Docusign Envelope ID: 788CA27A-4B1F-4ACA-A272-AFC0572A4941

Incomplete - Pending Signature

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 #: 250984

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
Rachan Anderson	415-554-9850
FULL DEPARTMENT NAME	**DEPARTMENT CONTACT EMAIL**
ADM RED on behalf of SFDPH	realestateadmin@sfgov.org

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5. CONTRACTOR	
NAME OF CONTRACTOR Chinese Hospital Association	**TELEPHONE NUMBER** 415-677-2496
STREET ADDRESS (including City, State and Zip Code) 845 Jackson Street, San Francisco, CA 94133	**EMAIL** michaelc@chasf.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 250984
DESCRIPTION OF AMOUNT OF CONTRACT $3,380,292.20		
NATURE OF THE CONTRACT *(Please describe)* Base rent, Building's Common Area Maintenance, Utilities, Wireless Access Points, Reimbursement for tenant improvements, lease for clinic at address for SF Department of Public Health. 3-year lease with one 1-year extension.		

7. COMMENTS
Description of Amount reflects entirety of lease term as defined in Lease Cost Total 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	zhang	jian	CEO
2	chung	michael	CFO
3	Leung	Clifton	Board of Directors
4	Louie	Harvey	Other Principal Officer
5	Ng	Thomas	Board of Directors
6	Yee	Lawrence	Board of Directors
7	Tam	Yick	Board of Directors
8	Tsukerman	Misha	Board of Directors
9	Tang	Sherman	Board of Directors
10	Chow	Charles	Board of Directors
11	Eng	Roger	Other Principal Officer
12	Luu	Donald	Board of Directors
13	Yuen	Thomas	Board of Directors
14	Lee	Ding	Board of Directors
15	Wong	Lawrence	Board of Directors
16	Sit	Jack	Board of Directors
17	Luk	Terry	Board of Directors
18	Chen	Di an	Board of Directors
19			

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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 BOS Clerk of the Board	**DATE SIGNED**