

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

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| City Elective Officer Information <i>(Please print clearly.)</i> | |
| Name of City elective officer(s): | City elective office(s) held: |
| Members, Board of Supervisors | Members, Board of Supervisors |

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| Contractor Information <i>(Please print clearly.)</i> | |
| Name of contractor: Heluna Health (formerly dba. Public Health Foundation Enterprises, Inc. (PHFE)) | |
| 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) Board – see attachment 2) Blayne Cutler, President/CEO; Brian Gieseler, Chief Financial Officer; Peter Dale, Contract & Grant Management Director 3) N/A 4) N/A 5) N/A | |
| Contractor address: 12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746-3505 | |
| Date that contract was approved: | Amount of contract: \$842,534 |
| Describe the nature of the contract that was approved: PHFE will provide the staffing for the maintenance and technical services for computer equipment. They have demonstrated expertise in this area and have an established relationship with the AIDS Office. | |
| Comments: Heluna Health is a 501 (c) 3 Nonprofit with a Board of Directors | |

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form (Mayor, London N. Breed)
- 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

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| 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