

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
	100
	Y <sub>X</sub>
	Y <sub>A</sub>

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY N	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
18 Reasons		(415) 568-2710	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3150 18th Street, #315, San Francisco, CA 94110	)		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$45,000			
NATURE OF THE CONTRACT (Please describe)			
Provide outreach to targeted populations	9	A CA	
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7. COMMENTS			
9. CONTRACT ADDROVAL			
8. CONTRACT APPROVAL This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF T	HE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
1			

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Farrar-Rivas	PATRICIA	Other Principal Officer			
2	HARDISTRY	AARON	Other Principal Officer			
3	Meksavan	JESSICA	Other Principal Officer			
4	ROSNER	вов	Other Principal Officer			
5	TSAY	CALVIN	Board of Directors			
6	Mogannam	SAM	Board of Directors			
7	NELSON	SARAH	Board of Directors			
8	POON	SUSANNA	Board of Directors			
9	Buwembo	ISSAC	Board of Directors			
10	SANCHEZ	JURI	Board of Directors			
11	SPICER	MAGGIE	Board of Directors			
12	TAO	ROSABEL	Board of Directors			
13	COGEN	SHANNON	Board of Directors			
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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 39 40 41 42 43 44 45 46 47 48 49 50 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 o	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	



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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY V	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

```				
5. CONTRACTOR		-		
NAME OF CONTRACTOR		TELEPHONE NUMBER		
APA Family Support Services		(415) 617-0061		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
10 Nottingham Place, San Francisco, CA 94133				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
			200571	
DESCRIPTION OF AMOUNT OF CONTRACT			,	
\$8,000				
NATURE OF THE CONTRACT (Please describe)				
Provide support for oral health program	9			
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Provide support for oral health program				
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A DOADD ON WHICH THE CITY OF FCTIVE OFFICED(S) SERVES				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
□ Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS	

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	CHUNG	ROSE	Board of Directors		
2	CHEN	CARY	Other Principal Officer		
3	HUIE	Jacqueline	Other Principal Officer		
4	Hoxie	JULIE	Other Principal Officer		
5	TS0	JOYCE	Other Principal Officer		
6	CHAN	MAI-SIE	Board of Directors		
7	DIEP	VAN	Board of Directors		
8	LAM	FANNY	Board of Directors		
9	LAM	KORY	Board of Directors		
10	SUNG	SUSAN	Board of Directors		
11	YAO	DEAN	Board of Directors		
12	YUEN	RICK	Board of Directors		
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED		
BOS Clerk of the Board			



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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>'</b> O
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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 DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
GREGORY V	WONG	415-554-2521	
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG	

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
винр		(415) 468-5100		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
150 Executive Park Blvd. Suite 2800 SF CA 9413	4			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	<b>FILE NUMBER (If applicable)</b> 200571	
DESCRIPTION OF AMOUNT OF CONTRACT	<u>l</u>			
\$5,000				
NATURE OF THE CONTRACT (Please describe)				
Provides funding for wrap around clients and p	rogram expe	nses for w	ellness-recovery	
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	WATSON	SUSAN	Other Principal Officer		
2	FULLER	WAYZEL	Other Principal Officer		
3	АВМА	DEANNA	Other Principal Officer		
4	KENDRIX	JAMES	Other Principal Officer		
5	EVERHART	CLAUDE	Board of Directors		
6	CRAY	ADAM	Board of Directors		
7	COULSON	СНИСК	Board of Directors		
8	MARTENS	ALYCIA	Board of Directors		
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9. AFFILIATES AND SUBCONTRACTORS				
exec who	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	ТҮРЕ	
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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.				
SIGNATURE OF CITY FLECTIVE OFFICER OR ROARD SECRETARY OR DATE SIGNED				

BOS Clerk of the Board

CLERK



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AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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. CONTRACT	TING DEPARTMENT CONTACT	
NAME OF DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY V	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
CARECEN		(415) 64	2-4400
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3101 Mission St Suite #101, San Francisco, CA	94110		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	<b>FILE NUMBER (</b> <i>If applicable</i> <b>)</b> 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$8,000			
NATURE OF THE CONTRACT (Please describe)			
Provide support for oral health program	9		
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7. COMMENTS			
8. CONTRACT APPROVAL	_	_	
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

1	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	ARTICA		
	ARTIGA	JOSE	Board of Directors
2	Asturias	ELENA	CF0
3	COLL	KATHLEEN	Board of Directors
4	FLORES	CARMEN	Board of Directors
5	Loya-Talamantes	MICHELLE	Board of Directors
6	Rodezno	GABRIELLA	Board of Directors
7	SMITH	RICHARD	Board of Directors
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.

# 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. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Legislative Clerks Division	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACT	TING DEPARTMENT CONTACT	
NAME OF DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY V	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

TELEPHONE NUMBER  (415) 972-1200  EMAIL  RACT  NTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)  ORIGINAL BID/RFP NUMBER  FILE NUMBER (If applicable) 200571  FILON OF AMOUNT OF CONTRACT ,665  OF THE CONTRACT (Please describe)  ovide attendant care services in compliance with the Standard of Care for Client red Services to multiply diagnosed individuals at Leland House an RCF-CI program in San cisco with a special focus on the unique needs of persons living with HIV/AIDS.
DDRESS (including City, State and Zip Code)  ddy Street, San Francisco, CA 94109  RACT  NTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)  ORIGINAL BID/RFP NUMBER  FILE NUMBER (If applicable) 200571  FION OF AMOUNT OF CONTRACT  ,665  OF THE CONTRACT (Please describe)  ovide attendant care services in compliance with the Standard of Care for Client red Services to multiply diagnosed individuals at Leland House an RCF-CI program in San cisco with a special focus on the unique needs of persons living with HIV/AIDS.
RACT NTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)  ORIGINAL BID/RFP NUMBER FILE NUMBER (If applicable) 200571  FION OF AMOUNT OF CONTRACT ,665  OF THE CONTRACT (Please describe)  ovide attendant care services in compliance with the Standard of Care for Client red Services to multiply diagnosed individuals at Leland House an RCF-CI program in San cisco with a special focus on the unique needs of persons living with HIV/AIDS.
RACT NTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) ORIGINAL BID/RFP NUMBER FILE NUMBER (If applicable) 200571  TION OF AMOUNT OF CONTRACT ,665  OF THE CONTRACT (Please describe) ovide attendant care services in compliance with the Standard of Care for Client red Services to multiply diagnosed individuals at Leland House an RCF-CI program in San cisco with a special focus on the unique needs of persons living with HIV/AIDS.
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RACT APPROVAL tract was approved by: E CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
RACT APPROVAL tract was approved by: E CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM  FOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Cordileone	SALVATORE	Board of Directors
2	Molinelli	STEPHEN	Other Principal Officer
3	Borromeo	THEODORE	Other Principal Officer
4	Sundby	GEORGE	Other Principal Officer
5	Meneses	JILMA	CEO
6	Bennett	PAULA	Board of Directors
7	Boerio	Joe	Board of Directors
8	Bojorquez	DIANA	Board of Directors
9	Brigham	MARTHA	Board of Directors
10	Bullian	GREGORY	Board of Directors
11	CLARK	PHILLIP	Board of Directors
12	CONNORS	ТІМОТНҮ	Board of Directors
13	DAHLIK	ADRIANA	Board of Directors
14	GELT	Jerilyn	Board of Directors
15	GROGAN	KATHLEEN	Board of Directors
16	Hultman	DAVID	Board of Directors
17	IKEDA	LISA	Board of Directors
18	KANE	STEVEN	Board of Directors
19	KEITH	ELIZABETH	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
20	LEUPP	JAY	Board of Directors		
21	MANNING	SIMON	Board of Directors		
22	McInerney	MAUREEN	Board of Directors		
23	MIREK	LORI	Board of Directors		
24	Nasciamento	DAN	Board of Directors		
25	Pohlman	JACK S,	Board of Directors		
26	Pautler	MICHAEL	Board of Directors		
27	Reynaud	LOUIS	Board of Directors		
28	Sangiacomo	JIM	Board of Directors		
29	Westray	KENNETH	Board of Directors		
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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 DE	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Catholic Charities - Peter Claver		(415) 972-1200		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1340 Golden Gate Ave, SF, CA 94115				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
			200571	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$154,875				
NATURE OF THE CONTRACT (Please describe)				
To provide attendant care services in compliar Centered Services to multiply diagnosed indiviprogram in San Francisco with a special focus HIV/AIDS.	duals at Per on the uniqu	ter Claver ue needs of	Community an RCFCI f persons living with	
		3		
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7. COMMENTS				
9 CONTRACT ADDROVAL				
8. CONTRACT APPROVAL This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
Joan & C. Super Cook				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Cordileone	Salvatore	Board of Directors
2	MolinellI	Stephen	Other Principal Officer
3	Borromeo	Theodore	Other Principal Officer
4	Sundby	George	Other Principal Officer
5	Meneses	Jilma	CEO
6	Bennett	Paula	Board of Directors
7	Boerio	Joe	Board of Directors
8	Bojorquez	Diana	Board of Directors
9	Brigham	Martha	Board of Directors
10	Bullian	Gregory	Board of Directors
11	Clark	Phillip	Board of Directors
12	Connors	Timothy	Board of Directors
13	Dahik	Adriana	Board of Directors
14	Gelt	Jerilyn	Board of Directors
15	Grogan	Kathleen	Board of Directors
16	Hultman	David	Board of Directors
17	Ikeda	Lisa	Board of Directors
18	Kane	Steven	Board of Directors
19	Keith	Elizabeth	Board of Directors

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
20	Leupp	Jay	Board of Directors		
21	Manning	Simon	Board of Directors		
22	McInerney	Maureen	Board of Directors		
23	Mirek	Lori	Board of Directors		
24	Nasciamento	Dan	Board of Directors		
25	Pohlman	Jack	Board of Directors		
26	Pautler	Michael	Board of Directors		
27	Reynaud	Louis	Board of Directors		
28	Sangiacomo	Jim	Board of Directors		
29	Westray	Kenneth	Board of Directors		
30	wilch	Peter	Board of Directors		
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

# **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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
GREGORY V	WONG	415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
children's sameil of con Francisco	(415) 276 2000
Children's Council of San Francisco	(415) 276-2900
STREET ADDRESS (including City, State and Zip Code)	EMAIL
445 Church Street, San Francisco, CA 94114	
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MBER (If applicable)
O ON THIS FORM SITS

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Nordberg	ANNA	Board of Directors	
2	SIMS	DEBORAH	Board of Directors	
3	Dusedau	MARGA	Other Principal Officer	
4	Chang	SHARA	Other Principal Officer	
5	BUTLER	OMAR	Board of Directors	
6	DIANA	ELIZABETH	Board of Directors	
7	FRAM	VICTORIA	Board of Directors	
8	Hilberman	JESSICA	Board of Directors	
9	HOOD	SOPHIE	Board of Directors	
10	ISRAEL	GEORGE	Board of Directors	
11	KIRK	JIM	Board of Directors	
12	MONDRY	GALE	Board of Directors	
13	MOORE	FATIMA	Board of Directors	
14	PAGE	FARRIS	Board of Directors	
15	ROSBERG	PETER	Board of Directors	
16	THOMAS	CHRIS	Board of Directors	
17	VAUSE	BRANDY	Board of Directors	
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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Bid/RFP #:

## **Notification of Contract Approval**

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<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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
GREGORY V	WONG	415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
Curry Senior Center		(415) 88	5-2274
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
333 Turk Street, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT \$114,273			
NATURE OF THE CONTRACT (Please describe)			
Provides support for older adults with mental allosing their houses	health issu	es and are	homeless or risk of
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losing their houses			
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A POARD ON WHICH THE CITY ELECTIVE OFFICER(C) CERVES			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
		/= 0==(c==/c) ···	DENITIFIED ON THE TOTAL STATE
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	DAVILA	JONRIE	Other Principal Officer		
