Docusign Envelope ID: 756A52AF-811D-4192-8477-8FB69EBE09A2

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: 07-23-2024 | 16:50:31 PDT

File #: 240618

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

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

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

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT Gregory Wong	**DEPARTMENT CONTACT TELEPHONE NUMBER** 628-217-7608
FULL DEPARTMENT NAME DPH Department of Public Health	**DEPARTMENT CONTACT EMAIL** greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Project Open Hand	**TELEPHONE NUMBER** (415) 447-2300
STREET ADDRESS (including City, State and Zip Code) 730 Polk St, SF, CA 94109	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 7/16/2024	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 240618
DESCRIPTION OF AMOUNT OF CONTRACT $1,347,885		
NATURE OF THE CONTRACT *(Please describe)* To improve the nutritional health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments and other food and nutrition services.		

7. COMMENTS

Description of Amount in State Grants Subcontractor attachment in File.

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	Hepfer	Paul	Other Principal Officer
2	Christiansen	Karl	Board of Directors
3	Anderson	Arielle	Board of Directors
4	Holt	Susanna	Board of Directors
5	Chang	Andrew	Board of Directors
6	Chandra	Vishwa	Board of Directors
7	Henry	Mike	Board of Directors
8	Wakankar	Adi	Board of Directors
9	Maring	Preston	Board of Directors
10	Wilkinson	Andrea	Board of Directors
11	Chang	Theresa	Board of Directors
12	Long	Richard	Board of Directors
13	Wei	Jason	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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	DATE SIGNED
DocuSigned by: 988C8F42C3084B5... Angela Calvillo	07-23-2024 | 16:50:31 PDT