOR		TELEPHONE N	IUMBER
Fe	lton Institute		(415) 47	4-7310
STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
15	00 Franklin Street, San Francisco, CA 94109			
6. C0	ONTRACT			
DATE	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230677
DESC	CRIPTION OF AMOUNT OF CONTRACT	L		
\$1	55,359			
NATI	URE OF THE CONTRACT (Please describe)			
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7. C	OMMENTS			
	ONTRACT APPROVAL			
inis	contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORIW			
\square	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 ELECTIN	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
1	Gilbert	АТ	Other Principal Officer			
2	Skolnick	Darren	Board of Directors			
3	Steele	Tamara	Board of Directors			
4	Nalls	Clifford	Board of Directors			
5	Neal	Kathy	Board of Directors			
6	Orias	Michael	Board of Directors			
7	Rojo	Peter	Board of Directors			
8	Wafer	Deborah	Board of Directors			
9	Woods	George	Board of Directors			
10	Bobulsky	Susan	Board of Directors			
11	Brooks	Oliver	Board of Directors			
12	Costello	Daniel	Board of Directors			
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	contract.				
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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. **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.

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Bid/RFP #:

Notification of Contract Approval

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<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	1
	X
	YA COMPANY

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
Gregory N	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Felton Institute		(415) 47	4-7310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>2</mark>			230677
DESCRIPTION OF AMOUNT OF CONTRACT			
\$248,895			
NATURE OF THE CONTRACT (Please describe)			
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7. COMMENTS			
7. COMMENTS			
a contract approve			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

2 Skolnick Darren Board of Directors 3 Steele Tamara Board of Directors 4 Nalls Clifford Board of Directors 5 Neal Kathy Board of Directors 6 Orias Michael Board of Directors 7 Rojo Peter Board of Directors 8 Wafer Deborah Board of Directors 9 Woods George Board of Directors 10 Bobulsky Susan Board of Directors 11 Brooks Oliver Board of Directors 12 Costello Daniel Board of Directors 13 14 15 16 17 18	con	contract.				
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10 Bobulsky Susan Board of Directors 11 Brooks Oliver Board of Directors 12 Costello Daniel Board of Directors 13	8	Wafer	Deborah	Board of Directors		
11 Brooks Oliver Board of Directors 12 Costello Daniel Board of Directors 13	9	Woods	George	Board of Directors		
12 Costello Daniel Board of Directors 13	10	Bobulsky	Susan	Board of Directors		
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BOS Clerk of the Board		



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Board of Supervisors	Members	

3. FILER'S CONTACT	
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FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
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5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Harm Reduction Therapy Center		(415) 863-4282	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
21 Merlin St, San Francisco CA 94107			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 230677
			230077
DESCRIPTION OF AMOUNT OF CONTRACT			
\$43,243			
NATURE OF THE CONTRACT (Please describe)			
Provide Clinical Consultation Services to LING			
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7. COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Berg	Anna	Other Principal Officer		
2	Dennisson	Sam	Board of Directors		
3	Winegand	Shantel	Board of Directors		
4	Norman	Eileen	Board of Directors		
5	Del Pinal	Ale	Board of Directors		
6	Marshall	Kristen	Board of Directors		
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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. **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 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 BOS Clerk of the Board



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 #: 230677

1

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	' O
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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 DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER		
Gregory Wong		415-554-2521		
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL		
DPH	Department of Public Health	greg.wong@sfdph.org		

5. CONTRACTOR					
NAME OF CONTRACTOR		TELEPHONE NUMBER			
HealthRight 360		(415) 762-3700			
STREET ADDRESS (including City, State and Zip Code)		EMAIL			
1563 Mission St, SF, CA 94103					
6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)		
₹ <mark>\</mark>			230677		
DESCRIPTION OF AMOUNT OF CONTRACT					
\$152,000					
NATURE OF THE CONTRACT (Please describe)					
Provides Fiscal Intermediary services	9				
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Provides Fiscal Intermediary services					
7. COMMENTS					
7. COMMENTS					
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					
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		

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Eisen	Vitka	Other Principal Officer		
2	Ireland	Diane	Board of Directors		
3	Venkatraman	Sankar	Board of Directors		
4	Smart	Linda	Board of Directors		
5	Binder	Daniel	Board of Directors		
6	Balan	Yener	Board of Directors		
7	Beaulieu	Natalie	Board of Directors		
8	Graham	Bryan	Board of Directors		
9	Gurley	Chris	Board of Directors		
10	Holmes	Kathryn	Board of Directors		
11	Macfarlane	Raquel	Board of Directors		
12	Mitchell	Natalie	Board of Directors		
13	Pierluissi	Talia	Board of Directors		
14	Pointer	Karen	Board of Directors		
15	Pugh	Alex	Board of Directors		
16	Thomas	Ahmad	Board of Directors		
17	Torres	Timothy	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.

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		



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 #: 230677

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

<u> </u>			
1. FILING INFORMATION			
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)		
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Original	03.		
AMENDMENT DESCRIPTION – Explain reason for amendment			
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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 DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory	Wong	415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
HealthRight 360		(415) 76	2-3700	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1563 Mission St, SF, CA 94103				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
			230677	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$1,183,129				
NATURE OF THE CONTRACT (Please describe)				
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7. COMMENTS				
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 ELECTIV	/F OFFICER/S) II	DENTIFIED ON THIS FORM SITS	
	Ciri ELLCIIV	L OI I ICLINGS) II		

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Eisen	Vitka	Other Principal Officer
2	Ireland	Diane	Board of Directors
3	Venkatraman	Sankar	Board of Directors
4	Smart	Linda	Board of Directors
5	Binder	Daniel	Board of Directors
6	Balan	Yener	Board of Directors
7	Beaulieu	Natalie	Board of Directors
8	Graham	Bryan	Board of Directors
9	Gurley	Chris	Board of Directors
10	Holmes	Kathryn	Board of Directors
11	Macfarlane	Raquel	Board of Directors
12	Mitchell	Natalie	Board of Directors
13	Pierluissi	Talia	Board of Directors
14	Pointer	Karen	Board of Directors
15	Pugh	Alex	Board of Directors
16	Thomas	Ahmad	Board of Directors
17	Torres	Timothy	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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. **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**

BOS Clerk of the Board



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 #: 230677

1

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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
Gregory N	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
HealthRight 360		415-554-	2521
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1563 Mission St, SF, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			230677
DESCRIPTION OF AMOUNT OF CONTRACT			
\$100,000			
NATURE OF THE CONTRACT (Please describe)			
Provide fiscal intermediary check-writing serv	ices.		
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7. COMMENTS			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A POARD ON WHICH THE CITY ELECTIVE OFFICER(C) CENTER			
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

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Eisen	Vitka	Other Principal Officer		
2	Ireland	Diane	Board of Directors		
3	Venkatraman	Sankar	Board of Directors		
4	Smart	Linda	Board of Directors		
5	Binder	Daniel	Board of Directors		
6	Balan	Yener	Board of Directors		
7	Beaulieu	Natalie	Board of Directors		
8	Graham	Bryan	Board of Directors		
9	Gurley	Chris	Board of Directors		
10	Holmes	Kathryn	Board of Directors		
11	Macfarlane	Raquel	Board of Directors		
12	Mitchell	Natalie	Board of Directors		
13	Pierluissi	Talia	Board of Directors		
14	Pointer	Karen	Board of Directors		
15	Pugh	Alex	Board of Directors		
16	Thomas	Ahmad	Board of Directors		
17	Torres	Timothy	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.

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		



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 #: 230677

1

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	* O
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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory \	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
нealthright 360		415-554-	2521
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1563 Mission St, SF, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT			
\$4,328,200			
NATURE OF THE CONTRACT (Please describe)			
Providing MH/SUD program services.	9	A PORT	
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7. COMMENTS			
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			
Board of Supervisors			
THE ROADD OF A STATE AGENCY ON WHICH AN ADDOINTEE OF	THE CITY ELECTIV	/E OEEICED/S\ !!	DENTIFIED ON THIS FORM SITS
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	L OFFICER(3) II	PERMITTED ON THIS FORIN SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Eisen	Vitka	Other Principal Officer		
2	Ireland	Diane	Board of Directors		
3	Venkatraman	Sankar	Board of Directors		
4	Smart	Linda	Board of Directors		
5	Binder	Daniel	Board of Directors		
6	Balan	Yelen	Board of Directors		
7	Beaulieu	Natalie	Board of Directors		
8	Graham	Bryan	Board of Directors		
9	Gurley	Chris	Board of Directors		
10	Holmes	Kathryn	Board of Directors		
11	Macfarlane	Raquel	Board of Directors		
12	Mitchell	Natalie	Board of Directors		
13	Pierluissi	Talia	Board of Directors		
14	Pointer	Karen	Board of Directors		
15	Pugh	Alex	Board of Directors		
16	Thomas	Ahmad	Board of Directors		
17	Torres	Timothy	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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. **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.