2	Quitugua	SHIRLEY	Other Principal Officer		
3	RAZZO	ROBERT	Other Principal Officer		
4	ВІСКНАМ	DAVID	Other Principal Officer		
5	DWYER	DIANE	Board of Directors		
6	нин	JA EUN GUERRERO	Board of Directors		
7	MCKINNON	ОНОС	Board of Directors		
8	Lincecum	Hannah	Board of Directors		
9	SCHILLER	ZACK	Board of Directors		
10	SKLAR	DIANE	Board of Directors		
11	SULLIVAN	RICHARD	Board of Directors		
12	ZACHARY	WENDY	Board of Directors		
13	ZHANG	ALICE	Board of Directors		
14	Pritchett	PATTIE	Board of Directors		
15	Selvam	SASHA	Board of Directors		
16	SLAM	Arielle	Board of Directors		
17	VALENTE	JULIE	Board of Directors		
18	Wulfovich	YAEL	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 con	ıplete.	
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		
200 0.0. 1. 0. 0.00 20414		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

1

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DE	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY	WONG	415-554-2521
FULL DEPART	TMENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Deleves Start Community Convices	(415) 282 (200
Dolores Street Community Services	(415) 282-6209
STREET ADDRESS (including City, State and Zip Code)	EMAIL
938 Valencia St, San Francisco, CA 94110	
6. CONTRACT	

938 Valencia St, San Francisco, CA 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$135,305			
NATURE OF THE CONTRACT (Please describe)			
To improve and maintain the health of our resinealth care and other supportive services.		gh the pro	
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

2

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	REGAN	MONICA	Other Principal Officer			
2	WINN	MICHAEL	Other Principal Officer			
3	LAUDERBACK	JUSTINE	Board of Directors			
4	LEONARD	ANAT	Other Principal Officer			
5	LIN	KANI	Board of Directors			
6	BEINART	АМУ	Board of Directors			
7	ВНАКТА	CHIRAG	Board of Directors			
8	PENFOLD	WARD	Board of Directors			
9	AVILA	ROCIO	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



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File #: 200571

Bid/RFP #:

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<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY WONG		(415) 474-7310
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Family Services Agency		(415) 474-7310	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
KO CONTRACTOR OF THE CONTRACTO			200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$295,315			
NATURE OF THE CONTRACT (Please describe)			
Provides services First Episode Psychosis, fa schizophrenia			
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7. COMMENTS			
a contract approval			
8. CONTRACT APPROVAL This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	SOLLIDAY	AMY	Board of Directors
2	Eichinger	Gretchen	Board of Directors
3	MADDEN	ELIZABETH	Other Principal Officer
4	HOFMAN	MICHAEL	Board of Directors
5	ADAMS	PAUL	Board of Directors
6	CLARK	MICHELLE	Board of Directors
7	CLARK	WESTLEY	Board of Directors
8	ORIAS	MICHAEL	Board of Directors
9	RAFIDI	YASMINE	Board of Directors
10	ROJO	PETER	Board of Directors
11	SEAMAN	CHRISTOPHER	Board of Directors
12	Shambhoora	Alefiyah	Board of Directors
13	Skolnick	DARREN	Board of Directors
14	SNYDER	MATT	Board of Directors
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 con	nplete.	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



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File #: 200571

Bid/RFP #:

1

## **Notification of Contract Approval**

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A Public Document

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
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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	
GREGORY	WONG	415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG	

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Felton Institute		(415) 47	(415) 474-7310	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1500 Franklin Street, San Francisco, CA 94109				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571	
₹ <mark>0</mark>			200371	
DESCRIPTION OF AMOUNT OF CONTRACT	•			
\$20,000				
NATURE OF THE CONTRACT (Please describe)				
Provides mental health technical assistance t				
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Signature				
7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
□ Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE O	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Solliday	AMY	Board of Directors			
2	Eichinger	GRETCHEN	Board of Directors			
3	MADDEN	ELIZABETH	Other Principal Officer			
4	HOFMAN	MICHAEL	Board of Directors			
5	ADAMS	PAUL	Board of Directors			
6	CLARK	MICHELLE	Board of Directors			
7	CLARK	WESTLEY	Board of Directors			
8	ORIAS	MICHAEL	Board of Directors			
9	RAFIDI	YASMINE	Board of Directors			
10	ROJO	PETER	Board of Directors			
11	SEAMAN	CHRISTOPHER	Board of Directors			
12	BOBULSKY	SUSAN	Board of Directors			
13	Skolnick	DARREN	Board of Directors			
14	SNYDER	MATT	Board of Directors			
15	GIBSON	MARK	Board of Directors			
16	LIMPERT	TERRY	Board of Directors			
17	SMITH	SANDRA	Board of Directors			
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COIIC	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
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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.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK  DATE SIGNED			
BOS Clerk of the Board			



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

1

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION			
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)		
Original	v,		
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	
GREGORY WONG		415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG	

5. CONTRACTOR				
NAME OF CONTRACTOR			TELEPHONE N	IUMBER
Felton Institute			415-474-	7310
STREET ADDRESS (including City, State and Zip Co	ode)		EMAIL	
1500 Franklin Street, San Franci	sco, CA 94109			
		·		
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY EI	LECTIVE OFFICER(S) O	PRIGINAL BID/R	RFP NUMBER	<b>FILE NUMBER (</b> <i>If applicable</i> <b>)</b> 200571
DESCRIPTION OF AMOUNT OF CONTRACT	<u>Q</u>			
\$87,750	0%			
NATURE OF THE CONTRACT (Please describe)	<b>'</b> 2-			
Provide support for TAPP progra	m 🦁			
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Provide support for TAPP program				
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7. COMMENTS				
A CONTRACT ADDROVAL				
8. CONTRACT APPROVAL This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED (	ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OF	FICER(S) SERVES			
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH	H AN APPOINTEE OF THE	E CITY ELECTIVE	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	SOLLIDAY	AMY	Board of Directors			
2	EICHINGER	GRETCHEN	Board of Directors			
3	MADDEN	ELIZABETH	Board of Directors			
4	HOFMAN	MICHAEL	Board of Directors			
5	ADAMS	PAUL	Board of Directors			
6	CLARK	MICHELLE	Board of Directors			
7	CLARK	WESTLEY	Board of Directors			
8	ORIAS	MICHAEL	Board of Directors			
9	RAFIDI	YASMINE	Board of Directors			
10	ROJO	PETER	Board of Directors			
11	SEAMAN	CHRISTOPHER	Board of Directors			
12	BOBULSKY	SUSAN	Board of Directors			
13	SKOLNICK	DARREN	Board of Directors			
14	SNYDER	MATT	Board of Directors			
15	GIBSON	MARK	Board of Directors			
16	LIMPERT	TERRY	Board of Directors			
17	SMITH	SANDRA	Board of Directors			
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

1

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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 DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY WONG		415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
Felton Institute		415-474-	7310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94	109		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICE	R(S) ORIGINAL BID,	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$117,370	<b>&gt;</b>		
NATURE OF THE CONTRACT (Please describe)	'A)_		
Provide program support	<b>.</b> O.		
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICE (C) CEDY	·c		
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVE	3		
□□ Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINT	EE OF THE CITY ELECTI	VE OFFICER(S) I	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	SOLLIDAY	AMY	Board of Directors		
2	EICHINGER	GRETCHEN	Board of Directors		
3	MADDEN	ELIZABETH	Board of Directors		
4	HOFMAN	MICHAEL	Board of Directors		
5	ADAMS	PAUL	Board of Directors		
6	CLARK	MICHELLE	Board of Directors		
7	CLARK	WESTLEY	Board of Directors		
8	ORIAS	MICHAEL	Board of Directors		
9	RAFIDI	YASMINE	Board of Directors		
10	ROJO	PETER	Board of Directors		
11	SEAMAN	CHRISTOPHER	Board of Directors		
12	BOBULSKY	SUSAN	Board of Directors		
13	SKOLNICK	DARREN	Board of Directors		
14	SNYDER	MATT	Board of Directors		
15	GIBSON	MARK	Board of Directors		
16	LIMPERT	TERRY	Board of Directors		
17	SMITH	SANDRA	Board of Directors		
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COIIC	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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 39 40 41 42 43 44 45 46 47 48 49 50 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. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR

**DATE SIGNED** 

## SAN FRANCISCO ETHICS COMMISSION – SFEC Form 126(f)4 v.12.7.18

BOS Clerk of the Board

**CLERK** 



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

1

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY WONG		415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Felton Institute		415-474-	7310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$429,339			
NATURE OF THE CONTRACT (Please describe)			
To provide mental health services.	O <sub>'</sub>		
To provide menear nearen services.			
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To provide mental health services.			
