

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 #: 210769

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	2
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	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	
Dolly Sithounnolat		(415) 701-5565	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
MYR	Mayor's Office of Housing and Comm Dev	dolly.sithounnolat@sfgov.org	

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Catholic Charities CYO of the Archdiocese of SF	415-972-1211
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1555 39th Avenue San Francisco, Ca 94122	moreinfo@CatholicCharitiesSF.org

6. C	ONTRACT			
DAT	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 210769
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$1	,635,519	•		
NAT	JRE OF THE CONTRACT (Please describe)	D _		
\$3	12,943 ESG Grant for homelessness prevention 13,541 HOPWA Grant for Housing stability south 46,921 HOPWA Grant for Residential care face face 114 HOPWA Grants for Residential care for 114 HOPWA Grants for Residential care for 115 for 116	ervices for le cility for pe acility for p	rsons with ersons wit	HIV/AIDS. h HIV/AIDS.
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7. C	DMMENTS			
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 O	OF THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

cont	ract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	McEligot	Kathleen	Board of Directors
2	McCarthy Allen	Sharon	Board of Directors
3	Bennett	Paula	Board of Directors
4	Borreomeo	Theodore	Board of Directors
5	Brigham	Martha	Board of Directors
6	Bullian	Gregory	Board of Directors
7	Cardinal	Kathleen	Board of Directors
8	Conners	Timothy	Board of Directors
9	Gelt	Jerilyn	Board of Directors
10	Grogan	Kathleen	Board of Directors
11	Conners	Timothy	Board of Directors
12	Hultman	David	Board of Directors
13	Kane	Steven	Board of Directors
14	Kostelni	Hugo	Board of Directors
15	Leupp	Jay Paul	Board of Directors
16	Markus	Maura	Board of Directors
17	McGrath	Robert	Board of Directors
18	McInerney	Maureen	Board of Directors
19	Mirek	Lori	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Molinelli	Stephen	Board of Directors
21	Regan	D. Paul	Board of Directors
22	Sundby	George	Board of Directors
23	Theodore	Pierre	Board of Directors
24	Westray	Kenneth	Board of Directors
25	Whitney	Lori	Board of Directors
26	Wilch	Peter	Board of Directors
27	Cordileone	Salvatore	Board of Directors
28	Miller	Ann Gray	Board of Directors
29	Foedisch	Herbert	Board of Directors
30	Pautler	Michael	Board of Directors
31	Boerio	Joe	Board of Directors
32	Meneses	Jilma	CEO
33	Lopez	Charles	C00
34	Ewers	Cheryl	CF0
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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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Original	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
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	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		
Dolly Sithounnolat		(415) 701-5565		
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL		
MYR	Mayor's Office of Housing and Comm Dev	dolly.sithounnolat@sfgov.org		

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Central City Hospitality House	415-749-2100
STREET ADDRESS (including City, State and Zip Code)	EMAIL
290 Turk Street, San Francisco, CA 94102	jwilson@hospitalityhouse.org

6. CONTRACT					
DATE C	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/F	RFP NUMBER	FILE NUMBER (If applicable)	
				210769	
DESCRI	IPTION OF AMOUNT OF CONTRACT	I.			
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\$408	8,000				
NATUR	RE OF THE CONTRACT (Please describe)				
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\$73	,000 ESG grant for case management for shel 5,000 CDBG grant for to provide individuali	ter resident	S. ant service	as to Rayyiaw/Uuntars	
	nt residents.	zeu emproyme	ant service	es to bayview/numbers	
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7. COMMENTS					
9 COA	NTRACT APPROVAL				
	ontract 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				
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│┌─┐│ ⊤	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) I	DENTIFIED ON THIS FORM SITS	

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Bunker	Jeanie	Board of Directors			
2	Rocchio	Maria	Board of Directors			
3	Hampton	Michael	Board of Directors			
4	Johnson	Jesse	Board of Directors			
5	Zmuda	Monique	Board of Directors			
6	Cutler	Kelly	Board of Directors			
7	Go	Elaine	Board of Directors			
8	Quinn	Dana Isaac	Board of Directors			
9	D'Orazio	Marissa	Board of Directors			
10	Boden	Paul	Board of Directors			
11	Cavalez	Amber	Board of Directors			
12	Wilson	Joseph	CEO			
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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9. A	9. AFFILIATES AND SUBCONTRACTORS				
List exec who	the names of (A) members of the contract cutive officer, chief financial officer, chief has an ownership interest of 10 percent	operating officer, or other persons with s	imilar titles; (C) any individual or entity		
cont	ract.		T		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
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	Check this box if you need to include ad Select "Supplemental" for filing type.	ditional names. Please submit a separate	form with complete information.		
10.	VERIFICATION				
I ha	ve used all reasonable diligence in prepar wledge the information I have provided h		tatement and to the best of my		

