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:
Mayor Edwin M. Lee;	Mayor, City and County of San Francisco;
Members, SF Board of Supervisors	Members, SF Board of Supervisors
Contractor Information (Please print clearly.)	
Name of contractor: Edgewood Center For Children and Families	
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 cadditional pages as necessary. (1) John bell, Tim Myers, Denise Detorre, Josh Ellis, MegHeinicke, A Stefanie Maragna, Kathy Scially, Brook Shields, Alan Stein, Kimberl Chief Executive Officer; Vincent Forte, Chief Financial Officer (3) N	an ownership of 20 percent or more in the contractor; (4) committee sponsored or controlled by the contractor. Use alexis Kalikman, Janet Lautenberger, Elizabeth Leep, by Summe, Fred Vela, Kelly Wyllie (2)Matt Madaus,
Contractor address: 1801 Vicente Street, San Francisco, CA 94116	(1)= (1)= (1)= (1)= (1)= (1)= (1)= (1)=
Date that contract was approved:	Amount of contract: \$4,302,486 for 4 years
Describe the nature of the contract that was approved: Edgewood Center for Children and Families will staff the Psychiatric assessment, stabilization, and referral services to youths in crisis.	c Crisis Stabilization Center which will provide 24-hour
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) serves <u>San Fracture</u>	ancisco Board of Supervisors
the board of a state agency (Health Authority, Housing Author Board, Parking Authority, Redevelopment Agency Commission Development Authority) on which an appointee of the City elec	rity Commission, Industrial Development Authority , Relocation Appeals Board, Treasure Island
Print Name of Board	
Filer Information (Please print clearly.)	
Name of filer:	Contact telephone number: ()
Address:	E-mail:
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