7. COMMENTS			
8. CONTRACT APPROVAL This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
, , ,			
THE DOADD OF A STATE ACENICY ON WHICH AN ADDOINTER OF	THE CITY OF COM	/E OEFICER/C) !!	DENTIFIED ON THIS FORM SITE
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DEMITHED ON THIS FORM 2112

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	SOLLIDAY	AMY	Board of Directors	
2	EICHINGER	GRETCHEN	Board of Directors	
3	MADDEN	ELIZABETH	Board of Directors	
4	HOFMAN	MICHAEL	Board of Directors	
5	ADAMS	PAUL	Board of Directors	
6	CLARK	MICHELLE	Board of Directors	
7	CLARK	WESTLEY	Board of Directors	
8	ORIAS	MICHAEL	Board of Directors	
9	RAFIDI	YASMINE	Board of Directors	
10	ROJO	PETER	Board of Directors	
11	SEAMAN	CHRISTOPHER	Board of Directors	
12	BOBULSKY	SUSAN	Board of Directors	
13	SKOLNICK	DARREN	Board of Directors	
14	SNYDER	MATT	Board of Directors	
15	GIBSON	MARK	Board of Directors	
16	LIMPERT	TERRY	Board of Directors	
17	SMITH	SANDRA	Board of Directors	
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED		
BOS Clerk of the Board			



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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 DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY V	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Felton Institute	415-474-7310		7310	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
1500 Franklin Street, San Francisco, CA 94109				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	<b>FILE NUMBER (</b> <i>If applicable</i> <b>)</b> 200571	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$605,047				
NATURE OF THE CONTRACT (Please describe)				
Provide program support	9			
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Provide program support				
7. COMMENTS		_		
7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY EI ECTIV	/F OFFICEB(S) II	DENTIFIED ON THIS FORM SITS	
THE BOARD OF A STATE AGENCT ON WHICH AN AFFOINTEE OF	THE CITY ELECTIV	L OIT ICEN(3) II	PLIATH IED ON THIS FORIN 3113	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	SOLLIDAY	AMY	Board of Directors
2	EICHINGER	GRETCHEN	Board of Directors
3	MADDEN	ELIZABETH	Board of Directors
4	HOFMAN	MICHAEL	Board of Directors
5	ADAMS	PAUL	Board of Directors
6	CLARK	MICHELLE	Board of Directors
7	CLARK	WESTLEY	Board of Directors
8	ORIAS	MICHAEL	Board of Directors
9	RAFIDI	YASMINE	Board of Directors
10	ROJO	PETER	Board of Directors
11	SEAMAN	CHRISTOPHER	Board of Directors
12	BOBULSKY	SUSAN	Board of Directors
13	SKOLNICK	DARREN	Board of Directors
14	SNYDER	MATT	Board of Directors
15	GIBSON	MARK	Board of Directors
16	LIMPERT	TERRY	Board of Directors
17	SMITH	SANDRA	Board of Directors
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY V	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	UMBER
FSA Geriatric		(415) 47	4-7310
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1500 Franklin Street, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/F	RFP NUMBER	<b>FILE NUMBER (</b> <i>If applicable</i> <b>)</b> 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Provides funding for wrap around clients and p	rogram expen	ses for we	ellness-recoverv
Trovides funding for wrap around effects and p	S.	بالمالية	Triness recovery
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Solliday	AMY	Board of Directors		
2	Eichinger	Gretchen	Board of Directors		
3	MADDEN	Elisabeth	Other Principal Officer		
4	HOFMAN	MICHAEL	Board of Directors		
5	ADAMS	PAUL	Board of Directors		
6	CLARK	MICHELLE	Board of Directors		
7	CLARK	WESTLEY	Board of Directors		
8	ORIAS	MICHAEL	Board of Directors		
9	RAFIDI	YASMINE	Board of Directors		
10	ROJO	PETER	Board of Directors		
11	SEAMAN	CHRISTOPHER	Board of Directors		
12	Shambhoora	Alefiyah	Board of Directors		
13	SKOLNICK	DARREN	Board of Directors		
14	SNYDER	MATT	Board of Directors		
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY V	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

YA .			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Harm Reduction Coalition DOPE Project		(510) 28	5-2799
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1111 Broadway, 3rd Floor Oakland, CA 94607			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>Ò</mark>			200571

	II Broadway, Sta Wilder Oaktand, CA 54007			
6. C	ONTRACT			
DATI	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/F	RFP NUMBER	FILE NUMBER (If applicable)
	<b>⊗</b>			200571
DESC	RIPTION OF AMOUNT OF CONTRACT			
\$1	20,511			
NAT	JRE OF THE CONTRACT (Please describe)	)_		
Pr	oviding services for the DOPE Project - Fisc	al Intermedi	ary	
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7. C	DMMENTS			
	ONTRACT APPROVAL			
Inis	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
X				
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) I	DENTIFIED ON THIS FORM SITS
			• •	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	BARBOUR	RUSSELL	Board of Directors
2	FUENTES	TINO	Board of Directors
3	GREEN	CORINNE	Board of Directors
4	KINZLY	MARK	Board of Directors
5	KRAL	ALEX	Board of Directors
6	LARRIETT	Dakarai	Other Principal Officer
7	MCINTOSH	MARCIA	Other Principal Officer
8	PICK	WILLIAM	Board of Directors
9	PILLAI	NANDINI	Other Principal Officer
10	RAMIREZ	LISA	Board of Directors
11	ROIG	CARLOS	Board of Directors
12	SHERMAN	SUSAN	Other Principal Officer
13	STAMPLER	JULIE	Board of Directors
14	TOOKES	HANSEL	Board of Directors
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COIIC	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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 con	nplete.	
,		
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.	
, , , , , ,	J J	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY N	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
Harm Reduction Therapy Center		415 863 4282	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
45 Franklin Street San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$18,480			
NATURE OF THE CONTRACT (Please describe)	)_		
Provide Clinical Consultation Services to LING	frontline :	staff	
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T CONANTENTS			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

cont	ract.	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	EMERY	MIC	Other Principal Officer			
2	CARPENTER	JOHN	Board of Directors			
3	DENNING	PATT	Board of Directors			
4	GAETA	KRISTA	Board of Directors			
5	LITTLE	JEANNIE	Board of Directors			
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR **DATE SIGNED**

BOS Clerk of the Board

**CLERK** 



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

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Bid/RFP #:

1

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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
Legislative Clerks Division	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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY N	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Hatchuel Tabernik & Associates Inc	(510) 559-3193
STREET ADDRESS (including City, State and Zip Code)	EMAIL
2560 Ninth St # 211, Berkeley, CA 94710	
6. CONTRACT	
DATE CONTRACT WAS ADDROVED BY THE CITY ELECTIVE DESICED(S)	ORIGINAL RID/RED NUMBER   EU F NUMBER (If applicable)

25	60 Ninth St # 211, Berkeley, CA 94710				
6. C	ONTRACT				
DATI	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFI	ICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESC	CRIPTION OF AMOUNT OF CONTRACT				
\$4	5,000	2,			
NAT	URE OF THE CONTRACT (Please describe)	(%)			
	rovide consulting services in support o	f the		elony Menta	
7. C	OMMENTS				
8. C0	ONTRACT APPROVAL				
	contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FOR	RM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SER Board of Supervisors	RVES			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOI	NTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	HATCHUEL	DINA	Board of Directors		
2	ALLIO	LORI	Board of Directors		
3	MALAT	RANDY	Board of Directors		
4	TOUSSAINT	DANIELLE	Board of Directors		
5	TABERNIK	TIM	CEO		
6	CLAY	CHANDREVE	C00		
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COIIC	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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1. FILING INFORMATION	
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY WONG		415-554-2521
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

<u>'A</u>			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Hatchuel Tabernik & Associates Inc		(510) 559-3193	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
2560 Ninth St # 211, Berkeley, CA 94710			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$80,000			
NATURE OF THE CONTRACT (Please describe)			
Provide program evaluation services	O <sub>'</sub>		
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	HATCHUEL	DINA	Board of Directors		
2	ALLIO	LORI	Board of Directors		
3	MALAT	RANDY	Board of Directors		
4	Niemerow	DARYL	Board of Directors		
5	Toussaint	DANIELLE	Board of Directors		
6	TABERNIK	TIM	CEO		
7	CLAY	CHANDREVE	C00		
8	LOBAR	RUSS	CFO		
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cont	contract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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 DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY V	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Hatchuel Tabernik & Associates Inc	(510) 559-3193
STREET ADDRESS (including City, State and Zip Code)	EMAIL
2560 9th St., Suite 211, Berkeley, CA 94710	

23	60 9th St., Suite 211, Berkeley, CA 94710		
6. C	ONTRACT		
DATI	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
			200571
DESC	CRIPTION OF AMOUNT OF CONTRACT		
\$1	00,000		
NAT	URE OF THE CONTRACT (Please describe)		
Pr	ovide program evaluation services	9	
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7. C	OMMENTS		
8. C	ONTRACT APPROVAL		
	contract was approved by:		
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
Ш			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
	Board of Supervisors		
$\Box$	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) I	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Hatchuel	DINA	Board of Directors		
2	Allio	LORI	Board of Directors		
3	MALAT	RANDY	Board of Directors		
4	Toussaint	DANIELLE	Board of Directors		
5	TABERNIK	TIM	CEO		
6	CLAY	CHANDREVE	C00		
7	LOBAR	RUSS	CFO		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	



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## **Notification of Contract Approval**

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<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	
	<b>10</b>
	X.

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY N	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Health Right 360		415.762.	3700
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1563 Mission St, SF, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$20,000			
NATURE OF THE CONTRACT (Please describe)			
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7. COMMENTS			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
□ Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	GRAHAM	BRYAN	Board of Directors	
2	IRELAND	DIANA	Board of Directors	
3	MCELWEE	JAMES	Board of Directors	
4	BALAN	YENER	Board of Directors	
5	BINDER	DANIEL	Board of Directors	
6	MENDOZA	MELYSSA	Board of Directors	
7	POINTER	KAREN	Board of Directors	
8	PUGH	ALEX	Board of Directors	
9	TORRES	TIMOTHY	Board of Directors	
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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
GREGORY WONG		415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
HealthRight 360		415.762.	3700
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1563 Mission St, SF, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT	1		
\$54,000			
NATURE OF THE CONTRACT (Please describe)			
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Provide fiscal intermediary check-writing services			
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
THE CITY ELECTIVE STREEM(S) IDENTIFIED ON THIS TORWI			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
□ Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	GRAHAM	BRYAN	Board of Directors		
2	IRELAND	DIANE	Board of Directors		
3	MCELWEE	JAMES	Board of Directors		
4	BALAN	YELEN	Board of Directors		
5	BINDER	DANIEL	Board of Directors		
6	MENDOZA	MELYSSA	Board of Directors		
7	POINTER	KAREN	Board of Directors		
8	PUGH	ALEX	Board of Directors		
9	TORRES	TIMOTHY	Board of Directors		
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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 con	ıplete.	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		
200 0.0. 1. 0. 0.00 20414		



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<u> </u>	
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TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY V	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
HealthRight 360		415.762.	3700
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1563 Mission St, SF, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/F	RFP NUMBER	<b>FILE NUMBER (</b> <i>If applicable</i> <b>)</b> 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$78,942			
NATURE OF THE CONTRACT (Please describe)			
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	GRAHAM	BRYAN	Board of Directors			
2	IRELAND	DIANE	Board of Directors			
3	MCELWEE	JAMES	Board of Directors			
4	BALAN	YELEN	Board of Directors			
5	BINDER	DANIEL	Board of Directors			
6	MENDOZA	MELYSSA	Board of Directors			
7	POINTER	KAREN	Board of Directors			
8	PUGH	ALEX	Board of Directors			
9	TORRES	TIMOTHY	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY N	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
HealthRight 360		(415) 762-3700	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1563 Mission St, SF, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT	<u> </u>		
\$139,082			
NATURE OF THE CONTRACT (Please describe)			
Provides Fiscal intermediary services	9	A CAL	
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			<u>Q</u>
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	GRAHAM	BRYAN	Board of Directors			
2	IRELAND	DIANA	Board of Directors			
3	MCELWEE	JAMES	Board of Directors			
4	BALAN	YELEN	Board of Directors			
5	BINDER	DANIEL	Board of Directors			
6	MENDOZA	MELYSSA	Board of Directors			
7	POINTER	KAREN	Board of Directors			
8	PUGH	ALEX	Board of Directors			
9	TORRES	TIMOTHY	Board of Directors			
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.