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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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 _X
	Y _A

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		
Dolly Sithounnolat		(415) 701-5565		
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL		
MYR	Mayor's Office of Housing and Comm Dev	dolly.sithounnolat@sfgov.org		

5. CONTRACTOR				
NAME OF CONTRACTOR	TELEPHONE NUMBER			
Community Awareness and Treatment Services, Inc.	415-241-1184			
STREET ADDRESS (including City, State and Zip Code)	EMAIL			
1171 Mission Street, San Francisco, CA 94103	Kara.Zordel@catsinc.org			

6. CO	DNTRACT					
	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable)		
	A			210769		
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DESC	RIPTION OF AMOUNT OF CONTRACT	1				
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NATU	JRE OF THE CONTRACT (Please describe)					
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7. CC	7. COMMENTS					
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 DOADS OF A STATE ACTION ON WHICH AN ASSOCIATION	THE OITY 5: 50-11	E OFFICED(S) ::	DENTIFIED ON THIS CORE STO		
$ \Box $	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	Minot	John	Board of Directors		
2	Johnson	Todd	Board of Directors		
3	Benton	Raymond	Board of Directors		
4	Del Castillo	Marta	Board of Directors		
5	Truglio	Chris	Board of Directors		
6	Burns	Rena	Board of Directors		
7	Xu	Jichao	Board of Directors		
8	Finetti	Roderick	Board of Directors		
9	Zordel	Kara	CEO		
10	Rayner	Sammie	C00		
11	Uselman	John	CF0		
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9. A	FFILIATES AND SUBCONTRACTORS		
	the names of (A) members of the contrac	tor's board of directors; (B) the contracto	or's principal officers, including chief
	cutive officer, chief financial officer, chief		
	has an ownership interest of 10 percent	or more in the contractor; and (D) any su	bcontractor listed in the bid or
cont	tract.		T
#	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		
	ive used all reasonable diligence in prepai owledge the information I have provided h		statement and to the best of my

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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A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	3 ,
AMENDMENT DESCRIPTION – Explain reason for amendment	
	9 ,
	C,
	' 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
Dolly Sithounnolat		(415) 701-5565
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
MYR	Mayor's Office of Housing and Comm Dev	dolly.sithounnolat@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Compass Family Services	415-644-0504
STREET ADDRESS (including City, State and Zip Code)	EMAIL
37 Grove Street, San Francisco, CA 94102	ekisch@compass-sf.org

C ₂		
6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) ORIGINAL BID	/RFP NUMBER	FILE NUMBER (If applicable)
Δ		210769
DESCRIPTION OF AMOUNT OF CONTRACT		
\$149,944		
NATURE OF THE CONTRACT (Please describe)		
\$96,000 ESG grant for emergency shelter services and case \$53,944 ESG grant for prevention and rapid re-housing for	e management families.	
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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 ELECTI	VE OFFICER(S) ID	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Wagner	Christopher	Board of Directors
2	Engel	Alison	Board of Directors
3	Daoro	Roberty	Board of Directors
4	Goelz	Doug	Board of Directors
5	Cain	Jeff	Board of Directors
6	Dyer	Chad	Board of Directors
7	Field	Nancy	Board of Directors
8	Gibbons	Dennis	Board of Directors
9	Harris	Meghan	Board of Directors
10	McCarthy	Michael	Board of Directors
11	McInerney	Brian	Board of Directors
12	Moatz	Krista	Board of Directors
13	Moffet	Tim	Board of Directors
14	Odyneic	Lisa	Board of Directors
15	Parrish	Anne	Board of Directors
16	Severt	Laurel	Board of Directors
17	Christie	Jennifer	Board of Directors
18	Traina	Katie	Board of Directors
19	Zeppa	Stephanie	Board of Directors