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 BOS Clerk of the Board



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Received On:

File #: 230677

Bid/RFP #:

1

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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
Gregory Wong		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
AME OF CONTRACTOR		TELEPHONE NUMBER	
Heluna Health		(800) 20	1-7320
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
13300 Crossroads Parkway, Suite 450, CID CA 91	746		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230677
₹ <mark>0</mark>			230077
DESCRIPTION OF AMOUNT OF CONTRACT			
\$610,705			
NATURE OF THE CONTRACT (Please describe)			
Provide support for Expecting Justice Program.	9		
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7. COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Cutler	Blayne	Other Principal Officer
2	Jenks	Robert	Board of Directors
3	Joseph	Tamara	Board of Directors
4	Baker	Alex	Board of Directors
5	Edwards	Carladenise	Board of Directors
6	Yip	Edward	Board of Directors
7	Casciato	Georgia	Board of Directors
8	0'Conner	Jean	Board of Directors
9	Vetticaden	Santosh	Board of Directors
10	Mullen	Sarah	Board of Directors
11	Filer	Scott	Board of Directors
12	De Santi	Susan	Board of Directors
13	Nguyen	Von	Board of Directors
14	Mago	Норе	Board of Directors
15	Vasallo	Vivian	Board of Directors
16	Gorre	Celina	Board of Directors
17	Midura	Bonnie	Board of Directors
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cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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9. AFFILIATES AND SUBCONTRACTORS				
List exec who	the names of (A) members of the contract cutive officer, chief financial officer, chief has an ownership interest of 10 percent	operating officer, or other persons with s	imilar titles; (C) any individual or entity	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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10.	VERIFICATION			
I ha	ve used all reasonable diligence in prepar wledge the information I have provided h		tatement and to the best of my	

# 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 BOS Clerk of the Board



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 #: 230677

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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
Gregory N	Wong	415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Heluna Health		415-554-2521		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
13300 Crossroads Parkway, Suite 450, CID CA 91	746			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/R	FP NUMBER	<b>FILE NUMBER (If applicable)</b> 230677	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$187,876				
NATURE OF THE CONTRACT (Please describe)				
Providing program administration and support s	ervices - Fis	scal Inter	rmediary.	
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Troviding program daministration and support services.				
7. COMMENTS				
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) II	DENTIFIED ON THIS FORM SITS	

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Cutler	Blayne	Other Principal Officer		
2	Jenks	Robert	Board of Directors		
3	Joseph	Tamara	Board of Directors		
4	Baker	Alex	Board of Directors		
5	Edwards	Carladenise	Board of Directors		
6	Yip	Edward	Board of Directors		
7	Casciato	Georgia	Board of Directors		
8	0'Conner	Jean	Board of Directors		
9	Vetticaden	Santosh	Board of Directors		
10	Mullen	Sarah	Board of Directors		
11	Filer	Scott	Board of Directors		
12	De Santi	Susan	Board of Directors		
13	Nguyen	Von	Board of Directors		
14	Mago	Норе	Board of Directors		
15	Vasallo	Vivian	Board of Directors		
16	Gorre	Celina	Board of Directors		
17	Midura	Bonnie	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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. **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 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 BOS Clerk of the Board



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 #: 230677

Bid/RFP #:

1

# **Notification of Contract Approval**

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
	100
	Y _X
	Y _A

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
Gregory \	Wong	415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Heluna Health		(800) 201-7320		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
13300 Crossroads Parkway, Suite 450,CID CA 917	46			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
₹ <mark>\</mark>			230677	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$93,008				
NATURE OF THE CONTRACT (Please describe)				
Providing program administration and support s	ervices - F	iscal Inte	rmediary.	
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7. COMMENTS				
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Cutler	Blayne	Other Principal Officer		
2	Jenks	Robert	Board of Directors		
3	Joseph	Tamara	Board of Directors		
4	Baker	Alex	Board of Directors		
5	Edwards	Carladenise	Board of Directors		
6	Yip	Edward	Board of Directors		
7	Casciato	Georgia	Board of Directors		
8	O'Conner	Jean	Board of Directors		
9	Vetticaden	Santosh	Board of Directors		
10	Rich	Sarah	Board of Directors		
11	Filer	Scott	Board of Directors		
12	De Santi	Susan	Board of Directors		
13	Nguyen	Von	Board of Directors		
14	Mago	Норе	Board of Directors		
15	Vasallo	Vivian	Board of Directors		
16	Gorre	Celina	Board of Directors		
17	Midura	Bonnie	Board of Directors		
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.

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			



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 #: 230677

Bid/RFP #:

1

# **Notification of Contract Approval**

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	
	<b>7</b> 8
	X.

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	
Gregory Wong		415-554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Heluna Health		(800) 201-7320		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
13300 Crossroads Parkway, Suite 450, CID CA 91	746			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	<b>FILE NUMBER (If applicable)</b> 230677	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$80,000				
NATURE OF THE CONTRACT (Please describe)				
Providing program administration and support s	ervices - F	iscal Inte	rmediary.	
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7. COMMENTS				
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				
board of Supervisors				
THE BOARD OF A STATE ACTIVE ON WHICH AN ARROWS	THE CITY E: ECT.	(F. OFFICER/C) ::	DENITIFIED ON THIS FORMACITS	
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DEMITHED ON THIS FORM SITS	

cont	contract.						
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ				
1	Cutler	Blayne	Other Principal Officer				
2	Jenks	Robert	Board of Directors				
3	Joseph	Tamara	Board of Directors				
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7	Casciato	Georgia	Board of Directors				
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9	Vetticaden	Santosh	Board of Directors				
10	Rich	Sarah	Board of Directors				
11	Filer	Scott	Board of Directors				
12	De Santi	Susan	Board of Directors				
13	Nguyen	Von	Board of Directors				
14	Mago	Норе	Board of Directors				
15	Vasalo	Vivian	Board of Directors				
16	Gorre	Celina	Board of Directors				
17	Midura	Bonnie	Board of Directors				
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COIIC	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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 #: 230677

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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
Gregory Wong		415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Heluna Health		(800) 201-7320		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
13300 Crossroads Parkway, Suite 450, CID CA 91	746			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER ( <i>If applicable</i> ) 230677	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$56,706				
NATURE OF THE CONTRACT (Please describe)				
Providing program administration and support s	ervices - F	iscal Inte	rmediary	
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7. COMMENTS				
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 ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS	

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Cutler	Blayne	Other Principal Officer		
2	Jenks	Robert	Board of Directors		
3	Joseph	Tamara	Board of Directors		
4	Baker	Alex	Board of Directors		
5	Edwards	Carladenise	Board of Directors		
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12	De Santi	Susan	Board of Directors		
13	Nguyen	Von	Board of Directors		
14	Mago	Норе	Board of Directors		
15	Vasallo	Vivian	Board of Directors		
16	Gorre	Celina	Board of Directors		
17	Midura	Bonnie	Board of Directors		
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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File #: 230677

1

Bid/RFP #:

## **Notification of Contract Approval**

SFEC Form 126(f)4
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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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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	
Gregory \	Wong	415-554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Heluna Health		(800) 201-7320	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
13300 Crossroads Parkway, Suite 450, CID CA 91	746		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230677
₹ <mark>2</mark>			230077
DESCRIPTION OF AMOUNT OF CONTRACT			
\$52,222			
NATURE OF THE CONTRACT (Please describe)			
Providing program administration and support s			
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7. COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Cutler	Blayne	Other Principal Officer		
2	Jenks	Robert	Board of Directors		
3	Joseph	Tamara	Board of Directors		
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15	Vasallo	Vivian	Board of Directors		
16	Gorre	Celina	Board of Directors		
17	Midura	Bonnie	Board of Directors		
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COIIC	ract.		T
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 o	f 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		



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File #: 230677

Bid/RFP #:

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1. FILING INFORMATION	2
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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	
Gregory (	Wong	415-554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
Horizons Unlimited		(415) 48	7-6700
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
440 Potrero Avenue, San Francisco 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER ( <i>If applicable</i> ) 230677
Report of the second of the se			230077
DESCRIPTION OF AMOUNT OF CONTRACT			
\$72,209			
NATURE OF THE CONTRACT (Please describe)			
provide MH/SUD program services.	<b>G</b>		
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7. COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Lucero	Celina	Other Principal Officer			
2	Moretti	Matthew	Board of Directors			
3	Таріа	Virginia	Board of Directors			
4	Corona	Cristina	Board of Directors			
5	Johnson	Zachary	Board of Directors			
6	Williams	Jillian	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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 #: 230677

Bid/RFP #:

1

## **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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers</a>

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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
Gregory Wong		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Horizons Unlimited		(415) 48	7-6700
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
440 Potrero Avenue, San Francisco 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			230677
DESCRIPTION OF AMOUNT OF CONTRACT			
\$956,024			
NATURE OF THE CONTRACT (Please describe)			
provide MH/SUD program services.	9	A CA	
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7. COMMENTS		_	
7. COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Lucero	Celina	Other Principal Officer		
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4	Corona	Cristina	Board of Directors		
5	Johnson	Zachary	Board of Directors		
6	Williams	Jillian	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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. **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.