**DATE SIGNED** 

#### SAN FRANCISCO ETHICS COMMISSION – SFEC Form 126(f)4 v.12.7.18

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR

BOS Clerk of the Board

**CLERK** 



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

### **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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
GREGORY WONG		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
HealthRight 360		(415) 76	2-3700
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1563 Mission St, SF, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
			200371
DESCRIPTION OF AMOUNT OF CONTRACT			
\$703,467			
NATURE OF THE CONTRACT (Please describe)			
Provide mental health and substance abuse serv	ices.		
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	GRAHAM	BRYAN	Board of Directors		
2	IRELAND	DIANE	Board of Directors		
3	McElwee	JAMES	Board of Directors		
4	BALAN	YENER	Board of Directors		
5	BINDER	DANIEL	Board of Directors		
6	MENDOZA	MELYSSA	Board of Directors		
7	POINTER	KAREN	Board of Directors		
8	PUGH	ALEX	Board of Directors		
9	TORRES	TIMOTHY	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 o	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

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## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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	
GREGORY WONG		415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG	

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Heluna Health		800.201.7320		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
13300 Crossroads Parkway North Suite 450 CID 9	1746			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
			200571	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$73,307				
NATURE OF THE CONTRACT (Please describe)				
Providing program administration and support s Division - Tuberculosis Prevention and Control	ervices in s Program.	support of	Population Health	
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7. COMMENTS				
7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
Board of Supervisors				
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THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Ramanathan	ERIK	Board of Directors			
2	JENKS	ROBERT	Board of Directors			
3	JOSEPH	TAMARA	Board of Directors			
4	BAKER	ALEX	Board of Directors			
5	EDWARDS	Carladenise	Board of Directors			
6	YIP	EDWARD	Board of Directors			
7	Casciato	GEORGIA	Board of Directors			
8	O'Connor	JEAN	Board of Directors			
9	Vetticaden	SANTOSH	Board of Directors			
10	RICH	SARAH	Board of Directors			
11	FILER	SCOTT	Board of Directors			
12	DE SANTI	SUSAN	Board of Directors			
13	VASALLO	VIVIAN	Board of Directors			
14	NGUYEN	VON	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
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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.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED		
BOS Clerk of the Board			



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

### **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S,
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>Y</b> O
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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	
GREGORY WONG		415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG	

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	IUMBER	
Heluna Health		800.201.	7320	
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
13300 Crossroads Parkway North Suite 450 CID 9	1746			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$93,008				
NATURE OF THE CONTRACT (Please describe)				
Providing program administration and support s	ervices - F	iscal Inte	rmediary	
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICED(S) SERVES				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Ramanathan	ERIK	Board of Directors			
2	JENKS	ROBERT	Board of Directors			
3	JOSEPH	TAMARA	Board of Directors			
4	BAKER	ALEX	Board of Directors			
5	EDWARDS	Carladenise	Board of Directors			
6	YIP	EDWARD	Board of Directors			
7	Casciato	GEORGIA	Board of Directors			
8	O¹CONNOR	JEAN	Board of Directors			
9	Vetticaden	SANTOSH	Board of Directors			
10	RICH	SARAH	Board of Directors			
11	FILER	SCOTT	Board of Directors			
12	DE SANTI	SUSAN	Board of Directors			
13	NGUYEN	VON	Board of Directors			
14	VASALLO	VIVIAN	Board of Directors			
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED		
BOS Clerk of the Board			



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
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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
GREGORY WONG		415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Heluna Health		(800) 201-7320	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
13300 Crossroads Pkwy N #450, City of Industry	, CA 917		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>S</mark>			200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$115,000			
NATURE OF THE CONTRACT (Please describe)			
Providing program administration and support s	ervices - F	iscal Inte	rmediary
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Ramanathan	ERIK	Board of Directors
2	JENKS	ROBERT	Other Principal Officer
3	JOSEPH	TAMARA	Other Principal Officer
4	BAKER	ALEX	Board of Directors
5	EDWARDS	Carladenise	Board of Directors
6	YIP	EDWARD	Board of Directors
7	Casciato	GEORGIA	Board of Directors
8	O'Connor	JEAN	Board of Directors
9	Vetticaden	SANTOSH	Board of Directors
10	RICH	SARAH	Board of Directors
11	FILER	SCOTT	Board of Directors
12	De Santi	SUSAN	Board of Directors
13	Vasallo	VIVIAN	Board of Directors
14	Nguyen	VON	Board of Directors
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	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
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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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK  DATE SIGNED		
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

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## **Notification of Contract Approval**

SFEC Form 126(f)4
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A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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
GREGORY WONG		415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Heluna Health		800.201.7320	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
13300 Crossroads Parkway North Suite 450 CID 9	1746		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$213,497			
NATURE OF THE CONTRACT (Please describe)			
Provide support for Expecting Justice Program	9	A CALL	
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7. COMMENTS	_	_	
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8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Ramanathan	ERIK	Board of Directors
2	JENKS	ROBERT	Board of Directors
3	JOSEPH	TAMARA	Board of Directors
4	BAKER	ALEX	Board of Directors
5	EDWARDS	CARLADENISE	Board of Directors
6	YIP	EDWARD	Board of Directors
7	CASCIATO	GEORGIA	Board of Directors
8	O¹CONNOR	JEAN	Board of Directors
9	VETTICADEN	SANTOSH	Board of Directors
10	RICH	SARAH	Board of Directors
11	FILER	SCOTT	Board of Directors
12	DE SANTI	SUSAN	Board of Directors
13	VASALLO	VIVIAN	Board of Directors
14	NGUYEN	VON	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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	
GREGORY WONG		415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG	

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Heluna Health		800.201.7320		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
13300 Crossroads Parkway North Suite 450 CID 9	1746			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
₹ <mark>S</mark>			200571	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$223,489				
NATURE OF THE CONTRACT (Please describe)				
Providing program administration and support s	ervices - F	iscal Inte	rmediary	
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7. COMMENTS				
8. CONTRACT APPROVAL This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Ramanathan	ERIK	Board of Directors		
2	JENKS	ROBERT	Board of Directors		
3	JOSEPH	TAMARA	Board of Directors		
4	BAKER	ALEX	Board of Directors		
5	EDWARDS	Carladenise	Board of Directors		
6	YIP	EDWARD	Board of Directors		
7	Casciato	GEORGIA	Board of Directors		
8	O'Connor	JEAN	Board of Directors		
9	Vetticaden	SANTOSH	Board of Directors		
10	RICH	SARAH	Board of Directors		
11	FILER	SCOTT	Board of Directors		
12	De Santi	SUSAN	Board of Directors		
13	VASALLO	VIVIAN	Board of Directors		
14	Nguyen	VON	Board of Directors		
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COIIC	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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 con	nplete.		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED			
CLERK			
BOS Clerk of the Board			



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

1

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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	
GREGORY WONG		415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG	

5. CONTRACTOR					
NAME OF CONTRACTOR		TELEPHONE NUMBER			
Heluna Health		800.201.7320			
STREET ADDRESS (including City, State and Zip Code)		EMAIL			
13300 Crossroads Parkway North Suite 450 CID C	A 91746				
6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)		
₹ <mark>S</mark>			200571		
DESCRIPTION OF AMOUNT OF CONTRACT					
\$222,085					
NATURE OF THE CONTRACT (Please describe)					
Providing program administration and support s	ervices - F	iscal Inte	rmediary		
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7. COMMENTS					
8. CONTRACT APPROVAL					
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM					
THE CITY ELECTIVE STRICER(S) IDENTIFIED ON THIS TORKIN					
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES					
Board of Supervisors					
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS		

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Ramanathan	ERIK	Board of Directors		
2	JENKS	ROBERT	Board of Directors		
3	JOSEPH	TAMARA	Board of Directors		
4	BAKER	ALEX	Board of Directors		
5	EDWARDS	CARLADENISE	Board of Directors		
6	YIP	EDWARD	Board of Directors		
7	Casciato	GEORGIA	Board of Directors		
8	O'Connor	JEAN	Board of Directors		
9	Vetticaden	SANTOSH	Board of Directors		
10	RICH	SARAH	Board of Directors		
11	FILER	SCOTT	Board of Directors		
12	DE SANTI	SUSAN	Board of Directors		
13	VASALLO	VIVIAN	Board of Directors		
14	NGUYEN	VON	Board of Directors		
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COIIC	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY WONG		415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Heluna Health		800.201.7320	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
13300 Crossroads Parkway North Suite 450 CID C	A 91746		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$271,989			
NATURE OF THE CONTRACT (Please describe)			
Providing program administration and support s	ervices - F	iscal Inte	rmediary
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7. COMMENTS			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
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cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Ramanathan	ERIK	Board of Directors		
2	JENKS	ROBERT	Board of Directors		
3	JOSEPH	TAMARA	Board of Directors		
4	BAKER	ALEX	Board of Directors		
5	EDWARDS	Carladenise	Board of Directors		
6	YIP	EDWARD	Board of Directors		
7	Casciato	GEORGIA	Board of Directors		
8	O'Connor	JEAN	Board of Directors		
9	Vetticaden	SANTOSH	Board of Directors		
10	RICH	SARAH	Board of Directors		
11	FILER	SCOTT	Board of Directors		
12	DE SANTI	SUSAN	Board of Directors		
13	VASALLO	VIVIAN	Board of Directors		
14	NGUYEN	VON	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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	
GREGORY WONG		415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG	

<u>'A</u>			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Hyde Street Community Services		(415) 673-5700	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
815 Hyde St, San Francisco, CA 94109			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT	1		
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Provides funding for wrap around clients and p	rogram expe	nses for w	ellness-recovery
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
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THE DOADS OF A STATE ACTIVE CONTINUES OF A STATE ACTIVE CONTINUES.	THE OIT : 5: 50-	/E OFFICED(S) ::	DENTIFIED ON THIS FORM STO
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	DAVEY	MARK	Other Principal Officer			
2	Goosens-Larsen	DINO	Other Principal Officer			
3	CUTTS	JULIE	Other Principal Officer			
4	KNOX	ОНОС	Board of Directors			
5	внат	MITUL	Board of Directors			
6	LIN	HOLLY	Board of Directors			
7	BARNARD	KRISTEN	Board of Directors			
8	ESH00	MARC	Board of Directors			
9	LAUDER	SANDRA	Board of Directors			
10	STRANDBERG	SELENA	Board of Directors			
11	HARRISON	ROY	Board of Directors			
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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.				
