

**FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL**
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Mayor Edwin M. Lee; Members, SF Board of Supervisors	City elective office(s) held: Mayor, City and County of San Francisco; Members, SF Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: LaFrance Associates, LLC (dba Learning for Action)	
<p><i>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.</i></p> <p>(1) Board of Directors: N/A (entity is an LLC) (2) Contractor's Executive Team: a) Steven LaFrance, MPH, President & Chief Executive Officer; b) Matt Esslinger, Director of Finance; and c) the functions of Chief Operating Officer are a shared responsibility between Steven LaFrance, President & CEO, and Matt Esslinger, Director of Finance. (3) Persons with more than 20 percent ownership: Steven LaFrance. (4) No subcontractors will be used by LaFrance Associates, LLC/dba Learning for Action. (5) No political committee is sponsored or controlled by LaFrance Associates, LLC/dba Learning for Action.</p>	
Contractor address: 170 Capp Street, Suite C, San Francisco, CA 94141-1490	
Date that contract was approved:	Amount of contract: \$150,000
Describe the nature of the contract that was approved: Learning for Action will develop and implement the national and local evaluation of the Substance Abuse and Mental Health Services Administration Bay Area Trauma-Informed System of Care Grant.	
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) 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, Relocation Appeals Board, and Local Workforce Investment Board) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer:	Contact telephone number: ()
Address:	E-mail:

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed