



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 200897

Bid/RFP #: 715

### Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Rocio Duenas	415-557-5626
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HSA Human Services Agency	Rocio.Duenas@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Self-Help for the Elderly	<b>TELEPHONE NUMBER</b> 415-677-7600
<b>STREET ADDRESS (including City, State and Zip Code)</b> 731 Sansome Street, Suite 100, San Francisco, CA 94111	<b>EMAIL</b> annic@selfhelpelderly.org

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b> 715	<b>FILE NUMBER (If applicable)</b> 200897
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> Not to exceed \$11,318,142		
<b>NATURE OF THE CONTRACT (Please describe)</b> <p>An expedited grant amendment between the City and County of San Francisco and Self-Help for the Elderly to extend the grant agreement by 6 months, to December 31, 2020, and to increase the grant amount by \$1,872,168 for a total not to exceed amount of \$11,564,733 for the provision of nutrition services to seniors and adults with disabilities.</p>		

7. COMMENTS

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Chang	Mary	Board of Directors
2	Chen	Angel K.	Board of Directors
3	Chang	Tilly	Board of Directors
4	Choy	Leo K.	Board of Directors
5	Hinton	Anne	Board of Directors
6	Jay	Nicholas	Board of Directors
7	Kaung	Janie	Board of Directors
8	Kwok	Wendy	Board of Directors
9	Esq.	Jerry Lee	Board of Directors
10	Li	Dominic	Board of Directors
11	Low	Dr. Randall	Board of Directors
12	Mui	Magdalen	Board of Directors
13	Schulte	William	Board of Directors
14	Wang	Linda	Board of Directors
15	Wong	May	Board of Directors
16	Wong	Vicky M.	Board of Directors
17	Zen	Paul	Board of Directors
18	Chung	Anni	CEO
19	Nair	Leny	CFO

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

**10. VERIFICATION**

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

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

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

**DATE SIGNED**

BOS Clerk of the Board