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:			
Members, SF Board of Supervisors	Members, SF Board of Supervisors			
·				
Contractor Information (Please print clearly.)				
Name of contractor: Asian Week Foundation				
Please list the names of (1) members of the contractor's board of dire financial officer and chief operating officer; (3) any person who has a any subcontractor listed in the bid or contract; and (5) any political of additional pages as necessary.  (1) See attached BOD Affiliation List (2) Ted Fang, Executive Director; Jesus Coronel, Accountant; Co. (3) & (5): n/a (4) API Wellness Center, North East Medical Services, UCSF Sof San Francisco	can ownership of 20 percent or more in the contractor; (4) committee sponsored or controlled by the contractor. Use Carrolyn Kubota, Operations Director student Collaborative, Chinese Hospital and City College			
Contractor address: 564 Market Street, Suite 320, San Francisco, CA	94105			
Date that contract was approved:	Amount of contract: \$183,954.00			
Describe the nature of the contract that was approved: Asian Week F Hep B Free campaign (SFHBF) and is an independent 501(c)3 nonproved at assisting the SFHBF Executive Director with foreign-born clie ways to access specific communities in appropriate languages and wire Foundation has also agreed to disperse funds to organizations perform sites will be in the form of subcontracts to API Wellness Center, North Chinese Hospital, City College of San Francisco, and SFHBF general Community.	ofit organization. Asian Week Foundation plays a pivotal ent recruitment for testing - using creative and innovative th culturally competent messages. Asian Week ning the actual hepatitis tests. The allocations to testing the East Medical Services, UCSF Student Collaborative,			
Comments:				
This contract was approved by (check applicable):  ☐ the City elective officer(s) identified on this form (Mayor, Edv  X a board on which the City elective officer(s) servesSan Fr  Prin  ☐ the board of a state agency (Health Authority, Housing Authority, Parking Authority, Redevelopment Agency Commission	ancisco Board of Supervisors nt Name of Board rity Commission, Industrial Development Authority			
Development Authority) on which an appointee of the City elec	* *			
Print Name of Board				
Filer Information (Please print clearly.)				
Name of filer: Clerk of the SF Board of Supervisors	Contact telephone number: (415) 554-5184			
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Place	E-mail: Bos.Legislation@sfgov.org			
Signature of City Elective Officer (if submitted by City elective office	r) Date Signed			
Signature of Board Secretary or Clerk (if submitted by Board Secretary	y or Clerk) Date Signed			