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK  DATE SIGNED				
BOS Clerk of the Board				



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

1

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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	
GREGORY WONG		415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
IFR (Instituto Familiar de la Raza)		(415) 229-0500	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
2919 Mission Street, San Francisco, CA 94110			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
₹ <mark>S</mark>			200571
DESCRIPTION OF AMOUNT OF CONTRACT			
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NATURE OF THE CONTRACT (Please describe)			
Provides funding for wrap around clients and p			
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	NAVARRO	TYRONE	Other Principal Officer			
2	AVILA	LUPE	Other Principal Officer			
3	SERE	NICHOLAS	Board of Directors			
4	ROGERS	PAT	Board of Directors			
5	Gutierrez	KENNY	Board of Directors			
6	RUIZ	SANTIAGO	Board of Directors			
7	CARUSO	WHITNEY	Board of Directors			
8	CASTILLO	KARLA	Board of Directors			
9	NAVES	FLAVIA	Board of Directors			
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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	ТҮРЕ		
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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.					
		laws of the State of California that the fo	oregoing is true and correct.		
ı sıgı	SIGNATURE OF CITY FUECTIVE OFFICER OR ROARD SECRETARY OR DATE SIGNED				

BOS Clerk of the Board

CLERK



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION		
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)	
Original	v,	
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
GREGORY N	WONG	415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

<b>\</b>				
5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE NUMBER		
IFR (Instituto Familiar de la Raza)		(415) 229-0500		
STREET ADDRESS (including City, State and Zip Code)		EMAIL		
2919 Mission St, SF, CA 94110				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$17,883				
NATURE OF THE CONTRACT (Please describe)				
To improve the health and quality of life of their access to appropriate medical care, ment an emphasis on Spanish speaking, low income in	al health, s dividuals.	social and	support services, with	
	<b>'</b> S	in of the		
		,00	A CONTRACTOR OF THE CONTRACTOR	
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7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors	Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	NAVARRO	TYRONE	Other Principal Officer
2	AVILA	LUPE	Other Principal Officer
3	SERE	NICHOLAS	Board of Directors
4	ROGERS	PAT	Board of Directors
5	Gutierrez	KENNY	Board of Directors
6	RUIZ	SANTIAGO	Board of Directors
7	CARUSO	WHITNEY	Board of Directors
8	CASTILLO	KARLA	Board of Directors
9	NAVES	FLAVIA	Board of Directors
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contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

### **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DE	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. C	ONTRACTOR			
NAM	IE OF CONTRACTOR		TELEPHONE N	IUMBER
Ма	itri AIDS Hospice		(415) 55	8-3000
STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
40	1 Duboce Ave, SF, CA 94114			
6. CC	ONTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	RIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
	40			200571
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$4	87,166			
NATI	URE OF THE CONTRACT (Please describe)			
To 1i	provide safe housing, medical care and nutrit fe and those needing respite to return to inde	ion suppo pendence a	rts for tho as defined	ose with HIV at end of by the resident.
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7.60	OR ARACAITC			
7. CC	OMMENTS			
	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	20a. a 01 3apc. v 13013			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE	CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	KING	DIM	Other Principal Officer		
2	VIGNA	WILLIAM	Other Principal Officer		
3	WILLIAMS	PATRICK	Other Principal Officer		
4	WONG	JANE	Other Principal Officer		
5	CASADOS	JOHANNES	Board of Directors		
6	NIEMEYER	MICHAEL	Board of Directors		
7	LAPOINTE	RAY	Board of Directors		
8	ANSARI	OMAR	Board of Directors		
9	CUMMINGS	DONNA	Board of Directors		
10	CUMMINGS	GREGG	Board of Directors		
11	MILLER	AUSTIN	Board of Directors		
12	Boettcher	EVA	Board of Directors		
13	RANA	Sameera	Board of Directors		
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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9. AFFILIATES AND SUBCONTRACTORS					
List t exec who	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	ТҮРЕ		
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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.				
	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.					
SIGI	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED				

BOS Clerk of the Board

**CLERK** 



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
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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 DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY V	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
NICOS Chinese Health Coalition		(415) 78	8-6426
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1208 Mason St, San Francisco, CA 94108			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$8,000			
NATURE OF THE CONTRACT (Please describe)			
Provide support for oral health program	9	A CA	
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
$\sqcup$			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	CHAN	САТНҮ	Other Principal Officer		
2	FONG	NORMAN	Other Principal Officer		
3	FONG	STUART	Board of Directors		
4	Iyanrick	ЛОНИ	Other Principal Officer		
5	Kawasaki-Yee	DIANA	Board of Directors		
6	LEE	KARI	Board of Directors		
7	LEONG	MAY	Board of Directors		
8	LI	GRACE	Board of Directors		
9	LIM-YEE	NANCY	Board of Directors		
10	LUI	BEN	Board of Directors		
11	СНОМ	VINCY	Board of Directors		
12	WONG	DIANA	Board of Directors		
13	KWONG	YULANDA	Board of Directors		
14	WONG	JORGE	Board of Directors		
15	WOO	KENT	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

<b>*</b> A	
5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Positive Resource Center DBA Aids Emergency Fund	415.777.0333
STREET ADDRESS (including City, State and Zip Code)	EMAIL
12 Grace Street, Suite 300, SF, CA 94103	
	·
6. CONTRACT	
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)  ORIGI	NAL BID/RFP NUMBER   FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT	<u>'</u>
\$164,867	
NATURE OF THE CONTRACT (Please describe)	
To provide emergency financial assistance grants to stabilize their living situation and improve the q  7. COMMENTS	low income individuals with HIV/ AIDS to uality of their lives.
8. CONTRACT APPROVAL	
This contract was approved by:	
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM	
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES	
Board of Supervisors	

THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
1	SCHNEIDER	BRIAN	Other Principal Officer	
2	ROGER	KENT	Other Principal Officer	
3	JUSTUS	SCOTT	Other Principal Officer	
4	MATHESON	BILL	Other Principal Officer	
5	BROWNING	DOUG	Board of Directors	
6	ISHIDA	RYO	Board of Directors	
7	MCKEEL	RYAN	Board of Directors	
8	MICHAELS	JACQUES	Board of Directors	
9	SCHROEDER	TIM	Board of Directors	
10	STEINBERG	MICHAEL	Board of Directors	
11	TREASTER	MERREDITH	Board of Directors	
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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

# 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. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DE	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. C	ONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER		
Project Open Hand		(415) 447-2300		
STRE	ET ADDRESS (including City, State and Zip Code)		EMAIL	
73	0 Polk St, SF, CA 94109			
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	ONTRACT			
DATE	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
	₹ <mark>\</mark>			200571
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$1	,426,235			
NAT	URE OF THE CONTRACT (Please describe)			
To g	improve the nutritional health of all people roceries, nutrition assessments and other for	living without and nutr	th HIV/AID ition serv	s through prepared meals, ices.
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Strong the second secon				
7. C	OMMENTS			
8. CC	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF 1	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	HENRY	MIKE	Board of Directors			
2	YANKROUPE	RUTH	Board of Directors			
3	KING	PATRICIA	Other Principal Officer			
4	COLTON	ЛОНИ	Board of Directors			
5	CHANG	ANDREW	Board of Directors			
6	CHANDRA	VISHWA	Board of Directors			
7	KRISHNA	ANEESH	Board of Directors			
8	MARING	PRESTON	Board of Directors			
9	MCSWINE	GINNY	Board of Directors			
10	Wakankar	ADITYA	Board of Directors			
11	Petraglia	JENNIFER	Board of Directors			
12	WILKINSON	ANDREA	Board of Directors			
13	YORK	HELENE	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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 o	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

1

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY N	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

'\0			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Rafiki Coalition for Health & Wellness		(415) 615-9945	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
601 Cesar Chavez Street, SF, CA 94124			
		<u> </u>	
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$100,000			
NATURE OF THE CONTRACT (Please describe)			
The goal of this contract is to provide safety formerly homeless men and women with HIV/AIDS support needed to move towards permanent and s	in San Fran afe housing	cisco and $ $	provide the necessary
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7. COMMENTS			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS
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con	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	ELAWAR	MAY	Board of Directors	
2	PRINCE	CYNTHIA	Board of Directors	
3	WILLIAMS	LISA	Other Principal Officer	
4	GAINES	MARK	Other Principal Officer	
5	FRANKEL	KEVIN	Board of Directors	
6	LESARRE	MONIQUE	Board of Directors	
7	MOATS	PHYLLIS	Board of Directors	
8	OERTEL	DIANA	Board of Directors	
9	STRONG	SHIRLEY	Board of Directors	
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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 39 40 41 42 43 44 45 46 47 48 49 50 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 o	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY N	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

<u>'\</u>			
5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
RAMS, Inc. (Richmond Area Multi-Services)	(415) 668-5955		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
3626 Balboa St, San Francisco, CA 94121			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER   FILE NUMBER (If applicable) 200571		
DESCRIPTION OF AMOUNT OF CONTRACT			
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Peer wages for consumers participating in runni Clinic			
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	St. Othor Kutho		
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF TI	HE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS		

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	HUIE	CYNTHIA	Board of Directors	
2	Chaudhuri	Anoshua	Board of Directors	
3	ALVAREZ	ALVIN	Board of Directors	
4	YEH	том	Board of Directors	
5	HSU	LEE	Board of Directors	
6	Scholtz	MARJORIE	Board of Directors	
7	ROBERTS	MAGGIE	Board of Directors	
8	СНОМ	WADE	Board of Directors	
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.

