

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: 07-23-2021 | 15:50:28 PDT

1

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		
DATE OF ORIGINAL FILING (for amendment only)		

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) 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				
DATI	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
	/20 /2021			210769	
07	/20/2021				
DESC	CRIPTION OF AMOUNT OF CONTRACT				
\$1	,635,519				
NAT	URE OF THE CONTRACT (Please describe)				
\$3 \$3	\$212,943 ESG Grant for homelessness prevention services. \$313,541 HOPWA Grant for Housing stability services for long-term rental subsidy households. \$346,921 HOPWA Grant for Residential care facility for persons with HIV/AIDS. \$762,114 HOPWA Grants for Residential care facility for persons with HIV/AIDS.				
7. C	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				
K					
	Board of Supervisors				
	THE BOARD OF A STATE ASSESSED ON A STATE ASSESSED.	THE OITY 5: 50=::	/F OFFICER/S\ ::	DENITIES ON THE TORSE OF	
	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	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	Chery1	CF0
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9. A	FFILIATES 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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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 ce	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
		I	

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	
	DATE SIGNED	
CLERK DocuSigned by: 988C8F42C3084B5 Angela Calvillo	07-23-2021 15:50:28 PDT	



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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
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. C	ONTRACT				
DAT	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)		
			210769		
07	/20/2021				
DESC	CRIPTION OF AMOUNT OF CONTRACT				
\$4	08,000				
	,				
NAT	URE OF THE CONTRACT (Please describe)				
	· · · · · ·				
	3,000 ESG grant for case management for shel				
	35,000 CDBG grant for to provide individuali	zed employment service	es to Bayview/Hunters		
Po	int residents.				
7. C	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				
	Board of Supervisors				
	THE DOADD OF A STATE ACENCY ON MUHCH AN ADDOMETE OF	THE CITY ELECTIVE OFFICER(C)	DENTILIED ON THIS FORM SITS		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) II	DEMITTED ON THIS FORIN SITS		

#	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	кelly	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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. A	FFILIATES 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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAIVIE	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.		form with complete information.

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 — Docusioned by:	DATE SIGNED	
-A-2-CACIAGO	07-23-2021 15:52:07 PDT	
Angela Calvillo		



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1. FILING INFORMATION		
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Original		
AMENDMENT DESCRIPTION – Explain reason for amendment		

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dolly Sithounnolat		(415) 701-5565
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
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. C	ONTRACT		
	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
		•	210769
07	/20/2021		
DESC	CRIPTION OF AMOUNT OF CONTRACT		
\$5	5,000		
*3	3,000		
NAT	URE OF THE CONTRACT (Please describe)		
ES	G grant for emergency shelter services and c	ase management.	
7. C	OMMENTS		
8. C	ONTRACT APPROVAL		
	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		
K			
	Board of Supervisors		
	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	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	CE0	
10	Rayner	Sammie	C00	
11	Uselman	John	CF0	
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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 filling 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 com	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	
CLERKDocuSigned by:		
A CACHAGO	07-23-2021 15:53:00 PDT	
000000000000000		
Angela Calvillo		



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TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)	
Original		
AMENDMENT DESCRIPTION – Explain reason for amendment		

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DE	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dolly Sithounnolat		(415) 701-5565
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
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

6. C	ONTRACT					
DATI	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 210769		
07	/20/2021			210703		
DESC	RIPTION OF AMOUNT OF CONTRACT					
\$1	49,944					
NAT	JRE OF THE CONTRACT (Please describe)					
	6,000 ESG grant for emergency shelter servic 3,944 ESG grant for prevention and rapid re-			t.		
7. C	7. COMMENTS					
	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					
	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	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

cont	contract.						
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ				
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 th	nis statement. I have reviewed this statement and to the best of my			
knowledge the information I have provided here is	•			
knowledge the information rhave provided here is	tirde 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				
CLERKDocuSigned by:	07 22 2021 16 12 16			
A Caduldo	07-23-2021 16:12:16 PDT			
Angela Calvillo				
	•			



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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
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

