



San Francisco Ethics Commission

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ethics.commission@sfgov.org . www.sfethics.org

Received On:

06-07-2020 | 21:58:31 PDT

File #:

200357

Bid/RFP #:

852

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 Services Agency	David.Kashani@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Homebridge Inc.	TELEPHONE NUMBER (415) 659-5319
STREET ADDRESS (including City, State and Zip Code) 1035 Market St., L-1, San Francisco CA 94103	EMAIL mburns@homebridgeca.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 6/2/2020	ORIGINAL BID/RFP NUMBER 852	FILE NUMBER (If applicable) 200357
DESCRIPTION OF AMOUNT OF CONTRACT Not to Exceed \$142,265,270		
NATURE OF THE CONTRACT (Please describe) The purpose of this grant is to provide In-Home Supportive Services (IHSS) to recipients who are at risk and who are unable to hire and supervise their own home care providers or who have behavioral issues that create barriers to service delivery. The IHSS Program provides assistance to eligible older adults and adults with disabilities who are unable to remain safely in their own homes without this assistance.		

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	Sedlander	John	Board of Directors
2	Carlson	Robert	Board of Directors
3	Pitt	Jessica	Board of Directors
4	Nadel	Ross	Board of Directors
5	Levy	Rick	Board of Directors
6	Morrison	Artrese	Board of Directors
7	Barnes	Derek	Board of Directors
8	Guina	edward	Board of Directors
9	Kaplan	Gay	Board of Directors
10	Malakoff	Forrest	Board of Directors
11	Murphy	Clare	Board of Directors
12	Burns	Mark	CEO
13	Weingand	Shantel	CFO
14	Lam	Hao	Other Principal Officer
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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
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9. AFFILIATES AND SUBCONTRACTORS

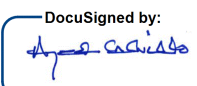
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" 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>06-07-2020 21:58:31 PDT</p>
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