File No. 180561

## 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, San Francisco Board of Supervisors	Members, San Francisco Board of Supervisors
Contractor Information (Please print clearly.)	
Name of contractor: Addiction, Research and Treatment D.B.A. BAART	
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) Jason Kletter, Michelle Kletter, David White, Frank Baumann  (2) a. chief executive officer, Jason Kletter, b. chief financial officer, Daniel Gutschenritter and c. chief operating officer, Frank Baumann  (3) BAART Programs, Inc.: 100% Owner of Addiction Research and Treatment, Inc. (same indirect ownership in BBHS)  BayMark Health Services, Inc.: 100% Owner of BAART Programs, Inc. (same indirect ownership in BBHS)  Webster Capital III, L.P.: 57.14% owner of BayMark Health Services, Inc. (same indirect ownership in BBHS)  (4) None	
(4) None (5) None	
Contractor address:	
1111 Market Street, 4th Floor, San Francisco, California 94103	
Date that contract was approved:	Amount of contract: \$35,952,000
Describe the nature of the contract that was approved:	
Opioid dependent substance abuse treatment and education services to adult men and women, including pregnant women.	
Comments:	
L This contract was approved by (check applicable):	
the City elective officer(s) identified on this form	
☐ the City elective office(s) identified on this form ☐ a board on which the City elective officer(s) servesSan Francisco Board of Supervisors	
a board on which the City elective officer(s) serves <u>San Francisco Board of Supervisors</u>	
☐ 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: Clerk of the San Francisco Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244. 1 Dr. Carlton B. Goodlett Pl., San Francisco, C	E-mail: Bos.legislation@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 Secretar	ary or Clerk) Date Signed