# 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. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

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Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY V	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
RAMS, Inc. (Richmond Area Multi-Services)		(415) 668-5955	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3626 Balboa St, San Francisco, CA 94121			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Provides funding for wrap around clients and p	rogram exper	nses for w	ellness-recovery
Provides funding for wrap around clients and program expenses for wellness-recovery			
7. COMMENTS			

8. C	ONTRACT APPROVAL		
This	This contract was approved by:		
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES  Board of Supervisors		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS		

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	HUIE	CYNTHIA	Board of Directors	
2	Chaudhuri	Anoshua	Board of Directors	
3	ALVAREZ	ALVIN	Board of Directors	
4	YEH	том	Board of Directors	
5	HSU	LEE	Board of Directors	
6	Scholtz	MARJORIE	Board of Directors	
7	ROBERTS	MAGGIE	Board of Directors	
8	СНОМ	WADE	Board of Directors	
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	
	<b>10</b>
	X.

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 DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
RAMS, Inc. (Richmond Area Multi-Services)	(415) 668-5955	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
3626 Balboa St, San Francisco, CA 94121		
6 CONTRACT		

6. CONTRACT	
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) ORIGINAL BID/RFP NUMBER   FILE NUMBER (If app 200571	licable)
2003/1	
DESCRIPTION OF AMOUNT OF CONTRACT	
\$150,266	
NATURE OF THE CONTRACT (Please describe)	
Provides support of consumer-run centers serving manu dually-diagnosed individuals	
The vides supported to consumer that centers serving many dragnosed marviadars	
YX.	
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7. COMMENTS	
8. CONTRACT APPROVAL	
This contract was approved by:	
This contract was approved by:	
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM  A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES	
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM	
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM  A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES	
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM  A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES	RM SITS
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM  A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES  Board of Supervisors	RM SITS

con	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	HUIE	CYNTHIA	Board of Directors
2	Chaudhuri	Anoshua	Board of Directors
3	Alvarez	Alvin	Board of Directors
4	ҮЕН	том	Board of Directors
5	HSU	LEE	Board of Directors
6	SCHOLTZ	MARJORIE	Board of Directors
7	ROBERTS	MAGGIE	Board of Directors
8	СНОМ	WADE	Board of Directors
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK  DATE SIGNED			
BOS Clerk of the Board			



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

1

### **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY N	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
RAMS, Inc. (Richmond Area Multi-Services)	(415) 668-5955
STREET ADDRESS (including City, State and Zip Code)	EMAIL
3626 Balboa St, San Francisco, CA 94121	

3626 Balboa St, San Francisco, CA 94121		
	•	
6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 200571
		200371
DESCRIPTION OF AMOUNT OF CONTRACT		
\$154,419		
NATURE OF THE CONTRACT (Please describe)		
Provide program support	9	
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	S. Charles	<b>C</b>
7. COMMENTS		
7. COMMENTS		
8. CONTRACT APPROVAL This contract was approved by:		
THIS CONTRACT WAS Approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
Board of Supervisors		
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S)	DENTIFIED ON THIS FORM SITS
	Sirr Ellerive OrriceM(3)	

cont	ract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	HUIE	CYNTHIA	Other Principal Officer
2	Chaudhuri	Anoshua	Other Principal Officer
3	ALVAREZ	ALVIN	Board of Directors
4	YEH	том	Board of Directors
5	HSU	LEE	Board of Directors
6	SCHOLTZ	MARJORIE	Board of Directors
7	ROBERTS	MAGGIE	Board of Directors
8	CHOW	WADE	Board of Directors
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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 39 40 41 42 43 44 45 46 47 48 49 50 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. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR **DATE SIGNED**

BOS Clerk of the Board

**CLERK** 



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

E OF ORIGINAL FILING (for amendment only)
S.
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<b>XX</b>

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
GREGORY WONG		415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
RAMS, Inc. (Richmond Area Multi-Services)		(415) 66	8-5955
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3626 Balboa St, San Francisco, CA 94121			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$249,691			
NATURE OF THE CONTRACT (Please describe)			
Provides Peer Internship Program that prepares counseling	S. S.	A CO	
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			

THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

Board of Supervisors

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	HUIE	CYNTHIA	Board of Directors		
2	Chaudhuri	Anoshua	Board of Directors		
3	Alvarez	Alvin	Board of Directors		
4	YEH	том	Board of Directors		
5	HSU	LEE	Board of Directors		
6	Scholtz	Marjorie	Board of Directors		
7	ROBERTS	MAGGIE	Board of Directors		
8	СНОМ	WADE	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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File #: 200571

Bid/RFP #:

## **Notification of Contract Approval**

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A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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	
GREGORY WONG		415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG	

5. CONTRACTOR				
NAME OF CONTRACTOR		TELEPHONE N	NUMBER	
RAMS, Inc. (Richmond Area Multi-Services)		(415) 668-5955		
STREET ADDRESS (including City, State and Zip Code)		EMAIL	EMAIL	
3626 Balboa St, San Francisco, CA 94121				
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
₹ <mark>\</mark>			200571	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$273,182				
NATURE OF THE CONTRACT (Please describe)				
Provides Bilingual-designated counselor posit	ions			
	S.	<b>3</b>		
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7. C	OMMENTS COMMENTS
8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
Ш	
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES
$\nabla$	

THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

Board of Supervisors

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	HUIE	CYNTHIA	Board of Directors			
2	Chaudhuri	Anoshua	Board of Directors			
3	ALVAREZ	ALVIN	Board of Directors			
4	YEH	том	Board of Directors			
5	HSU	LEE	Board of Directors			
6	Scholtz	MARJORIE	Board of Directors			
7	ROBERTS	MAGGIE	Board of Directors			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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	
GREGORY WONG		415-554-2521	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG	

<u>`````</u>			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
Richmond Area Multi-Services		(415) 668-5955	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
3626 Balboa Street 94121 San Francisco CA 9412	21		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$428,437			
NATURE OF THE CONTRACT (Please describe)			
Provide Peer Internship Program that prepares counseling positions			
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	tract.		1
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	HUIE	CYNTHIA	Board of Directors
2	Chaudhuri	Anoshua	Board of Directors
3	Alvarez	ALVIN	Board of Directors
4	ҮЕН	ТОМ	Board of Directors
5	HSU	LEE	Board of Directors
6	SCHOLTZ	MARJORIE	Board of Directors
7	ROBERTS	MAGGIE	Board of Directors
8	СНОМ	WADE	Board of Directors
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COIIC	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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 39 40 41 42 43 44 45 46 47 48 49 50 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 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. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

1

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>'</b> O
	Y <sub>X</sub>
	$\mathbf{Q}_{\lambda}$

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
GREGORY WONG		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
The Salvation Army, San Francisco Harbor Light Center	(415) 503-3000
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1275 Harrison Street, San Francisco, CA 94103	

12	75 Harrison Street, San Francisco, CA	A 94103			
6. C	ONTRACT				
DATI	CONTRACT WAS APPROVED BY THE CITY ELECTIVE O	FFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
	₹ <mark>\</mark>				200571
DESC	CRIPTION OF AMOUNT OF CONTRACT	5			
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NAT	URE OF THE CONTRACT (Please describe)	1			
Pr	ovide client support services		9		
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	ONTRACT APPROVAL contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FO	ORM			
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	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) S	SERVES			
	Board of Supervisors				
$ \Box $	THE BOARD OF A STATE AGENCY ON WHICH AN APP	OINTEE OF	THE CITY ELECTIV	'E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	PEDDLE	BRIAN	Board of Directors		
2	PEDDLE	ROSALIE	Board of Directors		
3	BUCKINGHAM	LYNDON	Board of Directors		
4	BUCKINGHAM	BRONWYN	Board of Directors		
5	Brekke-Clifton	Birgitte	Board of Directors		
6	DIAZ	EVIE	Board of Directors		
7	Heatwole	MERLE	Board of Directors		
8	HUDSON	DAVID	Board of Directors		
9	HUDSON	SHARON	Board of Directors		
10	BAILEY	BRADFORD	Board of Directors		
11	BAILEY	HEIDI	Board of Directors		
12	BAMFORD	WILLIAM	Board of Directors		
13	BAMFORD	LORRAINE	Board of Directors		
14	HOWELL	WILLIS	Board of Directors		
15	HOWELL	BARBARA	Board of Directors		
16	HODDER	KENNETH	Board of Directors		
17	HODDER	JOLENE	Board of Directors		
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COIIC	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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Received On:

File #: 200571

Bid/RFP #:

### **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
GREGORY I	WONG	415-554-2521	
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG	

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
The Salvation Army, San Francisco Harbor Light Center	(415) 503-3000
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1275 Harrison St, San Francisco, CA 94103	

12	/5 Harrison St, San Francisco,	CA 94103			
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6. C0	ONTRACT				
DATE	CONTRACT WAS APPROVED BY THE CITY ELI	ECTIVE OFFICER(S)	ORIGINAL BID/RE	P NUMBER	FILE NUMBER (If applicable)
	•	4			200571
DESC	RIPTION OF AMOUNT OF CONTRACT	**			
\$2	38,101	<b>6</b> %.			
NATI	JRE OF THE CONTRACT (Please describe)				
Pr	ovide client support services		9		
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8 CC	ONTRACT APPROVAL	_	_	_	
	contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED O	N THIS FORM			
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	A DOADD ON WHICH THE CITY ELECTIVE OF	5105D(C) C5D\/5C			
	A BOARD ON WHICH THE CITY ELECTIVE OF	FICER(S) SERVES			
	Board of Supervisors				
	THE BOARD OF A STATE AGENCY ON WHICH	I AN APPOINTEE OF	THE CITY ELECTIVE	OFFICER(S) I	DENTIFIED ON THIS FORM SITS

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cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	PEDDLE	BRIAN	Board of Directors			
2	PEDDLE	ROSALIE	Board of Directors			
3	BUCKINGHAM	LYNDON	Board of Directors			
4	BUCKINGHAM	BRONWYN	Board of Directors			
5	BREKKE-CLIFTON	BIRGITTE	Board of Directors			
6	DIAZ	EVIE	Board of Directors			
7	HEATWOLE	MERLE	Board of Directors			
8	HUDSON	DAVID	Board of Directors			
9	HUDSON	SHARON	Board of Directors			
10	BAILEY	BRADFORD	Board of Directors			
11	BAILEY	HEIDI	Board of Directors			
12	BAMFORD	WILLIAM	Board of Directors			
13	BAMFORD	LORRAINE	Board of Directors			
14	HOWELL	WILLIS	Board of Directors			
15	HOWELL	BARBARA	Board of Directors			
16	HODDER	KENNETH	Board of Directors			
17	HODDER	JOLENE	Board of Directors			
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.

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25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0',
AMENDMENT DESCRIPTION – Explain reason for amendment	
	<b>10</b>
	X.

