File No. <u>131212</u>

## FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

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

City Elective Officer Information (Please print clearly.)

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Name of City elective officer(s):	City elective office(s) held:
Members, SF Board of Supervisors	Members, SF Board of Supervisors
<u> </u>	
Contractor Information (Please print clearly.)	
Name of contractor:	
Seneca Family of Agencies	
Please list the names of (1) members of the contractor's board of diffinancial 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.	s an ownership of 20 percent or more in the contractor; (4)
(1) Neil Gilbert, Chair; Ken Berrick, President Crosby Allison Kahn, Treasurer Chris Ciauri, Member, Jeff Davi, Member GRoss, Member Greg Terk, Member, Harald Herrman, Member none, Seneca is a non-profit and has no private ownership; (4)	eoff LePlastrier, Member Steve Riter, Member Alan er; (2) Ken Berrick, CEO; Katherine West, COO; (3)
Contractor address: 2513 24th St., San Francisco, CA 94110	
Date that contract was approved:	Amount of contract: \$174,825.00
Describe the nature of the contract that was approved: This program will be based within the SF AIIM Higher Unit at the Scollaboration among SFJPD, CYF and the Seneca Family of Agenc AIIM Higher Services through a competitive RFP for California Me expand services to meet needs of juveniles with substance use disorder.	ies. In 2010, Seneca was awarded a contract to deliver SF ental Health Services Act Funding. This funding will
Comments:	
This contract was approved by (check applicable):	
the City elective officer(s) identified on this form (Mayor, E	dwin 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 Auth Board, Parking Authority, Redevelopment Agency Commission Development Authority) on which an appointee of the City elec-	on, Relocation Appeals Board, Treasure Island
Print Name of Board	
Filer Information (Please print clearly.)	
Name of filer: Angela Calvillo, Clerk of the Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Place	E-mail: Board.of.Supervisors@sfgov.org
Signature of City Elective Officer (if submitted by City elective officer	cer) Date Signed
Signature of Board Secretary or Clerk (if submitted by Board Secretary	ary or Clerk) Date Signed