# 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 BOS Clerk of the Board



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 #: 230677

1

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

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
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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 DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
Gregory \	Wong	415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR					
NAME OF CONTRACTOR			TELEPHONE NUMBER		
Jamestown C	ommunity Center			(415)647	-4709
STREET ADDRESS (	including City, State and Zip Cod	le)		EMAIL	
2929 19th S	treet, San Francisco,	CA, 94110			
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6. CONTRACT	•				
DATE CONTRACT V	VAS APPROVED BY THE CITY ELE	CTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
	<b>~</b>	No.			230677
DESCRIPTION OF A	MOUNT OF CONTRACT	<b>3</b>			
\$60,049		67.			
NATURE OF THE C	ONTRACT (Please describe)				
provide MH/	SUD program services		9		
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provide MH/SUD program services					
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7. COMMENTS					
8. CONTRACT AP					
This contract was	ctive Officer(s) IDENTIFIED OF	N THIS FORM			
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	WHICH THE CITY ELECTIVE OFF	ICER(S) SERVES			
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-   THE BOARD	OF A CTATE ACENICY ON MUSIC	AN ADDOINTED OF	THE CITY ELECTIV	/E OFFICER/C\ ::	DENTIFIED ON THIS FORM SITE
	OF A STATE AGENCY ON WHICH	AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Sapinski	Nelly	Other Principal Officer			
2	Pazmino	Betty	Board of Directors			
3	Zavaleta	Aleks	Board of Directors			
4	Gross	Rich	Board of Directors			
5	Barahona	Luis	Board of Directors			
6	Barrera	Efrain	Board of Directors			
7	Brackenridge	Katie	Board of Directors			
8	Bransten	Lisa	Board of Directors			
9	Furney	Gary	Board of Directors			
10	Karir	Renu	Board of Directors			
11	Vega	Paul	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
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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.				
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK  DATE SIGNED				
BOS Clerk of the Board				



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Received On:

File #: 230677

Bid/RFP #:

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## **Notification of Contract Approval**

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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	
Gregory \	Wong	415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

<u>```</u>			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Jamestown Community Center		(415) 64	7-4709
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
2929 19th St, San Francisco, CA 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT			
\$415,967			
NATURE OF THE CONTRACT (Please describe)			
provide MH/SUD program services.	O.		
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A DOADD ON WILLOUTHE CITY TO TOTAL OF THE CITY TO THE			
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

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Sapinski	Nelly	Other Principal Officer			
2	Pazmino	Betty	Board of Directors			
3	Zavaleta	Aleks	Board of Directors			
4	Gross	Rich	Board of Directors			
5	Barahona	Luis	Board of Directors			
6	Barrera	Efrain	Board of Directors			
7	Brackenridge	Katie	Board of Directors			
8	Bransten	Lisa	Board of Directors			
9	Furney	Gary	Board of Directors			
10	Karir	Renu	Board of Directors			
11	Vega	Paul	Board of Directors			
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COIIC	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
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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.				
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED			
BOS Clerk of the Board				



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

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File #: 230677

1

Bid/RFP #:

## **Notification of Contract Approval**

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1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>Y</b> O
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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 DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
Gregory Wong		415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Japanese Community Youth Council		(415) 20	2-7900
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3382 26th St, San Francisco 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER ( <i>If applicable</i> ) 230677
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DESCRIPTION OF AMOUNT OF CONTRACT			
\$60,049			
NATURE OF THE CONTRACT (Please describe)			
provide MH/SUD program services.	9		
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7. COMMENTS			
7. COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Osaki	Jon	Other Principal Officer			
2	MacDonald	Angus	Board of Directors			
3	Dunlap	Oliver	Board of Directors			
4	Nagree	Shah	Board of Directors			
5	Harrigan	Asia	Board of Directors			
6	Abantao	Darryl	Board of Directors			
7	С	Dinesh	Board of Directors			
8	Wayne	Evan	Board of Directors			
9	Littleton	Heather	Board of Directors			
10	Anderson	Jerome	Board of Directors			
11	Mah	Kitty	Board of Directors			
12	Carroll	Louise	Board of Directors			
13	Mah	Max	Board of Directors			
14	Rawat	Gitanjali	Board of Directors			
15	Shah	Gautam	Board of Directors			
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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.

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		



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File #: 230677

Bid/RFP #:

#### **Notification of Contract Approval**

SFEC Form 126(f)4
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A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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
Gregory \	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Japanese Community Youth Council		415) 202	-7900
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
2012 Pine Street, San Francisco 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230677
No.			
DESCRIPTION OF AMOUNT OF CONTRACT			
\$478,998			
NATURE OF THE CONTRACT (Please describe)			
provide MH/SUD program services.	9		
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7. COMMENTS			
7. COMMENTS			
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 ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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7	С	Dinesh	Board of Directors		
8	Wayne	Evan	Board of Directors		
9	Littleton	Heather	Board of Directors		
10	Anderson	Jerome	Board of Directors		
11	Mah	Kitty	Board of Directors		
12	Carroll	Louise	Board of Directors		
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14	Rawat	Gitanjali	Board of Directors		
15	Shah	Gautam	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.

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BOS Clerk of the Board		



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Bid/RFP #:

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A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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
Gregory \	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Maitri AIDS Hospice		(415) 55	8-3000	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
401 Duboce Ave, SF, CA 94117				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	<b>FILE NUMBER (</b> <i>If applicable</i> <b>)</b> 230677	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$752,053				
NATURE OF THE CONTRACT (Please describe)				
To provide safe housing, medical care and nutrolife and those needing respite to return to in	dependence	as defined	by the resident.	
	A.C.	<b>X</b>		
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			<b>6</b>	
7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
THE CITY ELECTIVE OFFICER(3) 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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Armentrout	Michael	Other Principal Officer		
2	Lapointe	Ray	Board of Directors		
3	Wong	Jane	Board of Directors		
4	Miller	Austin	Board of Directors		
5	Cummings	Gregg	Board of Directors		
6	King	Jim	Board of Directors		
7	Casados	Johannes	Board of Directors		
8	Cummings	Donna	Board of Directors		
9	Dilawri	Namita	Board of Directors		
10	Ling	Alvin	Board of Directors		
11	Ludlow	David	Board of Directors		
12	Rana	Sameera	Board of Directors		
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COIIC	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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. **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.

**DATE SIGNED** 

#### SAN FRANCISCO ETHICS COMMISSION – SFEC Form 126(f)4 v.12.7.18

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR

BOS Clerk of the Board

**CLERK** 



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 #: 230677

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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
Gregory \	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	NUMBER	
Mount Saint Joseph Saint Elizabeth's		(415) 56	7-0081	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
100 Masonic Avenue, San Francisco, CA 94118				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230677	
KO CO				
DESCRIPTION OF AMOUNT OF CONTRACT				
\$856,481				
NATURE OF THE CONTRACT (Please describe)				
Providing MH/SUD program services.	9			
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Providing MH/SUD program services.				
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T. COMMENTS				
7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOADD ON WHICH THE CITY ELECTIVE OFFICER(C) CERVES				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE DOADS OF A CTUTE LOSS OF A	THE AIR	/F OFFICE 101 ::	DENITIFIED ON THE FORT COM	
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	
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cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Dunkel	Betty	Other Principal Officer		
2	Baez	Marjory	Board of Directors		
3	Maclean	Brenda	Board of Directors		
4	Vista	Frances	Board of Directors		
5	Ahn	Tina	Board of Directors		
6	Chatmon	Larry	Board of Directors		
7	Hernandez	Trinitas	Board of Directors		
8	Jones	Victoria	Board of Directors		
9	Morales	Estela	Board of Directors		
10	Smith	Gene	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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. **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 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 BOS Clerk of the Board



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 #: 230677

Bid/RFP #:

1

#### **Notification of Contract Approval**

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
	100
	Y _X
	Y _A

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
Gregory	Wong	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Napa County		707-253-	4540	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
2751 Napa Valley Corporate Drive Bldg B Napa,	CA 94558			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230677	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$200,000				
NATURE OF THE CONTRACT (Please describe)				
co-recipient of grant funds .	9			
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co-recipient of grant funds .				
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7. COMMENTS				
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 ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

con	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Gallagher	Joelle	Board of Directors
2	Gregory	Ryan	Board of Directors
3	Cottrell	Anne	Board of Directors
4	Pedroza	Anne	Board of Directors
5	Pedroza	Alfredo	Board of Directors
6	Ramos	Belia	Board of Directors
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cont	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.

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		
BOS Clerk of the Board		



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 #: 230677

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
	100
	Y _X
	Y _A

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
Gregory N	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
NICOS Chinese Health Coalition		(415) 788-6426	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1208 Mason St, San Francisco, CA 94108			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER ( <i>If applicable</i> ) 230677
			250077
DESCRIPTION OF AMOUNT OF CONTRACT			
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Provide support for oral health program.	9		
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Provide support for oral nealth program.			
7. COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
		- (-)	

#			
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Woo	Kent	Other Principal Officer
2	Liao	Michael	Board of Directors
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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. **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.

# 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 BOS Clerk of the Board



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 #: 230677

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>'</b> O
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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 DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
PRC		(415) 77	7-0333	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
170 9th St, San Francisco, CA 94103				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230677	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$321,555				
NATURE OF THE CONTRACT (Please describe)				
Providing Equal Access to Health Care Program	Services.			
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Providing Equal Access to Health Care Program Services.				
			Go Co	
7. COMMENTS				
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Teng	Chuan	Other Principal Officer		
2	Schneider	Brian	Board of Directors		
3	Roger	Kent	Board of Directors		
4	Schroeder	Tim	Board of Directors		
5	Frieman	Josh	Board of Directors		
6	Gonzalez	Nelson	Board of Directors		
7	Ishida	Ryo	Board of Directors		
8	Michaels	Jacques	Board of Directors		
9	Niczyporuk	Michael	Board of Directors		
10	Papilion	Zack	Board of Directors		
11	Smith	Darren	Board of Directors		
12	Wiley	Nichole	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.