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 DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
GREGORY V	WONG	415-554-2521	
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG	

<b>`</b>			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
San Francisco Mental Health Educational Board		415-255-3474	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1380 Howard Street, San Francisco, CA 94103			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT	•		
\$61,488			
NATURE OF THE CONTRACT (Please describe)			
Support Administrative oversight of system-of- maintain level of finding for training		intermedia	
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
	EAST NAME/ENTITY SOCIETY ACTION	THOTRANE	
1	TESCONI	Marylyn	Board of Directors
2	SANDERS	ИОСИ	Board of Directors
3	JACKSON-LANE	CARLETTA	Board of Directors
4	DRUMMOND	JUDY	Board of Directors
5	BOHRER	TEREZIE	Board of Directors
6	DANCER	MARCUS	Board of Directors
7	Thakore-Dunlap	ULASH	Board of Directors
8	CURRY	ARTHUR	Board of Directors
9	Ledbetter	GREGORY	Board of Directors
10	KLAIN	JUDITH	Board of Directors
11	PARKS	TONI	Board of Directors
12	SLOTA	RICHELLE	Board of Directors
13	STEVENS	HARRIETTE	Board of Directors
14	WILSON	IDELL	Board of Directors
15	WONG	BENNY	Board of Directors
16	STEFANI	CATHERINE	Board of Directors
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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 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. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



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Received On:

File #: 200571

Bid/RFP #:

1

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>'</b> O
	Y <sub>X</sub>
	$\mathbf{Q}_{\lambda}$

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
GREGORY WONG		415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
San Francisco Public Health Foundation		415-504-	6738
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1 Hallidie Plaza, Suite 808 San Francisco, CA	94102		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$27,237			
NATURE OF THE CONTRACT (Please describe)			
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Fiscal Intermediary			
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7. COMMENTS			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			

8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES  Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	FERBER	ELIZABETH	Other Principal Officer		
2	FALK	NICOLE	Other Principal Officer		
3	BENNENT	AYANNA	Other Principal Officer		
4	EARDLEY	PENNY	Other Principal Officer		
5	FINE	SARAH	Board of Directors		
6	Longstreth	ELIZABETH	Board of Directors		
7	LOYCE JR	JAMES	Board of Directors		
8	LYLES	COURTNEY	Board of Directors		
9	MOORE	MELISSA	Board of Directors		
10	VILLAGOMEZ	ALICE	Board of Directors		
11	WORKMAN	DEE DEE	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED		
BOS Clerk of the Board			



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Bid/RFP #:

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

1. FILING INFORMATION	7
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>Y</b> O
	<b>'</b>

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 DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY V	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	415-504-6738
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plaza Suite 808 San Francisco, СА 94102	
6 CONTRACT	

1	Hallidle Plaza Suffe 808 San	Francisco, CA	94102	
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6. C	ONTRACT			
DATI	E CONTRACT WAS APPROVED BY THE CITY	ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
		40		200571
DESC	RIPTION OF AMOUNT OF CONTRACT	<b>W</b>		
\$5	2,750	'0'.		
NAT	URE OF THE CONTRACT (Please describe)			
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7. C	OMMENTS			
0_6	ONTRACT ADDROVAL			
	ONTRACT APPROVAL contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED	ON THIS FORM		
	A BOARD ON WHICH THE CITY ELECTIVE O	OFFICER(S) SERVES		
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHI	CH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) I	DENTIFIED ON THIS FORM SITS
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con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	FERBER	ELIZABETH	Other Principal Officer		
2	FALK	NICOLE	Other Principal Officer		
3	BENNENT	AYANNA	Other Principal Officer		
4	EARDLEY	PENNY	Board of Directors		
5	FINE	SARAH	Board of Directors		
6	Longstreth	ELIZABETH	Board of Directors		
7	LOYCE JR	JAMES	Board of Directors		
8	LYLES	COURTNEY	Board of Directors		
9	VILLAGOMEZ	ALICE	Board of Directors		
10	WORKMAN	DEE DEE	Board of Directors		
11	MOORE	MELISSA	Board of Directors		
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.

# 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. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

1

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	415-504-6738
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	
C CONTRACT	

1 Hallidie Plaza, Suite 808 San Francisco, CA	94102	
6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 200571
₹ <mark>o</mark>		200371
DESCRIPTION OF AMOUNT OF CONTRACT		
\$73,848		
NATURE OF THE CONTRACT (Please describe)		
Fiscal intermediary	9	
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	S. C.	
7. COMMENTS		
8. CONTRACT APPROVAL		
This contract was approved by:		
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
Board of Supervisors		
Board of Supervisors		
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	· THE CITY ELECTIVE OFFICER(S) I	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	FERBER	ELIZABETH	Other Principal Officer
2	FALK	NICOLE	Other Principal Officer
3	BENNETT	AYANNA	Other Principal Officer
4	EARDLEY	PENNY	Other Principal Officer
5	FINE	SARAH	Board of Directors
6	Longstreth	ELIZABETH	Board of Directors
7	LOYCE JR	JAMES	Board of Directors
8	LYLES	COURTNEY	Board of Directors
9	MOORE	MELISSA	Board of Directors
10	VILLAGOMEZ	ALICE	Board of Directors
11	WORKMAN	DEE DEE	Board of Directors
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

1

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>'</b> O
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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 DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY V	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

<u> </u>			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
San Francisco Public Health Foundation		415-504-	6738
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1 Hallidie Plaza, Suite 808 San Francisco, CA	94102		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT	•		
\$82,547			
NATURE OF THE CONTRACT (Please describe)			
Fiscal intermediary	9		
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	FERBER	ELIZABETH	Other Principal Officer		
2	FALK	NICOLE	Other Principal Officer		
3	BENNETT	AYANNA	Other Principal Officer		
4	EARDLEY	PENNY	Other Principal Officer		
5	FINE	SARAH	Board of Directors		
6	Longstreth	ELIZABETH	Board of Directors		
7	LOYCE JR	JAMES	Board of Directors		
8	LYLES	COURTNEY	Board of Directors		
9	MOORE	MELISSA	Board of Directors		
10	VILLAGOMEZ	ALICE	Board of Directors		
11	WORKMAN	DEE DEE	Board of Directors		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
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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 39 40 41 42 43 44 45 46 47 48 49 50 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 con	nplete.	
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK		
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

1

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	<b>♥</b> .
AMENDMENT DESCRIPTION – Explain reason for amendment	
	6
	YX.
	<b>8</b>

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
GREGORY WONG		415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	415-504-6738
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	

1	Hallidle Plaza, Suite 808 San Francisco, CA	94102	
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6. C	ONTRACT		
	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
			200571
DES	CRIPTION OF AMOUNT OF CONTRACT		
\$1	.70,999		
NAT	URE OF THE CONTRACT (Please describe)		
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7. C	OMMENTS		
8. C	ONTRACT APPROVAL		
This	contract was approved by:		
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
	Board of Supervisors		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S)	IDENTIFIED ON THIS FORM SITS

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	FERBER	ELIZABETH	Other Principal Officer
2	FALK	NICOLE	Other Principal Officer
3	BENNETT	AYANNA	Other Principal Officer
4	EARDLEY	PENNY	Other Principal Officer
5	FINE	SARAH	Board of Directors
6	Longstreth	ELIZABETH	Board of Directors
7	LOYCE JR	JAMES	Board of Directors
8	LYLES	COURTNEY	Board of Directors
9	MOORE	MELISSA	Board of Directors
10	VILLAGOMEZ	ALICE	Board of Directors
11	WORKMAN	DEE DEE	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	<b>3</b> ,
AMENDMENT DESCRIPTION – Explain reason for amendment	
	<b>9</b> ,
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	<b>'</b> O.

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
GREGORY WONG		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Public Health Foundation	415-504-6738
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	

Harridle Plaza, Surte 808 San Francisco, CA	94102	
	<u> </u>	
6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
		200571
DESCRIPTION OF AMOUNT OF CONTRACT		
\$638,250		
NATURE OF THE CONTRACT (Please describe)	?_	
Providing program administration in support o	f SF Tobadcco Free Pro	ject.