6. CC	DNTRACT				
	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
07	/20/2021			210769	
DESC	RIPTION OF AMOUNT OF CONTRACT	<u> </u>			
\$4	54,481				
NATI	JRE OF THE CONTRACT (Please describe)				
	5,000 ESG grant for case management for shel 99,481 HOPWA grant for residential care faci			HIV/AIDS.	
7 C	DMMENTS				
7. 00	NAME OF THE OWNER OWNER OF THE OWNER OWNE				
8 C	DNTRACT APPROVAL				
	contract was approved by:				
11113	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	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	CE0				
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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	07-23-2021 15:27:15 PDT	



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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
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 DEPARTM	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. C	ONTRACT		
DATI	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 210769
07	/20/2021		210769
DESC	CRIPTION OF AMOUNT OF CONTRACT		
\$2	06,943		
NAT	URE OF THE CONTRACT (Please describe)		
\$5	9,000 ESG grant for emergency shelter servic 3,943 ESG grant for rapid re-housing for adu 4,000 CDBG grant for skill building, primari	ılts.	ents of District 6.
7. C	DMMENTS		
8. C0	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)	DENTIFIED ON THIS FORM SITS

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	Knapp	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	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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Check this box if you need to include add Select "Supplemental" for filing type.	itional names. Ple	ase submit a separate	form with complete information.
VERIFICATION			
wledge the information I have provided he	ere is true and com	plete.	,
NATURE OF CITY ELECTIVE OFFICER OR BOARD	SECRETARY OR	DATE SIGNED	
RKDocuSigned by:			
988C8F42C3084B5 Angela Calvillo		07-23-2021 1	6:13:32 PDT
	VERIFICATION ve used all reasonable diligence in prepariousledge the information I have provided he rtify under penalty of perjury under the language of the procusion of the p	VERIFICATION Ive used all reasonable diligence in preparing this statement. Iveledge the information I have provided here is true and commertify under penalty of perjury under the laws of the State of NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR RK Docusigned by: 1 Docusigned by:	VERIFICATION Ive used all reasonable diligence in preparing this statement. I have reviewed this solveledge the information I have provided here is true and complete. In the solve of the State of California that the formation of the State of Californ



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: 07-23-2021 | 16:14:32 PDT

1

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			

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
Hamilton Families	415-409-2100
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1631 Hayes Street, San Francisco, CA 94117	contact-us@hamiltonfamilies.org

6. CC	ONTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 210769
07	/20/2021			210703
DESC	RIPTION OF AMOUNT OF CONTRACT			
\$2	46,943			
NATU	JRE OF THE CONTRACT (Please describe)			
	5,000 ESG grant for emergency shelter servic 9,1943 ESG grant for rapid re-housing for fa		managemen	t.
7. CC	DMMENTS			
	DNTRACT 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

#	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			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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List exec who	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	
39				
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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			

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	Check this box if you need to include additional Select "Supplemental" for filing type.	onal names. Please submit a separate	form with complete information.		
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.					
SIGI	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED				
CLE	DocuSigned by: 988C8F42C3084B5 Angela Calvillo	07-23-2021 1	L6:14:32 PDT		



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Received On: 07-23-2021 | 16:15:17 PDT

1

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			

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
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

6. C0	ONTRACT				
	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
		,		210769	
07	/20/2021				
DESC	RIPTION OF AMOUNT OF CONTRACT				
\$5	5,000				
	,				
NAT	JRE OF THE CONTRACT (Please describe)				
	C arent for Case Management for Chalter resi	donts			
ES	G grant for Case Management for Shelter resi	uents.			
7. C	DMMENTS				
8. C0	ONTRACT APPROVAL				
	contract was approved by:				
11113	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
	THE CITT ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORIVI				
	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 EI ECTIV	/E OEEICED(S) II	DENTIFIED ON THIS FORM SITS	
	THE BOARD OF A STATE AGENCT ON WHICH AN APPOINTEE OF	THE CITT ELECTIV	L OFFICER(3) II	PENTIFIED ON THIS FORM SHS	

		contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
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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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTO	R.S
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#	tract. 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 o	t California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK Docusigned by:	07-23-2021 16:15:17 PDT	



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Received On: 07-23-2021 | 16:16:00 PDT