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		



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:

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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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
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	$Q_{\lambda}$

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
Gregory	Wong	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Project Open Hand		(415) 44	7-2326
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
730 Polk St, SF, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			230677
DESCRIPTION OF AMOUNT OF CONTRACT	<u>l</u>		
\$1,347,885			
NATURE OF THE CONTRACT (Please describe)			
To improve the nutritional health of all peopl groceries, nutrition assessments and other fo			
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7. COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Hepfer	Paul	Other Principal Officer	
2	Yankoupe	Ruth	Board of Directors	
3	Chang	Andrew	Board of Directors	
4	Wakankar	Adi	Board of Directors	
5	Henry	Mike	Board of Directors	
6	Colton	John	Board of Directors	
7	Chandra	Vishwa	Board of Directors	
8	Petraglia	Jennifer	Board of Directors	
9	Maring	Preston	Board of Directors	
10	McSwine	Ginny	Board of Directors	
11	Chang	Theresa	Board of Directors	
12	Wilkinson	Andrea	Board of Directors	
13	York	Helene	Board of Directors	
14	Drimmer-Rokovich	Jennifer	Board of Directors	
15	Long	Richard	Board of Directors	
16	Wood	Arthur	Board of Directors	
17	Holt	Susanna	Board of Directors	
18	wei	Jason	Board of Directors	
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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.

10. VERIFICATION		
I have used all reasonable diligence in preparing this statement. knowledge the information I have provided here is true and com-	•	
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		



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 #: 230677

Bid/RFP #:

1

## **Notification of Contract Approval**

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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
Gregory	Wong	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
RAMS		(415) 80	0-0699
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3626 Balboa St, SF, CA 94124			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	<b>FILE NUMBER (</b> <i>If applicable</i> <b>)</b> 230677
DESCRIPTION OF AMOUNT OF CONTRACT			
\$247,303			
NATURE OF THE CONTRACT (Please describe)			
Provides Peer Internship Program that prepar counseling	es clients f	or employment	ent in peer support and
7. COMMENTS			
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 O	F THE CITY ELECTIN	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Muhammad	Jayvon	Other Principal Officer		
2	Rodriguez	Patricia	Board of Directors		
3	Scholtz	Marjorie	Board of Directors		
4	Chaudhuri	Anoshua	Board of Directors		
5	Hsu	Lee	Board of Directors		
6	Roberts	Maggie	Board of Directors		
7	Yeh	Том	Board of Directors		
8	Chow	Wade	Board of Directors		
9	Africa	Jei	Board of Directors		
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COIIC	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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.

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		



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 #: 230677

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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
Gregory \	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
RAMS		(415) 800-0699		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
3626 Balboa St, SF, CA 94124				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	<b>FILE NUMBER (</b> <i>If applicable</i> <b>)</b> 230677	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$150,266				
NATURE OF THE CONTRACT (Please describe)				
Provides support of consumer-run centers servi	ng manuallv-	-diagnosed	individuals	
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7. COMMENTS				
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 ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Muhammad	Jayvon	Other Principal Officer		
2	Rodriguez	Patricia	Board of Directors		
3	Scholtz	Marjorie	Board of Directors		
4	Chaudhuri	Anoshua	Board of Directors		
5	Hsu	Lee	Board of Directors		
6	Roberts	Maggie	Board of Directors		
7	Yeh	Том	Board of Directors		
8	Chow	Wade	Board of Directors		
9	Africa	Jei	Board of Directors		
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COIIC	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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.

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		



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 #: 230677

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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
Gregory N	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE N	IUMBER	
RAMS	(415) 80	0-0699	
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
3626 Balboa St, SF, CA 94124			
	•		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	<b>FILE NUMBER (If applicable)</b> 230677	
DESCRIPTION OF AMOUNT OF CONTRACT			
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Peer wages for consumers participating in run Health Clinic - Job training wages	ning a coffee service	at the OMI Mental	
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	<b>`</b> O ₂		
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	YX.		
Health Clinic - Job training wages			
7. COMMENTS			
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			
Bould of Supervisors			
THE BOARD OF A STATE ACENICY ON WHICH AN ARROWS	THE CITY ELECTIVE OFFICER(C)	DENTIFIED ON THE FORM CITC	
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Muhammad	JayVon	Other Principal Officer		
2	Rodriguez	Patricia	Board of Directors		
3	Scholtz	Marjorie	Board of Directors		
4	Chaudhuri	Anoshua	Board of Directors		
5	Hsu	Lee	Board of Directors		
6	Roberts	Maggie	Board of Directors		
7	Yeh	Том	Board of Directors		
8	Chow	Wade	Board of Directors		
9	Africa	Jei	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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. **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** BOS Clerk of the Board



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 #: 230677

1

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	UMBER	
RAMS		(415) 800-0699		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
3626 Balboa St, SF, CA 94124				
	•			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/F	RFP NUMBER	FILE NUMBER (If applicable)	
			230677	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$273,182				
NATURE OF THE CONTRACT (Please describe)				
Provides Bilingual-designated counselor posit	ions.			
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the state of the s				
Provides Bilingual-designated Counselor positions.				
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7. COMMENTS				
A CONTRACT ARRESTAL				
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 ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Muhammad	Jayvon	Other Principal Officer			
2	Rodriguez	Patricia	Board of Directors			
3	Scholtz	Marjorie	Board of Directors			
4	Chaudhuri	Anoshua	Board of Directors			
5	Hsu	Lee	Board of Directors			
6	Roberts	Maggie	Board of Directors			
7	Yeh	Том	Board of Directors			
8	Chow	Wade	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.

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			



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 #: 230677

1

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
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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 DE	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory	Wong	415-554-2521
FULL DEPART	TMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Richmond Area Multi-Services		(415) 80	0-0699
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
4355 Geary Blvd. San Francisco, CA 94118			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>0</mark>			230677
DESCRIPTION OF AMOUNT OF CONTRACT			
\$65,080			
NATURE OF THE CONTRACT (Please describe)			
Provide Peer Internship Program that prepares counseling positions.			
		A CALL	· Co
7 CONANATAITS			
7. COMMENTS			
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 CTATE ACENICY ON WHICH AN APPOINTED OF	THE CITY ELECTIV	/E OFFICER/C\ !!	DENTIFIED ON THIS FORM SITS
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	re Officek(S) II	DENTIFIED ON THIS FORM SITS

contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Muhammad	Jayvon	Other Principal Officer		
2	Rodriguez	Patricia	Board of Directors		
3	Scholtz	Marjorie	Board of Directors		
4	Chaudhuri	Anoshua	Board of Directors		
5	Hsu	Lee	Board of Directors		
6	Roberts	Maggie	Board of Directors		
7	Yeh	Tom	Board of Directors		
8	Chow	Wade	Board of Directors		
9	Africa	Jei	Board of Directors		
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cont	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.

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				



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Received On:

File #: 230677

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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
Gregory (	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
	4
San Francisco Public Health Foundation	(415) 800-0699
30	
STREET ADDRESS (including City, State and Zip Code)	EMAIL
<b>\</b> 0	
1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	
6. CONTRACT	

_	narriure rraza, surce oco sar	T Trancisco, CA	34102		
6. C	ONTRACT				
DATI	E CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	<b>FILE NUMBER (</b> <i>If applicable</i> <b>)</b> 230677
DESC	CRIPTION OF AMOUNT OF CONTRACT				
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NAT	URE OF THE CONTRACT (Please describe)	340			
Fi	scal intermediary.		9		
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/. C	DMMENTS				
0.66	ONTRACT APPROVAL				
	contract was approved by:				
11113	THE CITY ELECTIVE OFFICER(S) IDENTIFIE	ON THIS FORM			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIES	O CIV TITIS TORINI			
	A BOARD ON WHICH THE CITY ELECTIVE	OFFICER(S) SERVES			
	Board of Supervisors				
	THE BOARD OF A STATE AGENCY ON WH	ICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Eardley	Penny	Other Principal Officer		
2	Sharma	Adam	Board of Directors		
3	Thacher	Jess	Board of Directors		
4	Lyles	Courtney	Board of Directors		
5	Longstreth	Elizabeth	Board of Directors		
6	Bennent	Ayanna	Board of Directors		
7	Moore	Melissa	Board of Directors		
8	Morewitz	Mark	Board of Directors		
9	Oxford	Nick	Board of Directors		
10	White	Allison	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.

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		



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 #: 230677

1

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
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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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory N	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR	TE	LEPHONE N	UMBER
San Francisco Public Health Foundation		(415) 800	0-0699
STREET ADDRESS (including City, State and Zip Code)	EN	MAIL	
1 Hallidie Plaza, Suite 808 San Francisco, CA	94102		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP		FILE NUMBER (If applicable)
₹ <mark>\</mark>			230677
DESCRIPTION OF AMOUNT OF CONTRACT			

	No.		230677	
DESC	DESCRIPTION OF AMOUNT OF CONTRACT			
\$5	, 000			
NAT	URE OF THE CONTRACT (Please describe)			
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7. C	OMMENTS			
	ONTRACT APPROVAL contract was approved by:			
11113	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) II	DENTIFIED ON THIS FORM SITS	
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con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Eardley	Penny	Other Principal Officer		
2	Sharma	Adam	Board of Directors		
3	Thacher	Jess	Board of Directors		
4	Lyles	Courtney	Board of Directors		
5	Longstreth	Elizabeth	Board of Directors		
6	Bennent	Ayanna	Board of Directors		
7	Moore	Melissa	Board of Directors		
8	Morewitz	Mark	Board of Directors		
9	0xford	Nick	Board of Directors		
10	White	Allison	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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# 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 BOS Clerk of the Board



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 #: 230677

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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
Gregory \	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	(415) 800-0699
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	