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7. COMMENTS		
O CONTRACT ARRESOVAL		
8. CONTRACT APPROVAL This contract was approved by:		
THIS CONTRACT WAS Approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
The city effective difficulty librarii ied da filia Ponial		
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
□□ Board of Supervisors		
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE O	F THE CITY ELECTIVE OFFICER(S) I	DENTIFIED ON THIS FORM SITS

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
1	FERBER	ELIZABETH	Other Principal Officer			
2	MOORE	MELISSA	Board of Directors			
3	BENNETT	AYANNA	Other Principal Officer			
4	WORKMAN	DEE DEE	Other Principal Officer			
5	EARDLEY	PENNY	Other Principal Officer			
6	FALK	NICOLE	Other Principal Officer			
7	FINE	SARAH	Board of Directors			
8	LONGSTRETH	ELIZABETH	Board of Directors			
9	LOYCE JR	JAMES	Board of Directors			
10	LYLES	COURTNEY	Board of Directors			
11	VILLAGOMEZ	ALICE	Board of Directors			
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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 39 40 41 42 43 44 45 46 47 48 49 50 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 con	nplete.	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
CLERK		
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

1

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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
GREGORY WONG		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

Y.A			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
San Francisco Study Center		(415) 62	6-1650
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1663 Mission Street, Suite 310, San Francisco	CA 94103		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$13,732			
NATURE OF THE CONTRACT (Please describe)			
Peer wages for consumers participating in runn Clinic	The accordance of the contract	A CO	at the one mental hearth
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			

THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

Board of Supervisors

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
1	LIVINGSTON	RICHARD	Other Principal Officer			
2	YEE	TINA	Other Principal Officer			
3	НОММА	REIKO	Other Principal Officer			
4	BURKS	ИНОС	Board of Directors			
5	ELBGAL	HAZIM	Other Principal Officer			
6	ELDON	ERIC	Board of Directors			
7	KUTNICK	BENJAMIN	Board of Directors			
8	KWONG	JEANNE	Board of Directors			
9	Margaronis	STAS	Board of Directors			
10	MCWILLIAMS	JIM	Board of Directors			
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#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK  DATE SIGNED		
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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
GREGORY WONG		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
San Francisco Unified School District		415-241-6000	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
555 Franklin Street, San Francisco, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$230,000			
NATURE OF THE CONTRACT (Please describe)			
Provide outreach to targeted populations	9		
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7. COMMENTS			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	SANCHEZ	MARK	Other Principal Officer		
2	LOPEZ	GABRIELA	Other Principal Officer		
3	COLLINS	ALISON	Board of Directors		
4	СООК	STEVON	Board of Directors		
5	LAM	JENNY	Board of Directors		
6	MOLIGA	FAAUUGA	Board of Directors		
7	NORTON	RACHEL	Board of Directors		
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50 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 o	r California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
CLERK		
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

1

## **Notification of Contract Approval**

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

A Public Document

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	.0
Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>1</b>
	X
	YA COMPANY

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 DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY V	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

NAME OF CONTRACTOR SHANTI  STREET ADDRESS (including City, State and Zip Code) 730 Polk Street, 3rd Floor San Francisco, CA 94109  6. CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) DESCRIPTION OF AMOUNT OF CONTRACT \$95,203  NATURE OF THE CONTRACT (Please describe) Provides Hepatitis C prevention services  7. COMMENTS	5. CONTRACTOR			
STREET ADDRESS (including City, State and Zip Code) 730 Polk Street, 3rd Floor San Francisco, CA 94109  6. CONTRACT  DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)  DESCRIPTION OF AMOUNT OF CONTRACT \$95,203  NATURE OF THE CONTRACT (Please describe) Provides Hepatitis C prevention services	NAME OF CONTRACTOR		TELEPHONE N	IUMBER
6. CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)  DESCRIPTION OF AMOUNT OF CONTRACT \$95,203  NATURE OF THE CONTRACT (Please describe)  Provides Hepatitis C prevention services	SHANTI		(415) 67	4-4700
6. CONTRACT  DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)  DESCRIPTION OF AMOUNT OF CONTRACT \$95,203  NATURE OF THE CONTRACT (Please describe)  Provides Hepatitis C prevention services	STREET ADDRESS (including City, State and Zip Code)		EMAIL	
DESCRIPTION OF AMOUNT OF CONTRACT \$95,203  NATURE OF THE CONTRACT (Please describe) Provides Hepatitis C prevention services	730 Polk Street, 3rd Floor San Francisco, CA 9	4109		
DESCRIPTION OF AMOUNT OF CONTRACT \$95,203  NATURE OF THE CONTRACT (Please describe) Provides Hepatitis C prevention services				
DESCRIPTION OF AMOUNT OF CONTRACT \$95,203  NATURE OF THE CONTRACT (Please describe) Provides Hepatitis C prevention services	6. CONTRACT			
\$95,203  NATURE OF THE CONTRACT (Please describe)  Provides Hepatitis C prevention services	DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	
\$95,203  NATURE OF THE CONTRACT (Please describe)  Provides Hepatitis C prevention services	DESCRIPTION OF AMOUNT OF CONTRACT			
Provides Hepatitis C prevention services	\$95,203			
St. Othol Killer	NATURE OF THE CONTRACT (Please describe)			
	Provides Hepatitis C prevention services	9		
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7. COMMENTS				
	7. COMMENTS			
8. CONTRACT APPROVAL	8. CONTRACT APPROVAL			
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors				
253. 3 C. Super 1.50.5				
THE BOADD OF A STATE AGENCY ON WHICH AN ADDOINTEE OF THE CITY ELECTIVE OFFICED(S) IDENTIFIED ON THIS FORM CITE	THE BOARD OF A STATE ACENCY ON MUHICU AN APPOINTER OF	THE CITY ELECTIV	E OEEICER(c) !!	DENITIEIED ON THIS EODAA SITS
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	INE CITY ELECTIV	E OFFICEK(3) II	DEMITTED ON THIS FORIN SITS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	KLEARMAN	MICKI	Board of Directors
2	DAWES	WILLIAM	Other Principal Officer
3	ENNIS	JAMIE	Board of Directors
4	FRANCONE	JERRY	Board of Directors
5	KIERNAN	SHEILA	Board of Directors
6	LAWLOR	CATHERINE	Board of Directors
7	MCCARTHY	COLLEEN	Board of Directors
8	SELL	ОНОС	Board of Directors
9	SULLIVAN	ETHAN	Board of Directors
10	SUPANICH	CHIP	Board of Directors
11	WEINSTEIN	JOSH	Board of Directors
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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 39 40 41 42 43 44 45 46 47 48 49 50 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.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

1

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	<b>♂</b> .
AMENDMENT DESCRIPTION – Explain reason for amendment	
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	YX.
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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 DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY V	WONG	415-554-2521
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
University of California, San Francisco		415-476-	3197
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
550 16th Street, 7th Floor San Francisco, CA 94	1143		
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6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$10,000			
NATURE OF THE CONTRACT (Please describe)			
Provide support for oral health program	<b>O</b>		
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			

8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
K	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES  Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Oberndorf	WILLIAM	Board of Directors
2	Hammarskjold	PHILIP	Board of Directors
3	АСН	ANDREW	Board of Directors
4	BALLARD	ANDREW	Board of Directors
5	Bernadett	FAUSTINO	Board of Directors
6	BRIGER	PETER	Board of Directors
7	CARTER	TODD	Board of Directors
8	WOEBER	ANDREW	Board of Directors
9	COHEN	FRED	Board of Directors
10	CHEN	CONNIE	Board of Directors
11	DONOHOE	ROBIN	Board of Directors
12	EMERY	DANA	Board of Directors
13	FISHER	WILLIAM	Board of Directors
14	GANDHI	SAMEER	Board of Directors
15	GROSSMAN	BRIAN	Board of Directors
16	KAO	KENNETH	Board of Directors
17	HARTZ	JULIA	Board of Directors
18	KAWAJA	CARL	Board of Directors
19	KIMBALL	RICHARD	Board of Directors

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
20	MARCUS	GEORGE	Board of Directors		
21	MCKNIGHT	AMY	Board of Directors		
22	MOMENT	JASON	Board of Directors		
23	MORRIS	DIANE	Board of Directors		
24	PRITZKER	LISA	Board of Directors		
25	READ	STEVEN	Board of Directors		
26	SCANGOS	GEORGE	Board of Directors		
27	Soghikian	SHAHAN	Board of Directors		
28	WEILL	JOAN	Board of Directors		
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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 39 40 41 42 43 44 45 46 47 48 49 50 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. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR

**DATE SIGNED** 

#### SAN FRANCISCO ETHICS COMMISSION – SFEC Form 126(f)4 v.12.7.18

BOS Clerk of the Board

**CLERK** 



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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
GREGORY WONG		415-554-2521
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG

<u> </u>			
5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	NUMBER
University of California, San Francisco			3197
STREET ADDRESS (including City, State and Zip Code)			
550 16th Street, 7th Floor, San Francisco, CA	94143		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$425,669			
NATURE OF THE CONTRACT (Please describe)			
Conduct a new comprehensive client assessment	and produce	a modifie	d Treatment Plan
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/F OFFICER/S) I	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Oberndorf	WILLIAM	Board of Directors
2	Hammarskjold	PHILIP	Board of Directors
3	АСН	ANDREW	Board of Directors
4	BALLARD	ANDREW	Board of Directors
5	Bernadett	FAUSTINO	Board of Directors
6	BRIGER	PETER	Board of Directors
7	CARTER	TODD	Board of Directors
8	COHEN	FRED	Board of Directors
9	CHEN	CONNIE	Board of Directors
10	DONOHOE	ROBIN	Board of Directors
11	EMERY	DANA	Board of Directors
12	FISHER	WILLIAM	Board of Directors
13	GANDHI	SAMEER	Board of Directors
14	GROSSMAN	BRIAN	Board of Directors
15	KAO	KENNETH	Board of Directors
16	HARTZ	JULIA	Board of Directors
17	KAWAJA	CARL	Board of Directors
18	KIMBALL	RICHARD	Board of Directors
19	MARCUS	GEORGE	Board of Directors

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
20	MCKNIGHT	AMY	Board of Directors	
21	MOMENT	JASON	Board of Directors	
22	MORRIS	DIANE	Board of Directors	
23	PRITZKER	LISA	Board of Directors	
24	READ	STEVEN	Board of Directors	
25	SCANGOS	GEORGE	Board of Directors	
26	Soghikian	SHAHAN	Board of Directors	
27	WEILL	JOANN	Board of Directors	
28	WOEBER	ANDREW	Board of Directors	
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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 39 40 41 42 43 44 45 46 47 48 49 50 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

# 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. SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>*</b> O
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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	
GREGORY WONG		415-554-2521	
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG	

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE NUMBER	
UCSF Alliance Health Project		(415) 476-3902	
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
1930 Market St, SF, CA 94102			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
			200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$120,000			
NATURE OF THE CONTRACT (Please describe)			
The program goal is to provide outpatient ment including Long-Term Survivors - to reduce synfrom mental health and/or substance use disord	nptoms and follows:	unctional <sup>-</sup>	impairments resulting
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7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A DO ADD ON WILLOUT THE CITY OF FORM OF CORDINAT			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	SHUMATE	KATE	Board of Directors			
2	BREALI	SUSAN	Board of Directors			
3	DE CARLO	PHIL	Board of Directors			
4	ALEXANDER	BEAUX	Board of Directors			
5	Ghadiali	Murtuza	Board of Directors			
6	Hakimi	Mahsa	Board of Directors			
7	HARE	BRAD	Board of Directors			
8	LIU	ENCHI	Board of Directors			
9	METTLER	Bérénice	Board of Directors			
10	Pearce	KEN	Board of Directors			
11	SNOWDEN	REGGIE	Board of Directors			
12	тон	SOPHIA	Board of Directors			
13	WARD	JAMES	Board of Directors			
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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 39 40 41 42 43 44 45 46 47 48 49 50 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 con	ıplete.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED				
CLERK				
BOS Clerk of the Board				
200 0.0. 1. 0. 0.00 20414				



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200571

Bid/RFP #:

1

## **Notification of Contract Approval**

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

A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>'</b> O
	Y <sub>X</sub>
	$\mathbf{Q}_{\lambda}$

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	
GREGORY WONG		415-554-2521	
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL	
DPH	DEPARTMENT OF HEALTH	GREG.WONG@SFDPH.ORG	

5. CONTRACTOR			
NAME OF CONTRACTOR	TELE	TELEPHONE NUMBER	
Westside OP		(415) 431-9000	
STREET ADDRESS (including City, State and Zip Code)	EMA	<b>AIL</b>	
1153 Oak Street, San Francisco, CA 94117			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP N		<b>FILE NUMBER (If applicable)</b> 200571
DESCRIPTION OF AMOUNT OF CONTRACT			
\$5,000			
NATURE OF THE CONTRACT (Please describe)			
Provides funding for wrap around clients and p	rogram expenses	for we	llness-recovery
	S. C.	N. C.	
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFF	FICER(S) ID	ENTIFIED ON THIS FORM SITS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Ducreay	MARCELLUS	Other Principal Officer			
2	ROWE	DONNA	Other Principal Officer			
3	NASH	CAROLYN	Board of Directors			
4	PATIN	RACHELE	Other Principal Officer			
5	CHURCHWELL	CAESAR	Board of Directors			
6	SMITH	EBONY	Board of Directors			
7	JONES	MARY	Board of Directors			
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COIIC	contract.				
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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.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
CLERK	
BOS Clerk of the Board	