File	No.	

## FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

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

City Elective Officer Information (Please print clearly.)	· · · · · · · · · · · · · · · · · · ·			
Name of City elective officer(s):	City elective office(s) held:			
Mayor Edwin M. Lee;	Mayor, City and County of San Francisco;			
Members, SF Board of Supervisors	Members, SF Board of Supervisors			
Contractor Information (Please print clearly.)				
Name of contractor: Richmond Area Multi-Services, Inc. (RAMS)				
Please list the names of (1) members of the contractor's board of dir financial officer and chief operating officer; (3) any person who has any subcontractor listed in the bid or contract; and (5) any political additional pages as necessary.	an ownership of 20 percent or more in the contractor; (4)			
(1) Alvin N. Alvarez, Ph.D., Anoshua Chaudhuri, Ph.D, Anast Roland Duhn, M.D, Ed Obuchowski, Judge Lillian K. Sing, M Kitty Wu, PhD (2) Kavoos Bassiri – CEO, Ken Choi – CFO (2)	SW, JD, Pueng Vongs, William Wong, M.D, C.			
Contractor address: 3626 Balboa St., San Francisco, CA 94121				
Date that contract was approved:	Amount of contract: \$1,021,118 per year and \$3,063,354 total DPH and DOR funds combined for 3 years.			
Describe the nature of the contract that was approved: The San Francisco Department of Public Health (DPH) provid Rehabilitation (DOR) to provide vocational rehabilitation train 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, Ed	win M. Lee)			
X a board on which the City elective officer(s) servesSan Fra				
Print Name of Board				
☐ the board of a state agency (Health Authority, Housing Autho	rity Commission, Industrial Development Authority			
Board, Parking Authority, Redevelopment Agency Commission				
Development Authority) on which an appointee of the City elec-	etive officer(s) identified on this form sits			
Print Name of Board				
Filer Information (Please print clearly.)				
Name of filer:	Contact telephone number:			
	r			
Address:	E-mail:			
Signature of City Elective Officer (if submitted by City elective office	er) Date Signed			
Signature of Board Secretary or Clerk (if submitted by Board Secretary	ry or Clerk) Date Signed			