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

(B.I : Campaign and Government	i conduct code § 1.120)
City Elective Officer Information (Please print clearly.)	
Name of City elective officer(s):	City elective office(s):
Members, Board of Supervisors	Members, Board of Supervisors
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Contractor Information (Please print clearly.)	
Name of contractor:	
HealthRIGHT360	
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	1 0 1
any subcontractor listed in the bid or contract; and (5) any political	committee sponsored or controlled by the contractor. Use
additional pages as necessary.	Acons Essalan Lanca
(1) Chair: Hon. Harlan Grossman, Vice Chair: Elaine Howard, Secre Members: John A. Baer, Hon. Eilen Chaltin, Tom Hofstedt, Katl	
Deborah Koski, Ann Ma, Anjani Mandavia, Melyssa Mendoza, Victor, Ortiz, Cindy Perry, Peter Sullivan, Patricia Walsh,	
Kan Wong and Jeanne Woodford	
(2) Chief Executive Officer: Vitka Eisen, Chief Financial officer: David Crawford, Chief Operating Officer, Warren Lyons	
(3) N/A	
(4) N/A	
(5) N/A	
Contractor address: 1735 Mission Street, San Francisco, CA 94103	T.,
Date that contract was approved:	Amount of contract: \$48,066,391
Describe the nature of the contract that was approved:	
Fiscal Intermediary – Check Writing services to approximately 30,00	
community – based residential care facilities for people with mental illness, for children's mental health wraparound services.	
Comments	
Comments:	
This contract was approved by (check applicable):	
☐ the City elective officer(s) identified on this form	
□ 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 Author	· ·
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	
Development Authority) on which an appointee of the City elec	tive officer(s) identified on this form sits
Print Name of Board	
Finit Name of Board	
Filer Information (Please print clearly.)	
Name of filer:	Contact telephone number:
Angela Calvillo, Clerk of the Board	(415) 554-5184
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Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, C	E-mail: A 94102 Board.of.Supervisors@sfgov.org
City Hall, Rooth 244, 1 Dr. Cariton B. Goodlett Fr., San Francisco, C	A 94102 Board.of.Supervisors@sigov.org
Signature of City Elective Officer (if submitted by City elective office	r) Date Signed
- 	
Signature of Board Secretary or Clerk (if submitted by Board Secretar	y or Clerk) Date Signed