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
20	Dinkelspiel	Steven	Board of Directors
21	Gracia Houts	Valerie	Board of Directors
22	Issanda	Carine	Board of Directors
23	Kowal	Lauren	Board of Directors
24	Matthews	Ashara	Board of Directors
25	Tait	Adam	Board of Directors
26	Kirsch	Erica	CEO
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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



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AMENDMENT DESCRIPTION – Explain reason for amendment	* 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
Dolly Sithounnolat		(415) 701-5565
FULL DEPARTN	MENT NAME	DEPARTMENT CONTACT EMAIL
MYR	Mayor's Office of Housing and Comm Dev	dolly.sithounnolat@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Dolores Street Community Services, Inc.	718-915-0121
STREET ADDRESS (including City, State and Zip Code)	EMAIL
938 Valencia St. San Francisco, CA 94110	laura@dscs.org

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6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFI	CER(S) ORIGINAL BID,	RFP NUMBER	FILE NUMBER (<i>If applicable</i>) 210769
DESCRIPTION OF AMOUNT OF CONTRACT			
\$454,481	% .		
NATURE OF THE CONTRACT (Please describe)	7.42		
\$55,000 ESG grant for case management fo \$399,481 HOPWA grant for residential card	e facility for pe	ersons with	
7. CONTIVIENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FOR	M		
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SER	RVES		
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOI	NTEE OF THE CITY ELECTI	VE OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	winn	Michael	Board of Directors		
2	Avila	Rocio	Board of Directors		
3	Hernandez	Pedro	Board of Directors		
4	Lin	Kani	Board of Directors		
5	Cameron	Anjali	Board of Directors		
6	Penfold	Ward	Board of Directors		
7	Bhakta	Chirag	Board of Directors		
8	Leonard-Wookey	Anat	Board of Directors		
9	Valdez	Laura	CEO		
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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.

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Board of Supervisors	Members	

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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
Dolly Sithounnolat		(415) 701-5565
FULL DEPARTN	MENT NAME	DEPARTMENT CONTACT EMAIL
MYR	Mayor's Office of Housing and Comm Dev	dolly.sithounnolat@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 8th Street, 3rd Floor, San Francisco, CA 94103	Bstokes@ecs-sf.org

6. CONTR	ACT	•			
DATE CON	TRACT WAS APPROVED BY THE	CITY ELECTIVE OFFICER(S)	ORIGINAL BID/F	RFP NUMBER	
					210769
		100			
DESCRIPTION	ON OF AMOUNT OF CONTRACT				
\$206,9	43	°C',.			
NATURE O	F THE CONTRACT (Please descr	ibe)			
	·	₹	0		
\$53,94	O ESG grant for emerg 3 ESG grant for rapid O CDBG grant for skil	re-housing for adu	Tts	ass rasid	ents of District 6
\$04,00	o cobo grant for skir	i building, primari			
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7. COMM	ENTS				
8. CONTR	ACT APPROVAL				
	act was approved by:				
THE	CITY ELECTIVE OFFICER(S) IDEN	TIFIED ON THIS FORM			
	OARD ON WHICH THE CITY ELEC	TIVE OFFICER(S) SERVES			
E	ard of Supervisors				
	·				
	DOIDD OF 1 07-7-10-10-10-10-10-10-10-10-10-10-10-10-10-			- 0	
	BUARD OF A STATE AGENCY OF	N WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

2

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Tatsuno	Yvonne	Board of Directors		
2	Clark-King	Rev. Ellen	Board of Directors		
3	Clayter	Todd	Board of Directors		
4	Geeslin	Keith	Board of Directors		
5	Gill	Richard	Board of Directors		
6	Dienst	Sedge	Board of Directors		
7	Jones	Dr. Martin	Board of Directors		
8	Кпарр	Frederic	Board of Directors		
9	Mouton-Patterson	Rita	Board of Directors		
10	Ketcham	Susan	Board of Directors		
11	Robershotte	Megan	Board of Directors		
12	Singer,PHD	Rev Sussanna	Board of Directors		
13	Springwater	Richard	Board of Directors		
14	Todd	Kirby Brooks	Board of Directors		
15	zaidi	S. Hassan	Board of Directors		
16	Andrus	Rev. Marc Handley	Board of Directors		
17	Stokes	Beth	CEO		
18	Callandrillo	Christopher	C00		
19	Larra	Eric	CF0		