1 Hallidie Plaza	, Suite 808 San	Francisco, CA	94102	
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6. CONTRACT	•			
DATE CONTRACT WAS AP	PROVED BY THE CITY E	LECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
		40		230677
DESCRIPTION OF AMOUN	IT OF CONTRACT			
\$214,000		67.		
NATURE OF THE CONTRA	CT (Please describe)			
Fiscal Intermedi	ary.		9	
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7. COMMENTS				
8. CONTRACT APPROVA	AL			
This contract was appro				
THE CITY ELECTIVE	OFFICER(S) IDENTIFIED	ON THIS FORM		
A BOARD ON WHIC	H THE CITY ELECTIVE O	FFICER(S) SERVES		
Board of Sup				
THE BOARD OF A ST	TATE AGENCY ON WILL	Ή ΔΝ ΔΡΡΟΙΝΤΈΓ ΟΕ	THE CITY ELECTIVE OFFICER(S)	DENTIFIED ON THIS FORM SITS
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con	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Eardley	Penny	Other Principal Officer
2	Sharma	Adam	Board of Directors
3	Thacher	Jess	Board of Directors
4	Lyles	Courtney	Board of Directors
5	Longstreth	Elizabeth	Board of Directors
6	Bennent	Ayanna	Board of Directors
7	Moore	Melissa	Board of Directors
8	Morewitz	Mark	Board of Directors
9	0xford	Nick	Board of Directors
10	White	Allison	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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. **10. VERIFICATION** I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my

# 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 BOS Clerk of the Board



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 #: 230677

Bid/RFP #:

1

# **Notification of Contract Approval**

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>'</b> O
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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 DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Gregory	Wong	415-554-2521	
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	(415) 504-6738
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plaza Suite 808 San Francisco, CA 94102	

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6. CONTRACT					
	VAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
		<b>A</b>			230677
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DESCRIPTION OF A	MOUNT OF CONTRACT				
\$222.760		30			
\$223,760		<b>4.</b> 3*			
NATURE OF THE CO	ONTRACT (Please describe)				
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7. COMMENTS					
8. CONTRACT AP	PROVAL				
This contract was					
THE CITY ELE	CTIVE OFFICER(S) IDENTIFIED	O ON THIS FORM			
	WHICH THE CITY ELECTIVE	OFFICER(S) SERVES			
Board o	f Supervisors				
THE BOARD	OE A STATE AGENCY ON WILL	ICH AN ADDOINTEE OF	THE CITY ELECTIV	(E OEEICED(¢) i	DENTIFIED ON THIS FORM SITS
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con	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Eardley	Penny	Other Principal Officer
2	Sharma	Adam	Board of Directors
3	Thacher	Jess	Board of Directors
4	Lyles	Courtney	Board of Directors
5	Longstreth	Elizabeth	Board of Directors
6	Bennent	Ayanna	Board of Directors
7	Moore	Melissa	Board of Directors
8	Morewitz	Mark	Board of Directors
9	0xford	Nick	Board of Directors
10	White	Allison	Board of Directors
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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.

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 con	nplete.	
,		
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.	
, , , , , ,	J J	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
CLERK		
BOS Clerk of the Board		



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 #: 230677

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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
Gregory Wong		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	(415) 504-6738
STREET ADDRESS (including City, State and Zip Code)	EMAIL
375 Laguna Honda Blvd. #B303, San Francisco, CA 94116	

37	5 Laguna Honda Blvd. #B303, San Francisco, C	A 94116	
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6. <u>C</u>	ONTRACT		
	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESC	CRIPTION OF AMOUNT OF CONTRACT		
\$1	30,052		
NAT	URE OF THE CONTRACT (Please describe)	_	
Pr	oviding program administration in support of	SF Tobacco Free Proj	ect.
7. C0	DMMENTS		
8. C	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)	DENTIFIED ON THIS FORM SITS

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Eardley	Penny	Other Principal Officer
2	Sharma	Adam	Board of Directors
3	Thacher	Jess	Board of Directors
4	Lyles	Courtney	Board of Directors
5	Longstreth	Elizabeth	Board of Directors
6	Bennent	Ayanna	Board of Directors
7	Moore	Melissa	Board of Directors
8	Morewitz	Mark	Board of Directors
9	0xford	Nick	Board of Directors
10	White	Allison	Board of Directors
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COIIC	contract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.

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		



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Received On:

File #: 230677

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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	
Gregory \	Wong	415-554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
San Francisco Study Center		(415) 626-1650	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1663 Mission Street, Suite 310, San Francisco,	CA 94103		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230677
DESCRIPTION OF AMOUNT OF CONTRACT			
\$13,732			
NATURE OF THE CONTRACT (Please describe)			
Peer wages for consumers participating in run Health Clinic.		A CALL	CO CHE GHI MEHEUT
7. COMMENTS			
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			

THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

Board of Supervisors

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Link	Geoffrey	Other Principal Officer		
2	Livingston	Richard	Board of Directors		
3	Нотта	Reiko	Board of Directors		
4	Elbgal	Hazim	Board of Directors		
5	Eldon	Eric	Board of Directors		
6	Kobayashi	Masami	Board of Directors		
7	Kwong	Jeanne	Board of Directors		
8	Margaronis	Stas	Board of Directors		
9	McWilliams	mic	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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File #: 230677

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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	
Gregory \	Wong	415-554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
San Francisco Study Center		415-626-1650	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1663 Mission Street, Suite 310, San Francisco,CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>0</mark>			230677
DESCRIPTION OF AMOUNT OF CONTRACT			

		40		
DESC	CRIPTION OF AMOUNT OF CONTRACT	<u> </u>		
\$1	80,000	,67		
NAT	URE OF THE CONTRACT (Please describe)	340		
De	velop a racial equity hospital	quality impro		
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7. C	OMMENTS			
8. C	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED C	ON THIS FORM		
×	A BOARD ON WHICH THE CITY ELECTIVE OF	FICER(S) SERVES		
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH	H AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S)	IDENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Link	Geoffrey	Other Principal Officer		
2	Livingston	Richard	Board of Directors		
3	Нотта	Reiko	Board of Directors		
4	Elbgal	Hazim	Board of Directors		
5	Eldon	Eric	Board of Directors		
6	Kobayashi	Masami	Board of Directors		
7	Kwong	Jeanne	Board of Directors		
8	Margaronis	Stan	Board of Directors		
9	McWilliams	nim	Board of Directors		
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COIIC	ract.		T
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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. **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 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 BOS Clerk of the Board



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 #: 230677

1

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
	100
	Y _X
	Y _A

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
Gregory Wong		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
San Francisco Unified School District		415-241-6000	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
555 Franklin Street, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230677
R. C.			230077
DESCRIPTION OF AMOUNT OF CONTRACT			
\$180,000			
NATURE OF THE CONTRACT (Please describe)			
Provide outreach to targeted populations.	9		
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7. COMMENTS			
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Wayne	Matt	Other Principal Officer		
2	Boggess	Kevine	Board of Directors		
3	Weissman-Ward	Lisa	Board of Directors		
4	Alexander	Matt	Board of Directors		
5	Fisher	Alida	Board of Directors		
6	Lam	Jenny	Board of Directors		
7	Motamedi	Lainie	Board of Directors		
8	Sanchez	Mark	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.

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		



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 #: 230677

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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	
Gregory Wong		415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR				
IAME OF CONTRACTOR		TELEPHONE NUMBER		
Seneca Family of Agencies		510-654-4004		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
8945 Golf Links Rd, Oakland, CA 94605				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER ( <i>If applicable</i> ) 230677	
			230077	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$270,500				
NATURE OF THE CONTRACT (Please describe)				
Mental health services.	9			
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7. COMMENTS				
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 ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	
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cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Galyean	Leticia	Other Principal Officer			
2	Gilbert	Neil	Board of Directors			
3	Galyean	Leticia	Board of Directors			
4	Aroner	Dion	Board of Directors			
5	Le Plastrier	Geoffrey	Board of Directors			
6	Benning	Rochelle	Board of Directors			
7	Davi	Jeff	Board of Directors			
8	Foster	Gwen	Board of Directors			
9	Pizzini	Sylvia	Board of Directors			
10	Pena	Nancy	Board of Directors			
11	Church	Jamie	Board of Directors			
12	Cohen	Zach	Board of Directors			
13	Drew	Jenny	Board of Directors			
14	ніП	Zach	Board of Directors			
15	Kaplan	Alex	Board of Directors			
16	Redmon	Dwayne	Board of Directors			
17	Thatch	Hong	Board of Directors			
18	Gaywood	Stephaie	Board of Directors			
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.

10. VERIFICATION			
I have used all reasonable diligence in preparing this statement knowledge the information I have provided here is true and cor	•		
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			



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 #: 230677

1

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

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>Y</b> O
	<b>'0</b> ,

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	
Gregory Wong		415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Shanti		(415) 674-4700		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
730 Polk Street, 3rd Floor San Francisco, CA	94109			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230677	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$95,203				
NATURE OF THE CONTRACT (Please describe)				
Provides Hepatitis C prevention services.	O.			
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Provides nepatitis C prevention services.				
7 COMMENTS				
7. COMMENTS				
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 ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS	

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Meade	Charlie	Other Principal Officer		
2	Dawes	William	Board of Directors		
3	Ennis	Jamie	Board of Directors		
4	Francone	Jerry	Board of Directors		
5	Kiernan	Sheila	Board of Directors		
6	Klearman	Micki	Board of Directors		
7	Sullivan	Ethan	Board of Directors		
8	Vincent	Marc	Board of Directors		
9	Supanich	Chip	Board of Directors		
10	Weinstein	Josh	Board of Directors		
11	Yee	Stanley	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.

