

San Francisco Ethics Commission

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

File #: 201291

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

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: <u>https://sfethics.org/compliance/city-officers/contract-approval-city-officers</u>

1. FILING INFORMATION	2
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	
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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 D	EPARTMENT CONTACT	
NAME OF DEPARTME	ENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dylan Schneider		4159618257
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
нѕн	Homelessness and Supportive Housing	dylan.schneider@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Episcopal Community Services of San Francisco	(415) 487-3300
STREET ADDRESS (including City, State and Zip Code)	EMAIL
165 Eighth Street, 3rd Floor, San Francisco, CA 94103	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 201291
DESCRIPTION OF AMOUNT OF CONTRACT		
\$26,329,610		
NATURE OF THE CONTRACT (Please describe)		
Resolution approving a new grant agreement bet Episcopal Community Services for master leased homeless adults in 463 units for County Adult total term of January 1, 2021 through February exceed \$26,329,610.	Permanent Supportive Assistance Programs (Housing to formerly CAAP) tenants, for a
7. COMMENTS		

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

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
1	Handley Andrus	Marc	Board of Directors
2	Geeslin	Keith	Board of Directors
3	Singer	Susanna	Board of Directors
4	Tatsuno	Yvonne	Board of Directors
5	Stokes	Beth	CEO
6	Clayter	тоdd	Board of Directors
7	Dienst	Sedge	Board of Directors
8	Jones	Martin	Board of Directors
9	Ketcham	Susan	Board of Directors
10	Mouton-Patterson	Rita	Board of Directors
11	Robershotte	Megan	Board of Directors
12	Rodriguez	Jonathon	Board of Directors
13	Shah	Tajel	Board of Directors
14	Silveira	Dara	Board of Directors
15	Springwater	Richard	Board of Directors
16	Brooks Todd	Kirby	Board of Directors
17	Zaidi	S. Hassan	Board of Directors
18	Larra	Eric	CFO
19	Callandrillo	Chris	соо

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Carita Management Corp.		Subcontractor
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#	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 ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	