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San Francisco Ethics Commission
25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
Phone: 415.252.3100 . Fax: 415.252.3112
ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 240369

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*)
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Arata Goto	415-701-5500
FULL DEPARTMENT NAME	**DEPARTMENT CONTACT EMAIL**
MYR Mayor's Office of Housing and Comm Dev	CommdevRFP@sfgov.org

DocuSign Envelope ID: 89F3B8E9-4243-4190-A666-6B0F5537C127

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5. CONTRACTOR	
NAME OF CONTRACTOR Catholic Charities CYO of the Archdiocese of San Franc	**TELEPHONE NUMBER** (415) 972-1200
STREET ADDRESS (including City, State and Zip Code) 990 Eddy St, San Francisco, CA 94109	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 240369
DESCRIPTION OF AMOUNT OF CONTRACT $1,075,655		
NATURE OF THE CONTRACT *(Please describe)* $762,114 - HOPWA funds for Residential care facility for persons with HIV/AIDS (Project ID:203991-23) $313,541 - HOPWA funds for Housing stability services for long-term rental subsidy households (Project ID:203992-23)		

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) IDENTIFIED ON THIS FORM SITS**

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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
1	Hammerle	Ellen	CEO
2	Bowen	Thomas	Other Principal Officer
3	Ewers	Cheryl	CFO
4	Cordileone	Salvatore	Board of Directors
5	Boerio	Joe	Board of Directors
6	Borromeo	Ted	Board of Directors
7	Grogan	Kathleen	Board of Directors
8	Bojorquez	Diana	Board of Directors
9	Clark	Philip	Board of Directors
10	Dahik	Adriana	Board of Directors
11	O'Brien Frimel	Susie	Board of Directors
12	Ghilotti	Michael	Board of Directors
13	Gonzalez	Eleanor	Board of Directors
14	Leupp	Jay Paul	Board of Directors
15	Ikeda	Lisa	Board of Directors
16	Mirek	Lori	Board of Directors
17	Nascimento	Daniel	Board of Directors
18	Pohlman	Jack	Board of Directors
19	Reyes	Raymund	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Cullinane	Lisa	Board of Directors
21	Sangiacomo	Jim	Board of Directors
22	Smith	Barbara	Board of Directors
23	woody	Patrick	Board of Directors
24	Kearney	Philip	Board of Directors
25	Landis	Scott	Board of Directors
26	Cuadro	Nicole	Board of Directors
27	Kostelni	Hugo	Board of Directors
28	Saia	John	Board of Directors
29	Whelan	Christine	Board of Directors
30	Aquino	Marc	Board of Directors
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☐	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION	
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	**DATE SIGNED**

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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
Arata Goto	415-701-5500
FULL DEPARTMENT NAME	**DEPARTMENT CONTACT EMAIL**
MYR Mayor's Office of Housing and Comm Dev	commdevRFP@sfgov.org

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Incomplete - Pending Signature

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 240369
DESCRIPTION OF AMOUNT OF CONTRACT $399,481		
NATURE OF THE CONTRACT *(Please describe)* $399,481 - HOPWA funds for Residential care facility for persons with HIV/AIDS (Project ID:203993-23)		

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) IDENTIFIED ON THIS FORM SITS**

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List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Valdez	Laura	CEO
2	Gonzalez Ruiz	Maribel	CFO
3	Cameron	Anjali	Board of Directors
4	Hernandez	Pedro	Board of Directors
5	Lin	Kani	Board of Directors
6	Tanaka	Chelsey	Board of Directors
7	Winn	Michael	Board of Directors
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#	**LAST NAME/ENTITY/SUBCONTRACTOR**	**FIRST NAME**	**TYPE**
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☐	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. **I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board	**DATE SIGNED**

DocuSign Envelope ID: 26A37366-8FA7-4CAC-89A3-C7D42D24B813

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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
Arata Goto	415-701-5500
FULL DEPARTMENT NAME	**DEPARTMENT CONTACT EMAIL**
MYR Mayor's Office of Housing and Comm Dev	commdevRFP@sfgov.org

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Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Larkin Street Youth Services	**TELEPHONE NUMBER** 415-673-0911
STREET ADDRESS (including City, State and Zip Code) 134 Golden Gate Ave, San Francisco, CA 94102	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 240369
DESCRIPTION OF AMOUNT OF CONTRACT $197,044		
NATURE OF THE CONTRACT *(Please describe)* $197,044 - HOPWA funds for Residential care facility for persons with HIV/AIDS (Project ID:203994-23)		

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) IDENTIFIED ON THIS FORM SITS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Roos	Eric	Board of Directors
2	Elias	Marcie	Board of Directors
3	Shapiro	Sally	Board of Directors
4	Valentine	D.	Board of Directors
5	Cameron	Cecily	Board of Directors
6	Foo	Catherine	Board of Directors
7	Grossman	Blake	Board of Directors
8	Obaro	Bambo	Board of Directors
9	Adams	Sherilyn	CEO
10	Thomas	Candice	Other Principal Officer
11	Roberts	Gayle	Other Principal Officer
12	Lund	Ilsa	Other Principal Officer
13	VanAlstyne	Bryn	COO
14	Middlebrooks	Al	CFO
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☐	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. **I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board	**DATE SIGNED**

