| File No. |
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FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

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

| C'A-El-A'- Off I-fA'- (DI | ar conduct code y 1.120) | |
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| 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 & Pacific Islander Wellness Center | | |
| 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 Attachment 1 (2) Lance Toma, Executive Officer (3) n/a (4) n/a (5) n/a | | |
| Contractor address: 730 Polk Street, 4 th Floor, San Francisco, CA 94109 | | |
| Date that contract was approved: | Amount of contract: \$24,267 | |
| Describe the nature of the contract that was approved: API Wellness Center will work with SFDPH to develop a cooperative partnership to enable health departments to implement, improve, evaluate, and sustain the delivery of effective HIV prevention services to high-risk populations of unknown or negative serostatus, and individuals who are living with HIV/AIDS and their partners. | | |
| 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) servesSan 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 | er) Date Signed | |
| Signature of Board Secretary or Clerk (if submitted by Board Secretary | ry or Clerk) Date Signed | |

Asian & Pacific Islander Wellness Center

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Epidemiology Section

Lance Toma, LCSW, Executive Director