1

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

1. FILING INFORMATION		
DATE OF ORIGINAL FILING (for amendment only)		

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

6. C	ONTRACT			
	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)	
		•	210769	
07	/20/2021			
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$1	65,000			
4-	33,000			
NAT	URE OF THE CONTRACT (Please describe)			
ES	G Grant for emergency shelter services and c	ase management.		
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 Curamitages			
	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	Zauss	Michelle	Board of Directors
2	Omata	Christine	Board of Directors
3	Sanchez	Carmen	Board of Directors
4	Esecson	Austin	Board of Directors
5	наје	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	Black	Kathy	CEO
15	DeCastro	Cynthia	CF0
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#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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List exec who	cutive officer, chief financial officer, chief	ctor's board of directors; (B) the contractor operating officer, or other persons with or more in the contractor; and (D) any su	similar titles; (C) any individual or entity
#	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 ha	VERIFICATION ve used all reasonable diligence in prepa wledge the information I have provided I	ring this statement. I have reviewed this	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 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	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	07-23-2021 16:16:00 PDT	



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: 07-23-2021 | 16:17:22 PDT

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				
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)			
Original				
AMENDMENT DESCRIPTION – Explain reason for amendment				

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
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		
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		

	ONTRACT				
DATI	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)		
07	/20/2021		210769		
0,	, 20, 2021				
DESC	RIPTION OF AMOUNT OF CONTRACT				
4.2	00.044				
\$3	09,044				
NATI	URE OF THE CONTRACT (Please describe)				
IVAT	ore of the contract (Please describe)				
\$1	12,000 ESG grant for emergency shelter servi	ces and case managemen	nt.		
\$1	97,044 HOPWA grant for residential care faci	lity for persons with	HIV/AIDS.		
7.00					
7. CC	DMMENTS				
8. C0	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				
	200. 0. 0. 0. po. 1. 100. 0				
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) I	DENTIFIED ON THIS FORM SITS		
		ζ-,			

cont	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	вlake	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	ontract.		
#	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 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			
Docusigned by: 988C8F42C3084B5 Angela Calvillo	07-23-2021 16:17:22 PDT		



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: 07-23-2021 | 16:18:10 PDT

1

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			
DATE OF ORIGINAL FILING (for amendment only)			

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	
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	

6. C	ONTRACT		
	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
		•	210769
07	/20/2021		
DESC	CRIPTION OF AMOUNT OF CONTRACT		
\$5	5,943		
*3	3,313		
NAT	URE OF THE CONTRACT (Please describe)		
		_	
ES	G Grant for Homeless prevention for individu	als.	
7. C	DMMENTS		
0 (ONTRACT APPROVAL		
Inis	contract was approved by:		
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
Ш			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
M			
	Board of Supervisors		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S)	DENTIFIED ON THIS FORM SITS

#	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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COIII	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.		

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 com	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		



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: 07-23-2021 | 16:18:55 PDT

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			
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)		
Original			
AMENDMENT DESCRIPTION – Explain reason for amendment			

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

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dolly Sithounnolat		415-7011-5565
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
Providence Foundation of San Francisco	415-206-0263
STREET ADDRESS (including City, State and Zip Code)	EMAIL
4601 Third Street, San Francisco, CA 94124	pndoyle22@gmail.com

6. C	ONTRACT		
DATI	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
0.7	/20/2021		210769
07	/20/2021		
DESC	RIPTION OF AMOUNT OF CONTRACT		
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NAI	JRE OF THE CONTRACT (Please describe)		
ES	G grant for emergency shelter services and c	ase management.	
	5 ,	J	
7. C	DMMENTS		
8. CO	ONTRACT APPROVAL		
	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
	25 Of AUTHER CONTROL ON WHICH AN ALL ONVICE OF	3 2223 3	

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con	contract.			
#	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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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.			
SIG	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLE	Pocusigned by:	07-23-2021 1	.6:18:55 PDT
•			



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Received On: 07-23-2021 | 16:19:42 PDT

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File #: 210769

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
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A Public Document

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

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

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

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

4. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEP	ARTMENTAL 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
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. C	ONTRACT			
	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)	
		•	210769	
07	/20/2021			
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$5	0,000			
"	0,000			
NAT	URE OF THE CONTRACT (Please describe)			
ES	G grant for emergency shelter services and c	ase management.		
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 Curamitages			
	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	tract.		_
#	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	ТҮРЕ
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DocuSign Envelope ID: 33D21D1D-1211-416D-856C-1F9D3D0C28A5 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

Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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.			