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: Public Health Foundation Enterprises, Inc.		
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. (1) See attached Board Roster 201213 List (2) Nancy C. Kindelan, Chief Executive Officer; Margarita Buitrago, Interim Chief Financial Officer (3) n/a (4) n/a (5) n/a		
Contractor address: 12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746		
Date that contract was approved:	Amount of contract: \$44,750.00	
Describe the nature of the contract that was approved: PHFE will serve as the fiscal intermediary for staff members who will support the goals and objectives of the Hepatitis B Early Identification and Linkage to Care project. Program activities include data analysis, creating reports for all who test positive, assisting with linkage to care activities from free community sites as needed, and compiling, cleaning, formatting, and submitting all data to CDC on a regular basis.		
Comments:		
This contract was approved by (check applicable):		
□ the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)		
X 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		
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	E-mail:	
1 Dr. Carlton B. Goodlett Place	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 Secretar	y or Clerk) Date Signed	