



San Francisco Ethics Commission

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Received On:
 11-21-2019 | 21:12:02 PST
 File #:
 191049
 Bid/RFP #:
 816

Notification of Contract Approval

SFEC Form 126(f)4
 (S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
 A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
David Kashani	415-355-3607
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
045 Human Service Agency	David.Kashani@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Institute on Aging	TELEPHONE NUMBER (415) 750-4111
STREET ADDRESS (including City, State and Zip Code) 3575 Geary Blvd, San Francisco, CA 94118	EMAIL mmouille@ioaging.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 11/12/2019	ORIGINAL BID/RFP NUMBER 816	FILE NUMBER (If applicable) 191049
DESCRIPTION OF AMOUNT OF CONTRACT Not to exceed \$10,564,736		
NATURE OF THE CONTRACT (Please describe) The purpose of the Community Living Fund (CLF) is to provide case management and purchase of services for older adults and adults with disabilities who are currently in a skilled nursing facility and are ready to live in the community, or those at risk of being institutionalized. The CLF program additionally will administer the Public Guardian (PG) Housing Fund which allows for client placement into Assisted Living Facilities (ALF), supportive housing, or other similar types of housing for Public Guardian conservatees who meet the criteria of the Community Living Fund. This is an amendment to the grant agreement, increasing the amount of the grant by \$770,000 for a total amount not to exceed \$10,564,736.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Fisher	H. Andrew	Board of Directors
2	Lowenkopf	David	Board of Directors
3	Litvak	Marlene	Board of Directors
4	Briody	J. Thomas	CEO
5	Browner	Warren	Board of Directors
6	Cooperband	Aaron	Board of Directors
7	Davis	James	Board of Directors
8	Hinton	E. Anne	Board of Directors
9	Martin	Jeanne	Board of Directors
10	Matacia	Theresa	Board of Directors
11	walter	Louise	Board of Directors
12	whitehead	Cynthia	Board of Directors
13	Zellerbach	Amy	Board of Directors
14	Corvin	Adele	Other Principal Officer
15	Rosenberg	Ruth	Other Principal Officer
16	Sockolov	Robert	Other Principal Officer
17	Sockolov	Audrey	Other Principal Officer
18	Blades	Roxana	CFO
19			

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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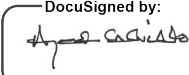
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>DocuSigned by:  988C8F42C3084B5 Angela Calvillo</p>	<p>DATE SIGNED</p> <p>11-21-2019 21:12:02 PST</p>
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