File No. 190739

## 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:  | Amount of contracts: \$1,410,000         |
| (By the SF Board of Supervisors)  | Amount of contracts. φ1,+10,000          |
| 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  I 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:<br>Angela Calvillo, Clerk of the Board   | Contact telephone number: (415) 554-5184 |
| Address:<br>City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, C.   | E-mail: Board.of.Supervisors@sfgov.org   |
| Signature of City Elective Officer (if submitted by City elective office  | r) Date Signed                           |
| Signature of Board Secretary or Clerk (if submitted by Board Secretary  |  |