

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

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

Contractor Information *(Please print clearly)*

Name of Contractor: SAN FRANCISCO IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY

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. Kelly Dearman – Executive Director
Eileen Norman – Deputy Director
Loc Chau – Director of Finance & Operations
3. None
4. None
5. The Public Authority has 2 Board of Directors:
Daisy McArthur – Union representative from SEIU Local 2015
Michael G. Pappas – DAAS Commissioner

Contractor address: 832 Folsom St Fl 9, San Francisco, CA 94107

Date that contract was approved:	Amount of contract: \$255,912,584
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Describe the nature of the contract that was approved:
Independent Provider Mode In-Home Supportive Services- The In-Home Supportive Services (IHSS) Program aids eligible low-income older adults and persons with disabilities by matching them with IPs who assist them in activities of daily living. The provision of this service allows older adults and persons with disabilities to remain safely in their own homes, while encouraging independence and rehabilitation where possible. IHSS is provided through either (a) an IP, or (b) a contracted agency provider for clients who are unable to find and/or supervise their own IP's. Currently, there are approximately 23,000 IHSS clients, 95% who utilize the IP Mode of service.

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 the 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 the 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