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 Attachment 1 (2) Nancy C. Kindelan, Chief Executive Officer; Margarita Buitrago, Interim Chief Financial Officer (3) n/a (4) Monarch Media (5) n/a		
Contractor address: 12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746		
Date that contract was approved:	Amount of contract: \$559,904	
Describe the nature of the contract that was approved: PHFE will provide fiscal intermediary services to the SFDPH Population Health Division. PHFE pays for staff members and travel that support the goals and objectives of the project. The staff supports all programmatic actives, including but not limited to coordination, administrative support as well as providing TA and training.		
Comments:		
This contract was approved by (check applicable):		
□ the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)		
☐ the City elective officer(s) identified on this form (Mayor, Edwin W. 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:	Contact telephone number:	
Clerk of the SF Board of Supervisors	(415) 554-5184	
Address: City Hall, Room 244	E-mail:	
1 Dr. Carlton B. Goodlett Place	Bos.Legislation@sfgov.org	
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Signature of City Elective Officer (if submitted by City elective office	Date Signed	
Signature of Board Secretary or Clerk (if submitted by Board Secretar	ry or Clerk) Date Signed	

Public Health Foundation Enterprises, Inc.

Board of Directors

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