

**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
(S.F. Campaign and Governmental Conduct Code § 1.126)

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s): Mayor Edwin M. Lee Members, San Francisco Board of Supervisors	City elective office(s) held: Mayor, City and County of San Francisco Members, San Francisco Board of Supervisors
<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: <b>Regents of the University of California/ CITYWIDE: program of SFGH/ Department of Psychology</b>	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
1) Board: Regents of the University of California 2) Chief Executive Officer: Jim Dilley, MD; Chief Financial Officer & Chief Operating Officer: Margaret Paternek 3) N/A 4) N/A 5) N/A	
Contractor address: 982 Mission Street, San Francisco, CA 94103	
Date that contract was approved:	Amount of contract: \$630,343 per year and \$1,891,029 total DPH and DOR funds combined for 3 years.
Describe the nature of the contract that was approved: Collaborative agreement with the Department of Rehabilitation, The San Francisco Department of Public Health (DPH) provides a cash match with the California Department of Rehabilitation (DOR) to provide vocational rehabilitation training, employment preparation and employment placement services for adults with severe mental illness.	
Comments:	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)

a board on which the City elective officer(s) serves San Francisco Board of Supervisors

Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

<b>Filer Information</b> <i>(Please print clearly.)</i>	
Name of filer:	Contact telephone number:
Address:	E-mail:

\_\_\_\_\_  
Signature of City Elective Officer (if submitted by City elective officer)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

\_\_\_\_\_  
Date Signed