## 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, Board of Supervisors	Members, Board of Supervisors
Contractor Information (Please print clearly.)	
Name of contractor: HealthRIGHT360	
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.	
<ol> <li>Chair: Hon. Harlan Grossman; Vice Chair: Elaine Howard; Secretary: Emalyn Lapus; Members: John A. Baer, Hon. Eilen Chaltin, Tom Hofstedt, Kathryn W. Holmes, John A. Kahler, Jamie Kasvikis, Deborah Koski, Ann Ma, Anjani Mandavia, Melyssa Mendoza, Victor, Ortiz, Cindy Perry, Peter Sullivan, Patricia Walsh, Kan Wong and Jeanne Woodford</li> <li>Chief Executive Officer: Vitka Eisen; Chief Financial officer: David Crawford; Chief Operating Officer: Warren Lyons</li> <li>N/A</li> <li>N/A</li> </ol>	
Contractor address: 1735 Mission Street, San Francisco, CA 49103	
Date that contract was approved:	Amount of contract: \$106,511,842
Describe the nature of the contract that was approved:  FISCAL INTERMEDIARY (CONTRACTOR) for check-writing services for four types of Behavioral Health Services and Housing Services:  1) Private Provider Network (PPN); 2) Residential Care Facilities (RCFs); 3) Client wraparound services and related expenses; and 4) Emergency Stabilization Program via Housing and Urban Health	
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 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.)	T
Name of filer: Angela Calvillo, Clerk of the Board of Supervisors	Contact telephone number: (415) 554-5184
Address: 1 Dr. Carlton B. Goodlett Place, Room 244 San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org
Signature of City Elective Officer (if submitted by City elective office	Date Signed
Signature of Board Secretary or Clerk (if submitted by Board Secretary	y or Clerk)  Date Signed  Form SEEC 126 Contractors doing business with the City 11 08 doc