#	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 #: 210769

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	♂ .
AMENDMENT DESCRIPTION – Explain reason for amendment	
	6
	YX.
	8

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		
Dolly Sithounnolat		415-701-5565		
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL		
MYR	Mayor's Office of Housing and Comm Dev	dolly.sithounnolat@sfgov.org		

5. CONTRACTOR				
NAME OF CONTRACTOR	TELEPHONE NUMBER			
Hamilton Families	415-409-2100			
STREET ADDRESS (including City, State and Zip Code)	EMAIL			
1631 Hayes Street, San Francisco, СА 94117	contact-us@hamiltonfamilies.org			

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	<u> </u>					
6. CONTRACT						
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)				
△		210769				
DESCRIPTION OF AMOUNT OF CONTRACT						
\$246,943						
NATURE OF THE CONTRACT (Please describe)						
\$55,000 ESG grant for emergency shelter service \$19,1943 ESG grant for rapid re-housing for fa	amilies					
	Short	· Co				
T. COMMISSITE						
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 OFFICER(S) I	DENTIFIED ON THIS FORM SITS				

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Goldin	David	Board of Directors
2	Miller	Paige	Board of Directors
3	Morena	Karina	Board of Directors
4	Basler	Julian	Board of Directors
5	Barnett	Anne Cherry	Board of Directors
6	Beckwith	Ebony	Board of Directors
7	Bernstein	Ruth	Board of Directors
8	Iannuccillo	Ann	Board of Directors
9	Kurtze	DJ	Board of Directors
10	Lane	Jessica	Board of Directors
11	Maidenberg	Ted	Board of Directors
12	Picazo	Rene	Board of Directors
13	Scott	Mary	Board of Directors
14	Sudsky	Clayton	Board of Directors
15	Toland	Susan	Board of Directors
16	Noon	Kyriell	CEO
17	Martinez	Rosa	CF0
18			
19			

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	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 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 #: 210769

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	' O			
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	\mathbf{Q}_{λ}			

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		
Dolly Sithounnolat		415-701-5565		
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL		
MYR	Mayor's Office of Housing and Comm Dev	dolly.sithounnolat@sfgov.org		

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Homeless Children's Network	415-437-3990		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
3450 3rd Street, San Francisco, CA 94124	april@hcnkids.org		

		<u> </u>	
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP N	JMBER FILE NUMBE	R (If applicable)
A		210769	
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DESCRIPTION OF AMOUNT OF CONTRACT			
¢55,000			
\$55,000			
NATURE OF THE CONTRACT (Please describe)			
ESG grant for Case Management for Shelter res	idents		
Est grant for case management for sherter res	idents		
	<i>O</i> ₂ .		
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	idents	0	
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 O	THE CITY ELECTIVE OFF	ICER(S) IDENTIFIED ON	THIS FORM SITS

2

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
			TIPE
1	Williams	Lisa	Board of Directors
2	Claire	Peterson	Board of Directors
3	Vicas	Natalie	Board of Directors
4	Evans	Michael	Board of Directors
5	Cooke	Alexandra	Board of Directors
6	Herrera	Francisco	Board of Directors
7	Silas	April	CEO
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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		



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 . www.sfethics.org

Received On:

File #: 210769

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

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	3 ,
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 DEPARTMENT CONTACT			
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
Dolly Sithounnolat		415-701-5565	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
MYR	Mayor's Office of Housing and Comm Dev	dolly.sithounnolat@sfgov.org	

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
La Casa de las Madres	415-503-0500		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
1269 Howard Street, San Francisco, СА 94103	Kathy@lacasa.org		

			-	J
6. CON	TRACT			
DATE C	ONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable) 210769
DESCRI	PTION OF AMOUNT OF CONTRACT			
	,000			
NATUR	E OF THE CONTRACT (Please describe)			
ESG	Grant for emergency shelter services and			
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7. CON	1MENTS			
	TRACT APPROVAL ntract was approved by:			
	HE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	THE CITY ELECTIVE CITY CENTS (S) IDENTIFIED ON THIS TOWN			
	BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
TI	HE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS
				- 2.2

