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: Volunteers in Medicine – San Francisco, DBA Clinic By the Bay (501(c)3 nonprofit | |
| organization) | |
| , | |
| 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. See Attached | |
| 2. David Wallace, Executive Director | |
| 3. NA, non profit organization without ownership | |
| 4. NA | |
| 5. NONE | |
| Contractor address: 4877 Mission Street | |
| San Francisco, CA 94112 | |
| | |
| Date that contract was approved: 12/11/18 | Amount of contracts: \$410,000 |
| (By the SF Board of Supervisors) | |
| Describe the nature of the contract that was approved: long term lease at below market rent in exchange for tenant paid | |
| improvements with City contribution for shell of building | |
| | |
| 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.) | |
| Name of filer: | Contact telephone number: |
| Angela Calvillo, Clerk of the Board | (415) 554-5184 |
| Address: | E-mail: |
| City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA | A 94102 Board.of.Supervisors@sfgov.org |
| | |
| <u> </u> | |
| Signature of City Elective Officer (if submitted by City elective officer |) Date Signed |
| | |
| A CALVIALO | 12/17/18 |
| Signature of Board Secretary or Clerk (if submitted by Board Secretary | or Clerk) Date Signed |

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