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		



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 #: 230677

Bid/RFP #:

1

# **Notification of Contract Approval**

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

<u> </u>			
1. FILING INFORMATION			
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)		
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Original	03.		
AMENDMENT DESCRIPTION – Explain reason for amendment			
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	YA COMPANY		

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
Gregory Wong		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Sonoma County		(707) 56	5-7500	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
625 5th Street Santa Rosa, CA 95404				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	<b>FILE NUMBER (</b> <i>If applicable</i> <b>)</b> 230677	
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DESCRIPTION OF AMOUNT OF CONTRACT				
\$400,000				
NATURE OF THE CONTRACT (Please describe)				
co-recipient of grant funds.	9			
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		6		
co-recipient of grant funds.				
			<u> </u>	
7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
	THE ALEX	/= 0==\c\c) ···	DENTIFIED ON THE COST OF	
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Gorin	Susan	Board of Directors		
2	Rabbitt	David	Board of Directors		
3	Coursey	Chris	Board of Directors		
4	Gore	James	Board of Directors		
5	Hopkins	Lynda	Board of Directors		
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COIII	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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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	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.								
SIGI	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED							

BOS Clerk of the Board

**CLERK** 



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 #: 230677

1

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

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S,
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>Y</b> O
	<b>'</b>

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
Gregory \	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

XX			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
UCSF Alliance Health Project		(415) 47	6-3902
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1855 Folsom St, San Francisco, CA 94103			
	,		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			230677

18	55 Folsom St, San Francisco, CA 94103			
6. C	ONTRACT			
DATI	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 230677
DESC	RIPTION OF AMOUNT OF CONTRACT			
\$1	68,837			
NAT	JRE OF THE CONTRACT (Please describe)			
i	e program goal is to provide outpatient men ncluding Long-Term Survivors - to reduce sy om mental health and/or substance use disor	mptoms and fi ders.	unctional	impairments resulting
			JAN KU	70
7. C	DMMENTS			
	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 O	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Breall	Susan	Board of Directors		
2	Toh	Sophia	Board of Directors		
3	Liu	Enchi	Board of Directors		
4	De Carlo	Phil	Board of Directors		
5	Carapetian	Vanni	Board of Directors		
6	Garcia	Juan	Board of Directors		
7	Hare	Brad	Board of Directors		
8	Hillmon	Reginald	Board of Directors		
9	Mettler	Berenice	Board of Directors		
10	Lake	ке11у	Board of Directors		
11	Porche	Michelle	Board of Directors		
12	Shumate	Kate	Board of Directors		
13	Garrido	Terhilda	Board of Directors		
14	Anyaoku	Nwando	Board of Directors		
15	Macarchuk	Nicole	Board of Directors		
16	Dilley	James	Other Principal Officer		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.

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		



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 #: 230677

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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
Gregory (	Wong	415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
University of California, San Francisco	(628) 206-8125
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1001 Potrero Avenue, San Francisco 94110	
	·
6. CONTRACT	
DATE CONTRACT MAC ADDROVED BY THE CITY ELECTIVE OFFICED(C)	ODICINAL DID OPP NUMBER   FUE NUMBER (15 amplicable)

10	01 Potrero Avenue, San Francisco 9	94110			
			1		
6. C	ONTRACT				
DATI	E CONTRACT WAS APPROVED BY THE CITY ELECTIV	/E OFFICER(S)	ORIGINAL BID/RFP N	IUMBER	FILE NUMBER (If applicable) 230677
	₹Ş				2300//
DESC	CRIPTION OF AMOUNT OF CONTRACT	<b>3</b>	1		
\$6	43,603	, O.?.			
NAT	URE OF THE CONTRACT (Please describe)				
pr	ovide MH/SUD program services.		9		
			40		
			7,		
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			3	5	
				X	
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			C. C		
7. C	OMMENTS				
8. <u>C</u> (	ONTRACT APPROVAL				
	contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON TH	IIS FORM			
Ш					
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER	r(S) SERVES			
	Board of Supervisors	.(0) 02.11720			
	Board of Supervisors				
		4 DD 011/277 6 7	THE OUT !!		PARTIES ON THE CORP.
$\Box$	THE BOARD OF A STATE AGENCY ON WHICH AN A	APPOINTEE OF	THE CITY ELECTIVE OFF	FICEK(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Hawgood	Sam	Other Principal Officer
2	Hammarskjold	Philip	Board of Directors
3	Emery	Dana	Board of Directors
4	Ballard	Andrew	Board of Directors
5	Bhusri	Allison	Board of Directors
6	Bloch	Susan	Board of Directors
7	Briger	Pete	Board of Directors
8	Carter	Todd	Board of Directors
9	Chen	Connie	Board of Directors
10	Cohen	Fred	Board of Directors
11	Coulter	Phyllis	Board of Directors
12	Deb	Dipanjan	Board of Directors
13	DiMarco	Stephanie	Board of Directors
14	Friedman	Catherine	Board of Directors
15	на11	Kathryn	Board of Directors
16	Нао	Kenneth	Board of Directors
17	Hartz	Julia	Board of Directors
18	Kimball	Richard	Board of Directors
19	Makan	Divesh	Board of Directors

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23	Newstat	Joyce	Board of Directors
24	Sanghvi	Ruchi	Board of Directors
25	Scangos	George	Board of Directors
26	Shorenstein	Lydia	Board of Directors
27	Soghikian	Shahan	Board of Directors
28	Bakar	Barbara	Board of Directors
29	Davidow	William	Board of Directors
30	Fisher	William	Board of Directors
31	Gandhi	Sameer	Board of Directors
32	Kawaja	Carl	Board of Directors
33	Marcus	George	Board of Directors
34	Policy	Carmen	Board of Directors
35	Rosenberg	Richard	Board of Directors
36	Safier	Jaclyn	Board of Directors
37	Benioff	Lynne	Board of Directors
38	Byers	Brook	Board of Directors

COIIL	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
39	Fisher	Doris	Board of Directors		
40	Oberndorf	William	Board of Directors		
41	Weill	Joan	Board of Directors		
42	Wilsey	Diane	Board of Directors		
43	Newman	Ellen	Board of Directors		
44	Hawgood	Sam	Board of Directors		
45	Hickey	Erin	Board of Directors		
46	Harkins	David	Board of Directors		
47			150		
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.				

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 o	r California that the foregoing is true and correct.			
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CLERK				
BOS Clerk of the Board				



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File #: 230677

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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	
Gregory \	Wong	415-554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
University of California, San Francisco	(415) 476-5190
STREET ADDRESS (including City, State and Zip Code)	EMAIL
550 16th Street, 7th Floor, San Francisco, CA 94143	

		,			
6. CONTRACT	<u> </u>				
DATE CONTRACT WAS A	PPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/RFP N	IUMBER	FILE NUMBER (If applicable) 230677
		40			
DESCRIPTION OF AMOU	NT OF CONTRACT				
\$219,638		, O,			
NATURE OF THE CONTRA	ACT (Please describe)	**			
Fiscal Intermed	iary.		9		
			S. C.	<b>\$</b> _	
					<b>*</b>
7. COMMENTS					
71 CONNICIONS					
a contract approx	/A1				
8. CONTRACT APPROV This contract was appr					
	OFFICER(S) IDENTIFIED	ON THIS FORM			
	OTTICEN(S) IDENTIFIED				
A BOARD ON WHI	CH THE CITY ELECTIVE (	DEELCED(S) SEDVES			
		DEFICER(3) SERVES			
□□□ Board of Su	pervisors				
THE BOARD 07 - 1	TATE ACENIE: 0111111111111111111111111111111111111	CIL AN ADDOMEST	THE OIT !	FIGER(s) ::	DENITIFIED ON THIS FORM SITS
	STATE AGENCY ON WHI	CH AN APPOINTEE OF	THE CITY ELECTIVE OF	FICER(S) II	DENTIFIED ON THIS FORM SITS
_					

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
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2	Emery	Dana	Board of Directors			
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4	Bhusri	Allison	Board of Directors			
5	в1осһ	Susan	Board of Directors			
6	Briger	Pete	Board of Directors			
7	Carter	Todd	Board of Directors			
8	Chen	Connie	Board of Directors			
9	Cohen	Fred	Board of Directors			
10	Coulter	Phyllis	Board of Directors			
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14	Friedman	Catherine	Board of Directors			
15	на]]	Kathryn	Board of Directors			
16	Нао	Kenneth	Board of Directors			
17	Hartz	Julia	Board of Directors			
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19	Makan	Divesh	Board of Directors			

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23	Newstat	Joyce	Board of Directors
24	Sanghvi	Ruchi	Board of Directors
25	Scangos	George	Board of Directors
26	Shorenstein	Lydia	Board of Directors
27	Soghikian	Shahan	Board of Directors
28	Bakar	Barbara	Board of Directors
29	Davidow	William	Board of Directors
30	Fisher	william	Board of Directors
31	Gandhi	Sameer	Board of Directors
32	Kawaja	Carl	Board of Directors
33	Marcus	George	Board of Directors
34	Policy	Carmen	Board of Directors
35	Rosenberg	Richard	Board of Directors
36	Safier	Jaclyn	Board of Directors
37	Benioff	Lynne	Board of Directors
38	Byers	Brook	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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41	weill	Joan	Board of Directors	
42	Wilsey	Diane	Board of Directors	
43	Newman	Ellen	Board of Directors	
44	Hawgood	Sam	Board of Directors	
45	Hickey	Erin	Board of Directors	
46	Harkins	David	Board of Directors	
47			To	
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.			