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Zauss	Michelle	Board of Directors		
2	Omata	Christine	Board of Directors		
3	Sanchez	Carmen	Board of Directors		
4	Esecson	Austin	Board of Directors		
5	на1е	Katie	Board of Directors		
6	Jolivet	Melanie	Board of Directors		
7	Lee	Dora	Board of Directors		
8	McCurtis	Kiesha	Board of Directors		
9	Creary	Betty Miller	Board of Directors		
10	Sjogren	Karl	Board of Directors		
11	Steel	Shawn	Board of Directors		
12	Tsai	Carolyn	Board of Directors		
13	Tucker	Nanci	Board of Directors		
14	в1аск	Kathy	CEO		
15	DeCastro	Cynthia	CF0		
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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 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



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 . www.sfethics.org

Received On:

File #: 210769

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
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A Public Document

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1. FILING INFORMATION	9
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	0
	Q_{λ}

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
Dolly Sithounnolat		415-701-5565
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
MYR	Mayor's Office of Housing and Comm Dev	dolly.sithounnolat@sfgov.org

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Larkin Street Youth Services	415-673-0911	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
134 Golden Gate Avenue, San Francisco, CA 94102	sadams@larkinstreetyouth.org	

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6. CC	DNTRACT		
	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 210769
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DESC	RIPTION OF AMOUNT OF CONTRACT	ı	
\$30	09,044		
NATU	JRE OF THE CONTRACT (Please describe)		
\$1: \$1:	12,000 ESG grant for emergency shelter servi 97,044 HOPWA grant for residential care faci	ces and case management lity for persons with	HIV/AIDS
			70
7 ((DMMENTS		
7. 60	MINICATO		
	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) II	DENTIFIED ON THIS FORM SITS

2

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Alexander	Susan	Board of Directors	
2	Wysocki	Allison	Board of Directors	
3	Moise	Adam	Board of Directors	
4	Newton, Jr	Willis	Board of Directors	
5	Cody	Daniel	Board of Directors	
6	Grossman	Blake	Board of Directors	
7	Shapiro	Sally	Board of Directors	
8	Adms	Sherilyn	Board of Directors	
9	Avenier	Jeremy	Board of Directors	
10	Barnett	Fiona	Board of Directors	
11	Berg	Siri	Board of Directors	
12	Brahm	Jennifer	Board of Directors	
13	Cameron	Cecily	Board of Directors	
14	Davis	Matthew	Board of Directors	
15	Elias	Marice	Board of Directors	
16	Famulener	Conor	Board of Directors	
17	F00	Catherine	Board of Directors	
18	Garlick	Jeff	Board of Directors	
19	Hicks	John	Board of Directors	

cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
20	Hoecker	Anne	Board of Directors	
21	Horn	Tim	Board of Directors	
22	Johnson	Eric	Board of Directors	
23	Kerzic	Richard	Board of Directors	
24	Kiss	Patrick	Board of Directors	
25	Hatvany	Nina 🕠	Board of Directors	
26	Roos	Eric	Board of Directors	
27	Schwartz	Aaron	Board of Directors	
28	Valentine	D.	Board of Directors	
29	Viola	John	Board of Directors	
30	Adams	Sherilyn	CEO	
31	Hunter	Carol	C00	
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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		



San Francisco Ethics Commission

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Received On:

File #: 210769

Bid/RFP #:

1

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	03.
AMENDMENT DESCRIPTION – Explain reason for amendment	***
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	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
Dolly Sithounnolat		(415) 701-5565
FULL DEPARTN	MENT NAME	DEPARTMENT CONTACT EMAIL
MYR	Mayor's Office of Housing and Comm Dev	dolly.sithounnolat@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Mission Neighborhood Health Center	(415) 552-1013
STREET ADDRESS (including City, State and Zip Code)	EMAIL
240 Shotwell Street, San Francisco, CA 94110	BrendaStorey@mnhc.org

	<u> </u>		
6. C	ONTRACT		
DAT	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
			210769
	40		
DESC	CRIPTION OF AMOUNT OF CONTRACT		L
\$5	5,943		
NAT	URE OF THE CONTRACT (Please describe)		
ES	G Grant for Homeless prevention for individu	als.	
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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 ALTH ELECTRIC ACTION (*)	
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S)	DENTIFIED ON THIS FORM SITS

