

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): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors
Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Family Service Agency of San Francisco (DBA: Felton Institute)	
<p>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.</p> <p>1. Board of Directors: Amy Solliday, Chair; James (Will) Smiley, Vice Chair; Elisabeth Madden, Secretary; Michael N. Hofman, Chair Emeritus; Paul Adams, Dale M. Butler, H. Westley Clark, Michelle O. Clerk; Veronica Garcia; Terry M. Limpert, Lisa Loughney; Lauren Mikulski; Eric Minkove; J.D. Moitra; Ameilia Morris; Michael Orias; Yasmine Rafidi; Eric Severson; Alefigay Shambhoora; Darren Skolnick; Matthew H. Snyder; Richard Tsai; John Wyatt.</p> <p>2. Al Gilbert, President & CEO, Marvin Davis, Chief Financial Officer & Chief Operations Officer, Yohana Quiroz, Chief Operations Officer – CYF Division</p> <p>3. Persons with more than 20% ownership: N/A</p> <p>4. Subcontractors listed in contract: San Francisco Nurse Family Partnership.</p> <p>5. Political committees sponsored or controlled by contractor: N/A</p>	
Contractor address: 1500 Franklin Street, San Francisco, CA 94109	
Date that contract was approved:	Amount of contract: \$36,533,164
Describe the nature of the contract that was approved: <ul style="list-style-type: none"> • Mental Health Outpatient Treatment Services and Optional Specialized Mental Health Treatment Services; • Intensive Case Management Modality Services Full Service Partnerships and Non-Full Service Partnership Programs; • Transition Age Youth System of Care; • Mental Health Outpatient Programs for Adults/Older Adults System of Care. 	
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 <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

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