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 con	nplete.
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
CLERK	
BOS Clerk of the Board	
	<u> </u>



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 #: 230677

1

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
	36
	$Q_{\lambda}$

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	
Gregory Wong		415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
University of California, San Francisco	(415) 476-5190
STREET ADDRESS (including City, State and Zip Code)	EMAIL
550 16th Street, 7th Floor, San Francisco, CA 94143	

550 16th Street, 7th Floor, San Francisco, CA	94143			
		ı		
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID	RFP NUMBER	FILE NUMBER (If applicable) 230677	
DESCRIPTION OF AMOUNT OF CONTRACT	·			
\$5,000				
NATURE OF THE CONTRACT (Please describe)				
Provide support for oral health program.	<b>.</b> 9.			
	S.	A PORT		
		SON		
			<b>7</b> 0	
7. COMMENTS				
8. CONTRACT APPROVAL This contract was approved by:				
THIS CONTRACT WAS APPROVED BY.  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A DOADD ON WHICH THE CITY ELECTIVE OFFICED(C) CEDVEC				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE O	F THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS	

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Hawgood	Sam	Other Principal Officer			
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6	Bloch	Susan	Board of Directors			
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25	Scangos	George	Board of Directors
26	Shorenstein	Lydia	Board of Directors
27	Soghikian	Shahan	Board of Directors
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33	Marcus	George	Board of Directors
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COIIL	contract.				
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44	Hawgood	Sam	Board of Directors		
45	Hickey	Ellen	Board of Directors		
46	Harkins	David	Board of Directors		
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49					
50					
	Check this box if you need to include add Select "Supplemental" for filing type.	itional names. Please submit a separate	form with complete information.		

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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		



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# **Notification of Contract Approval**

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A Public Document

<u> </u>		
1. FILING INFORMATION		
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)	
	.0	
Original	03.	
AMENDMENT DESCRIPTION – Explain reason for amendment		
	<b>1</b>	
	X	
	YA COMPANY	

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
Gregory Wong		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
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550 16th Street, 7th Floor, San Francisco, CA 94143	

55	0 16th Street, 7th Floor, San Francisco, C	A 94143		
	-0		1	
6. C	ONTRACT			
DATI	ECONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S	ORIGINAL BID,	/RFP NUMBER	FILE NUMBER (If applicable) 230677
DESC	RIPTION OF AMOUNT OF CONTRACT			
\$7	7,801			
NAT	JRE OF THE CONTRACT (Please describe)	<b>9</b> _		
	am Lily, Fiscal Intermediary. Clinical Cha tients.		le syphilis	
7. C	DMMENTS			
l.				
	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 ELECTI	VE OFFICER(S) I	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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46	Harkins	David	Board of Directors
47			To
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.		

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



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1. FILING INFORMATION	4		
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)		
	40		
Original	0,5		
AMENDMENT DESCRIPTION – Explain reason for amendment			
	Y _X		

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	
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FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
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University of California, San Francisco	(415) 476-5190
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550 16th Street, 7th Floor, San Francisco, CA 94143	

550	O 16th Street, 7th Floor, San Francisc	co, CA	94143		
-					
6. CC	NTRACT				
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFF	ICER(S)	ORIGINAL BID/	RFP NUMBER	<b>FILE NUMBER (If applicable)</b> 230677
DESC	RIPTION OF AMOUNT OF CONTRACT		l		L
\$5	70,610	<b>9</b> ,,.			
NATU	JRE OF THE CONTRACT (Please describe)				
Co	nduct a new comprehensive client asses	sment	and produce	a modified	d Treatment Plan.
	DMMENTS			A CAL	
	NTRACT APPROVAL				
inis	contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FOR	RM			
	THE CITY ELECTIVE OFFICER(3) IDENTIFIED ON THIS FOR	VIVI			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SEI	RVES			
	Board of Supervisors				
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOI	NTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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2	Hammarskjold	Philip	Board of Directors
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22	Morris	Diane	Board of Directors
23	Newstat	Joyce	Board of Directors
24	Sanghvi	Ruchi	Board of Directors
25	Scangos	George	Board of Directors
26	Shorenstein	Lydia	Board of Directors
27	Soghikian	Shahan	Board of Directors
28	Bakar	Barbara	Board of Directors
29	Davidow	William	Board of Directors
30	Fisher	william	Board of Directors
31	Gandhi	Sameer	Board of Directors
32	Kawaja	Carl	Board of Directors
33	Marcus	George	Board of Directors
34	Policy	Carmen	Board of Directors
35	Rosenberg	Richard	Board of Directors
36	Safer	Jaclyn	Board of Directors
37	Benioff	Lynne	Board of Directors
38	Byers	Brook	Board of Directors

COIIL	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
39	Fisher	Doris	Board of Directors		
40	Oberndorf	William	Board of Directors		
41	weill	Joan	Board of Directors		
42	Wilsey	Diane	Board of Directors		
43	Newman	Ellen	Board of Directors		
44	Hawgood	Sam	Board of Directors		
45	Hickey	Erin	Board of Directors		
46	Harkins	David	Board of Directors		
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	Check this box if you need to include add Select "Supplemental" for filing type.	itional names. Please submit a separate	form with complete information.		

	Select Supplemental for filling type.				
10.	VERIFICATION				
I ha	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my				
kno	wledge the information I have provided here is true and con	nplete.			
I cei	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
SIGN	IGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED				
CLEF	LERK				
	BOS Clerk of the Board				



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 #: 230677

1

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

1. FILING INFORMATION				
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)			
	40			
Original	0,5			
AMENDMENT DESCRIPTION – Explain reason for amendment				
	100			
	Y _X			
	Y _A			

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
Gregory Wong		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
University of California, San Francisco	(415) 476-5190		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
550 16th Street, 7th Floor, San Francisco, CA 94143			
	·		

55	0 16th Street, 7th Floor, San Francisco, CA	94143			
6. C	DNTRACT				
DATI	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER			
			230677		
DESC	RIPTION OF AMOUNT OF CONTRACT				
\$1	83,977				
NAT	JRE OF THE CONTRACT (Please describe)				
те	chnical Assistance: HIV Global Health.	9			
		Chowas Ar			
		<i>'</i> 0',			
		C)			
		Y	A.		
7. COMMENTS					
/. C	DIVINIENTS				
8 C	ONTRACT APPROVAL				
	contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
Ш					
	A BOARD ON WHICH THE CITY ELECTIVE OFFICED(S) SERVICE				
	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) I	DENTIFIED ON THIS FORM SITS		

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Hawgood	Sam	Other Principal Officer
2	Hammarskjold	Philip	Board of Directors
3	Emery	Dana	Board of Directors
4	Ballard	Andrew	Board of Directors
5	Bhusri	Allison	Board of Directors
6	Bloch	Susan	Board of Directors
7	Briger	Pete	Board of Directors
8	Carter	Todd	Board of Directors
9	Chen	Connie	Board of Directors
10	Cohen	Fred	Board of Directors
11	Coulter	Phyllis	Board of Directors
12	Deb	Dipanjan	Board of Directors
13	DiMarco	Stephanie	Board of Directors
14	Friedman	Catherine	Board of Directors
15	на11	Kathryn	Board of Directors
16	Нао	Kenneth	Board of Directors
17	Hartz	Julia	Board of Directors
18	Kimball	Richard	Board of Directors
19	Makan	Divesh	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Malka	Meyer	Board of Directors
21	McKinnon	Ian	Board of Directors
22	Morris	Diane	Board of Directors
23	Newstart	Joyce	Board of Directors
24	Sanghvi	Ruchi	Board of Directors
25	Scangos	George	Board of Directors
26	Shorenstein	Lydia	Board of Directors
27	Soghikian	Shahan	Board of Directors
28	Bakar	Barbara	Board of Directors
29	Davidow	william	Board of Directors
30	Fisher	william	Board of Directors
31	Gandhi	Sameer	Board of Directors
32	Kawaja	Carl	Board of Directors
33	Marcus	George	Board of Directors
34	Policy	Carmen	Board of Directors
35	Rosenberg	Richard	Board of Directors
36	Safier	Jaclyn	Board of Directors
37	Benioff	Lynne	Board of Directors
38	Byers	Brook	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
39	Fisher	Doris	Board of Directors
40	Oberndorf	william	Board of Directors
41	weill	Joan	Board of Directors
42	Wilsey	Diane	Board of Directors
43	Newman	Ellen	Board of Directors
44	Hawgood	Sam	Board of Directors
45	Hickey	Erin	Board of Directors
46	Harkins	David	Board of Directors
47			To
48			
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50			
	Check this box if you need to include add Select "Supplemental" for filing type.	litional names. Please submit a separate	form with complete information.

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 con	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		
BOS Clerk of the Board		



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 #: 230677

Bid/RFP #:

1

# **Notification of Contract Approval**

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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
Gregory N	Wong	415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Youth Leadership Institute		(628) 40	0-9252
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
201 9th Street Suite 200, San Francisco 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
R. C.			230677
DESCRIPTION OF AMOUNT OF CONTRACT			
\$411,921			
NATURE OF THE CONTRACT (Please describe)			
Provide MH/SUD program services.	9		
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		Q	<b>A</b>
			0
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
THE CITE ELECTIVE OFFICER(S) IDENTIFIED ON THIS PORIVI			
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

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Barahona	Patricia	Other Principal Officer		
2	Belden	Kristin	Board of Directors		
3	Rowe	Joshua	Board of Directors		
4	Goulding	Matthew	Board of Directors		
5	Harmon	Laura	Board of Directors		
6	Ketchum	Kaitlin	Board of Directors		
7	Kurtz	Cameron	Board of Directors		
8	Leitsch	Bill	Board of Directors		
9	Gonzalez	Phillip	Board of Directors		
10	Perez	Richard	Board of Directors		
11	Pletcher	Anna	Board of Directors		
12	Robinson	Ivoree	Board of Directors		
13	Romero	Elizabeth	Board of Directors		
14	Torres	Luke	Board of Directors		
15	Wiley	James	Board of Directors		
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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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	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.				
SIGI	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED			

BOS Clerk of the Board

**CLERK** 



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 #: 230677

1

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
	30
	$Q_{\lambda}$

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	
Gregory Wong		415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

NATURE OF THE CONTRACT (Please describe)

Provide MH/SUD program services.