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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
Arata Goto	415-701-5500
FULL DEPARTMENT NAME	**DEPARTMENT CONTACT EMAIL**
MYR Mayor's Office of Housing and Comm Dev	CommdevRFP@sfgov.org

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Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Maitri Compassionate Care	**TELEPHONE NUMBER** (415) 558-3000
STREET ADDRESS (including City, State and Zip Code) 401 Duboce Ave, San Francisco, CA 94117	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 240369
DESCRIPTION OF AMOUNT OF CONTRACT $492,167		
NATURE OF THE CONTRACT *(Please describe)* $492,167 - HOPWA funds for Residential care facility for persons with HIV/AIDS (Project ID:203995-23)		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
☐	**THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM**
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Armentrout	Michael	CEO
2	Wong	Jane	Board of Directors
3	Miller	Austin	Board of Directors
4	Cummings	Gregg	Board of Directors
5	Hilbert	Gary	Board of Directors
6	King	Jim	Board of Directors
7	Lapointe	Ray	Board of Directors
8	Casados	Johannes	Board of Directors
9	Cummings	Donna	Board of Directors
10	Dilawri	Namita	Board of Directors
11	Fraas	Erika	Board of Directors
12	Ling	Alvin	Board of Directors
13	Ludlow	David	Board of Directors
14	Morgenstern	Amy	Board of Directors
15	Rana	Sameera	Board of Directors
16	Schoenefeld	Ryan	Board of Directors
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board	**DATE SIGNED**

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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

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FULL DEPARTMENT NAME	**DEPARTMENT CONTACT EMAIL**
MYR Mayor's Office of Housing and Comm Dev	commdevRFP@sfgov.org

DocuSign Envelope ID: 2BBBE9F4-67C9-44EB-8038-62DA96E7E181

Incomplete - Pending signature

5. CONTRACTOR	
NAME OF CONTRACTOR PRC	**TELEPHONE NUMBER** 415-777-0333
STREET ADDRESS (including City, State and Zip Code) 170 9th Street, San Francisco, CA 94103	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 240369
DESCRIPTION OF AMOUNT OF CONTRACT $4,565,000		
NATURE OF THE CONTRACT *(Please describe)* $1,565,000 - HOPWA funds for Residential care facility for persons with HIV/AIDS (Project ID:203997-23) $3,000,000 - HOPWA funds for Leland House Rehabilitation (Project ID:207926-23)		

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) IDENTIFIED ON THIS FORM SITS**

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Incomplete - pending signature

9. AFFILIATES AND SUBCONTRACTORS			
List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.			
#	**LAST NAME/ENTITY/SUBCONTRACTOR**	**FIRST NAME**	**TYPE**
1	Teng	Chuan	CEO
2	Gannon	Marc	COO
3	Levenson	Leo	CFO
4	Mazie	Beth	Other Principal Officer
5	Schneider	Brian	Board of Directors
6	Wiley	Nichole	Board of Directors
7	Smith	Darren	Board of Directors
8	Frieman	Josh	Board of Directors
9	GOnzalez	Nelson	Board of Directors
10	Hartke	Colin	Board of Directors
11	Ishida	Ryo	Board of Directors
12	Kyle	Michael	Board of Directors
13	Michaels	Jacques	Board of Directors
14	Niczyporuk	Michael	Board of Directors
15	Papillo	Zack	Board of Directors
16	Prevost	Tamarah	Board of Directors
17	Schroeder	Tim	Board of Directors
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#	**LAST NAME/ENTITY/SUBCONTRACTOR**	**FIRST NAME**	**TYPE**
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☐	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. **I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board	**DATE SIGNED**

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San Francisco Ethics Commission
25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
Phone: 415.252.3100 . Fax: 415.252.3112
ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 240369

Bid/RFP #:

Notification of Contract Approval

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

Each City elective officer who approves a contract that has a total anticipated or actual value of $100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: https://sfethics.org/compliance/city-officers/contract-approval-city-officers

1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (*for amendment only*)
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Arata Goto	415-701-5500
FULL DEPARTMENT NAME	**DEPARTMENT CONTACT EMAIL**
MYR Mayor's Office of Housing and Comm Dev	commdevRFP@sfgov.org

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Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Rafiki Coalition for Health and Wellness	**TELEPHONE NUMBER** (415) 615-9945
STREET ADDRESS (including City, State and Zip Code) 601 Cesar Chavez St, San Francisco, CA 94124	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 240369
DESCRIPTION OF AMOUNT OF CONTRACT $150,000		
NATURE OF THE CONTRACT *(Please describe)* $150,000 - HOPWA funds for Transitional housing facility for persons with HIV/AIDS (Project ID:203998-23)		

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) IDENTIFIED ON THIS FORM SITS**

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1	Williams	Shanell	CEO
2	Seng	Tina	CFO
3	Aikins	Andre	Other Principal Officer
4	Gaines	Mark	Board of Directors
5	Random-Scott	Carolyn	Board of Directors
6	Williams	Lisa	Board of Directors
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board	**DATE SIGNED**