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cont	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Martinez	Amelia	Board of Directors	
2	Franklin	Rita	Board of Directors	
3	Moser, MD	Charles	Board of Directors	
4	Garcia	Francisco	Board of Directors	
5	Bach-y-Rita, MD	George	Board of Directors	
6	Contreras	Marcia	Board of Directors	
7	Mora	Sandra E.	Board of Directors	
8	Wohler	Ricardo	Board of Directors	
9	Decker	Luz	Board of Directors	
10	Ponce	MaryLou	Board of Directors	
11	Molinero	Maria	Board of Directors	
12	Storey	Brenda	CEO	
13	Caplan	Patty	C00	
14	Salako	Sade	CF0	
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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	



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 . www.sfethics.org

Received On:

File #: 210769

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

1. FILING INFORMATION	9
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	0
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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 DE	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dolly Sithounnolat		415-7011-5565
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
MYR	Mayor's Office of Housing and Comm Dev	dolly.sithounnolat@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Providence Foundation of San Francisco	415-206-0263
STREET ADDRESS (including City, State and Zip Code)	EMAIL
4601 Third Street, San Francisco 94124	pndoyle22@gmail.com

6. C	ONTRACT					
DAT	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER				
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DESC	CRIPTION OF AMOUNT OF CONTRACT	I				
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	7. COMMENTS					
7. C	DMMENTS					
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						
	Board of Supervisors					
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S)	IDENTIFIED ON THIS FORM SITS			

con	ontract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Blanding	James	Board of Directors		
2	Anthony	Bernadetta	Board of Directors		
3	Buie	Alpha	Board of Directors		
4	Williams	Lanita	Board of Directors		
5	Doyle	Patricia	CEO		
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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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Bid/RFP #:

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1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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Original	3 ,
AMENDMENT DESCRIPTION – Explain reason for amendment	
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	C,
	' 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	
Dolly Sit	thounnolat	415-701-5565	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
MYR	Mayor's Office of Housing and Comm Dev	dolly.sithounnolat@sfgov.org	

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
St. Vincent de Paul of San Francisco	415-977-1270
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1175 Howard Street San Francisco, CA 94103	swooldridge@svdp-sf.org

6. CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) DESCRIPTION OF AMOUNT OF CONTRACT \$50,000 NATURE OF THE CONTRACT (Please describe) ESG grant for emergency shelter services and case management 7. COMMENTS 8. CONTRACT APPROVAL This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
DESCRIPTION OF AMOUNT OF CONTRACT \$50,000 NATURE OF THE CONTRACT (Please describe) ESG grant for emergency shelter services and case management 7. COMMENTS 8. CONTRACT APPROVAL This contract was approved by:	6. C	ONTRACT		
NATURE OF THE CONTRACT (Please describe) ESG grant for emergency shelter services and case management 7. COMMENTS 8. CONTRACT APPROVAL This contract was approved by:	DAT	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
NATURE OF THE CONTRACT (Please describe) ESG grant for emergency shelter services and case management 7. COMMENTS 8. CONTRACT APPROVAL This contract was approved by:		No.		
NATURE OF THE CONTRACT (Please describe) ESG grant for emergency shelter services and case management 7. COMMENTS 8. CONTRACT APPROVAL This contract was approved by:	DES	CRIPTION OF AMOUNT OF CONTRACT	1	
7. COMMENTS 8. CONTRACT APPROVAL This contract was approved by:	\$5	50,000		
7. COMMENTS 8. CONTRACT APPROVAL This contract was approved by:	NAT	URE OF THE CONTRACT (Please describe)		
7. COMMENTS 8. CONTRACT APPROVAL This contract was approved by:	ES	G grant for emergency shelter services and o	c <mark>ase</mark> management	
7. COMMENTS 8. CONTRACT APPROVAL This contract was approved by:			C. C.	
8. CONTRACT APPROVAL This contract was approved by:			S. C. C.	
8. CONTRACT APPROVAL This contract was approved by:				
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		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		
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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	THE CITY ELECTIVE OFFICER(S) I	DENTIFIED ON THIS FORM SITS
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con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Stark	Joe	Board of Directors		
2	Vega	Belina	Board of Directors		
3	Cooney	Joseph	Board of Directors		
4	Fourre	Kathleen	Board of Directors		
5	Brosnahan	Brian	Board of Directors		
6	Bryan	Gregpry	Board of Directors		
7	Gatewood	Jackie	Board of Directors		
8	Germano	Aleece	Board of Directors		
9	wooldridge	Shari	CEO		
10	Balauro	Estella	CF0		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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	