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Youth Leadership Institute	(628) 400-9252
STREET ADDRESS (including City, State and Zip Code)	EMAIL
209 9th Street Suite 200, San Francisco 94103	
6. CONTRACT	
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) ORIGINAL BID	D/RFP NUMBER   FILE NUMBER (If applicable)
₹ <mark>\</mark>	230677
DESCRIPTION OF AMOUNT OF CONTRACT	
\$60,049	

	O. P.
7. C	COMMENTS
7.0	
8. C	CONTRACT APPROVAL
	s 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

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Barahona	Patricia	Other Principal Officer			
2	Belden	Kristin	Board of Directors			
3	Rowe	Joshua	Board of Directors			
4	Goulding	Matthew	Board of Directors			
5	Harmon	Laura	Board of Directors			
6	Ketchum	Kaitlin	Board of Directors			
7	Kurtz	Cameron	Board of Directors			
8	Leitsch	Bill	Board of Directors			
9	Gonzalez	Phillip	Board of Directors			
10	Perez	Richard	Board of Directors			
11	Pletcher	Anna	Board of Directors			
12	Robinson	Ivoree	Board of Directors			
13	Romero	Elizabeth	Board of Directors			
14	Torres	Luke	Board of Directors			
15	Wiley	James	Board of Directors			
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COIIC	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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. **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 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 BOS Clerk of the Board



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 #: 230677

1

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

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
	100
	Y _X
	Y _A

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	
Gregory Wong		415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	Department of Public Health	greg.wong@sfdph.org	

```			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
YMCA Urban Services		(415) 561-0631	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1426 Fillmore Street, Suite 204, San Francisco	94115		
		1	
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			230677
DESCRIPTION OF AMOUNT OF CONTRACT	l		
\$371,846			
NATURE OF THE CONTRACT (Please describe))_		
provide MH/SUD program services.	9		
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		AX.	
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		A SOLL	Co
7. COMMENTS			
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			
50010 01 Super v 15015			
THE BOARD OF A STATE ACENICY ON WHICH AN APPOINTER OF	THE CITY OF COTT	/E OEFICEDIC) !!	DENTILIED ON THIS FORM SITE
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	INE CITY ELECTIV	/E OFFICEK(S) II	DEMILLED ON THIS LOKIN 2112

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Bruning-Miles	Jamie	Other Principal Officer			
2	Becerril	Alicia	Board of Directors			
3	Price	Amy	Board of Directors			
4	Chang	Annabel	Board of Directors			
5	Welborn	Caryl	Board of Directors			
6	Patz	Christopher	Board of Directors			
7	кеlly	David	Board of Directors			
8	Prosnitz	Eric	Board of Directors			
9	Teague	Gary	Board of Directors			
10	Gregory-Burns	Ginna	Board of Directors			
11	Farrell	Glenn	Board of Directors			
12	Evans	Gregory	Board of Directors			
13	Gridley	Jennifer	Board of Directors			
14	welland	Jeremy	Board of Directors			
15	Baker	John	Board of Directors			
16	Willingham	John	Board of Directors			
17	Eberly	Jon	Board of Directors			
18	Estrada	Josue	Board of Directors			
19	Pisano	Marianna	Board of Directors			

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
20	в1еу	Mark	Board of Directors		
21	Robinson	Mike	Board of Directors		
22	Richardson	Mollie	Board of Directors		
23	Susko	Peter	Board of Directors		
24	Chisholm	Richard	Board of Directors		
25	Robins	Richard	Board of Directors		
26	Li	Samuel	Board of Directors		
27	Tsai	Shelby	Board of Directors		
28	Hankiins	Stephen	Board of Directors		
29	Rogers	Stephen	Board of Directors		
30	Lee	Theodora	Board of Directors		
31	Kearney	Thomas	Board of Directors		
32	Srinivasan	Andre	Board of Directors		
33	Wheeler	Brian	Board of Directors		
34	Lau	Jason	Board of Directors		
35	Shlaes	Emma	Board of Directors		
36	Lee	Janet	Board of Directors		
37	Guevara	Joseph	Board of Directors		
38	Shea	Keith	Board of Directors		
_					

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39	Walker	La Shon	Board of Directors
40	Pham	Young	Board of Directors
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	Check this box if you need to include add Select "Supplemental" for filing type.	litional names. Please submit a separate	form with complete information.

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.		
r certify under penalty of perjury under the laws of the state of	r Camornia that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



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

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File #: 230677

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	
	10
	X.

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
GREGORY WONG		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	greg.wong@sfdph.org

<u> </u>			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
YMCA Urban Services		(415) 561-0631	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1426 Fillmore Street, Suite 204, San Francisco	94115		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			230677
DESCRIPTION OF AMOUNT OF CONTRACT			
\$68,049			
NATURE OF THE CONTRACT (Please describe)			
provide MH/SUD program services.	9		
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		3	
provide MH/SUD program services.			
			<u>O</u>
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A DOADD ON WHICH THE CITY ELECTRIC COTTON OF THE			
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

7 Prosnitz Eric Board of Directors 8 Teague Gary Board of Directors 9 Gregory-Burns Gina Board of Directors 10 Farrell Glenn Board of Directors 11 Evans Gregory Board of Directors 12 Gridley Jennifer Board of Directors 13 Welland Jeremy Board of Directors 14 Baker John Board of Directors 15 Willingham John Board of Directors	contract.				
2 Price Amy Board of Directors 3 Chang Annabel Board of Directors 4 Welborn Caryl Board of Directors 5 Patz Christopher Board of Directors 6 Kelly David Board of Directors 7 Prosnitz Eric Board of Directors 8 Teague Gary Board of Directors 9 Gregory-Burns Gina Board of Directors 10 Farrell Glenn Board of Directors 11 Evans Gregory Board of Directors 12 Gridley Jennifer Board of Directors 13 Welland Jeremy Board of Directors 14 Baker John Board of Directors 15 Willingham John Board of Directors 16 Eberly Jon Board of Directors 17 Estrada Josue Board of Directors	#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
Annabel Board of Directors Welborn Caryl Board of Directors Patz Christopher Board of Directors Kelly David Board of Directors Frosnitz Eric Board of Directors Teague Gary Board of Directors Gregory-Burns Gina Board of Directors Gregory Board of Directors Welland Jeremy Board of Directors Melland Jeremy Board of Directors Welland John Board of Directors Swillingham John Board of Directors Eberly Jon Board of Directors Estrada Josue Board of Directors	1	Becerril	Alicia	Board of Directors	
4 Welborn Caryl Board of Directors 5 Patz Christopher Board of Directors 6 Kelly David Board of Directors 7 Prosnitz Eric Board of Directors 8 Teague Gary Board of Directors 9 Gregory-Burns Gina Board of Directors 10 Farrell Glenn Board of Directors 11 Evans Gregory Board of Directors 12 Gridley Jennifer Board of Directors 13 Welland Jeremy Board of Directors 14 Baker John Board of Directors 15 Willingham John Board of Directors 16 Eberly Jon Board of Directors 17 Estrada Josue Board of Directors	2	Price	Amy	Board of Directors	
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17 Estrada Josue Board of Directors	15	willingham	John	Board of Directors	
	16	Eberly	Jon	Board of Directors	
18 Pisano Marianna Board of Directors	17	Estrada	Josue	Board of Directors	
	18	Pisano	Marianna	Board of Directors	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Robinson	Mike	Board of Directors
21	Richardson	Mollie	Board of Directors
22	Susko	Peter	Board of Directors
23	Chisholm	Richard	Board of Directors
24	Robins	Richard	Board of Directors
25	Li	Samuel	Board of Directors
26	Tsai	Shelby	Board of Directors
27	Hankins	Stephen	Board of Directors
28	Rogers	Stephen	Board of Directors
29	Lee	Theodora	Board of Directors
30	Kearney	Thomas	Board of Directors
31	Srinivasan	Andre	Board of Directors
32	Wheeler	Brian	Board of Directors
33	Lau	Jason	Board of Directors
34	Shiaes	Emma	Board of Directors
35	Lee	Janet	Board of Directors
36	Guevara	Joseph	Board of Directors
37	Shea	Keith	Board of Directors
38	Walker	La Shon	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39	Pham	Young	Board of Directors
40	Bruning-Miles	Jamie A	Other Principal Officer
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	Check this box if you need to include add Select "Supplemental" for filing type.	itional names. Please submit a separate	form with complete information.

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		

Office of the Mayor san Francisco



LONDON N. BREED MAYOR

TO: Angela Calvillo, Clerk of the Board of Supervisors FROM: Tom Paulino, Liaison to the Board of Supervisors

RE: Accept and Expend Grants - Recurring State Grant Funds - Department of Public

Health - FY2023-2024

DATE: June 1, 2023

Resolution authorizing the acceptance and expenditure of State grant funds by the San Francisco Department of Public Health for Fiscal Year (FY) 2023-2024.

Should you have any questions, please contact Tom Paulino at 415-554-6153.