



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 #: 211050

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
Bryn Miller	9784602875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR 3rd Street Youth Center and Clinic	TELEPHONE NUMBER 415-822-1707
STREET ADDRESS (including City, State and Zip Code) 1728 Bancroft Ave, San Francisco, CA 94124	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$578,904.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 funds proposed for the provider for permanent supportive housing.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Jackson-Morgan	Joi	CEO
2	Relyea	Jackie	CFO
3	Magee	Michelle	Board of Directors
4	Lacoste	Lslynn	Board of Directors
5	Fallon	Laura	Board of Directors
6	Moorthy	Savitha	Board of Directors
7	Patton	Misty	Board of Directors
8	Lelaind	Herschel	Board of Directors
9	Kunene	Glen	Board of Directors
10	Eng	Vanessa	Board of Directors
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☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

DATE SIGNED

BOS Clerk of the Board



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Board of Supervisors

NAME OF CITY ELECTIVE OFFICER

Members

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NAME OF FILER'S CONTACT

Angela Calvillo

TELEPHONE NUMBER

415-554-5184

FULL DEPARTMENT NAME

office of the clerk of the Board

EMAIL

Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT

Bryn Miller

DEPARTMENT CONTACT TELEPHONE NUMBER

9784602875

FULL DEPARTMENT NAME

HOM Homelessness and Supportive Housing

DEPARTMENT CONTACT EMAIL

bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Asian Women's Shelter	TELEPHONE NUMBER 415-751-0880
STREET ADDRESS (including City, State and Zip Code) 3543 18th Street #19 San Francisco CA 94110	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$1,477,590.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Pusey	Orchid	CEO
2	Quan	Kit	CFO
3	Le	Huong	COO
4	wang	Christine	Board of Directors
5	Nozawa	Noz	Board of Directors
6	Tapken	Jennifer	Board of Directors
7	Wan	Nancy	Board of Directors
8	Ramakrishnan	Aparna	Board of Directors
9	Hong	Edit	Board of Directors
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10. VERIFICATION

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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.

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NAME OF FILER'S CONTACT

Angela Calvillo

TELEPHONE NUMBER

415-554-5184

FULL DEPARTMENT NAME

office of the clerk of the Board

EMAIL

Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT

Bryn Miller

DEPARTMENT CONTACT TELEPHONE NUMBER

9784602875

FULL DEPARTMENT NAME

HOM Homelessness and Supportive Housing

DEPARTMENT CONTACT EMAIL

bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Bernal Heights Neighborhood Corporation	TELEPHONE NUMBER 415-206-2140
STREET ADDRESS (including City, State and Zip Code) 515 Cortland Ave San Francisco CA 94110	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$283,523.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Dacus	Gina	CEO
2	Eshun	Renee	CFO
3	Noboa	Maria	COO
4	Espinosa	Ulysses	Board of Directors
5	Fisher	Alan	Board of Directors
6	Muniz	Laurel	Board of Directors
7	Bagot	Buck	Board of Directors
8	Cevallos	Cynthia	Board of Directors
9	Arab	Esperanza	Board of Directors
10	Cocharn	Bobby	Board of Directors
11	Shagley	Carren	Board of Directors
12	Bagot	Barbara	Board of Directors
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OFFICE OR BOARD

Board of Supervisors

NAME OF CITY ELECTIVE OFFICER

Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT

Angela Calvillo

TELEPHONE NUMBER

415-554-5184

FULL DEPARTMENT NAME

office of the clerk of the Board

EMAIL

Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT

Bryn Miller

DEPARTMENT CONTACT TELEPHONE NUMBER

9784602875

FULL DEPARTMENT NAME

HOM Homelessness and Supportive Housing

DEPARTMENT CONTACT EMAIL

bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Catholic Charities San Francisco	TELEPHONE NUMBER 415-972-1200
STREET ADDRESS (including City, State and Zip Code) 1555 39th Avenue San Francisco 94122	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$4,764,499.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Meneses	Jilma	CEO
2	Ewers	Cheryl	CFO
3	Hammerle	Ellen	COO
4	Cordileone	Salvatore	Board of Directors
5	Boerio	Joe	Board of Directors
6	Borromeo	Theodore	Board of Directors
7	Sundby	George	Board of Directors
8	Clark	Philip	Board of Directors
9	Bojorquez	Diana	Board of Directors
10	Brigham	Martha	Board of Directors
11	Bullian	Gregory	Board of Directors
12	Frime1	Susan	Board of Directors
13	Connors	Timothy	Board of Directors
14	Dahik	Adriana	Board of Directors
15	Grogan	Kathleen	Board of Directors
16	Hultman	David	Board of Directors
17	Ikeda	Lisa	Board of Directors
18	Gelt	Jerilyn	Board of Directors
19	Kane	Steven	Board of Directors

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20	Keith	Elizabeth	Board of Directors
21	McInerney	Maureen	Board of Directors
22	Leupp	Jay	Board of Directors
23	Mirek	Lori	Board of Directors
24	Manning	Simon	Board of Directors
25	Nascimento	Daniel	Board of Directors
26	Paulter	Michael	Board of Directors
27	Reynaud	Louis	Board of Directors
28	Pohlman	Jack	Board of Directors
29	Reyes	Raymund	Board of Directors
30	Sangiacomo	Jim	Board of Directors
31	Woody	Patrick	Board of Directors
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FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Miller	9784602875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Chinatown Community Development Corporation	TELEPHONE NUMBER 415-929-5258
STREET ADDRESS (including City, State and Zip Code) 663 Clay Street San Francisco CA 94111	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$788,729.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

8. CONTRACT APPROVAL	
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1	Yeung	Malcom	CEO
2	Louie	Cindy	CFO
3	Hung	Tammy	COO
4	Chin	Phil	Board of Directors
5	Brookter	Dion	Board of Directors
6	Cheng	Claudine	Board of Directors
7	Chin	Jane	Board of Directors
8	Cordero	Terence	Board of Directors
9	Craig	Cathy	Board of Directors
10	Falger	Jim	Board of Directors
11	Golvin	Ben	Board of Directors
12	Jew	Clayton	Board of Directors
13	Leadbetter	Julie	Board of Directors
14	Lee	Olson	Board of Directors
15	Lee	Winston	Board of Directors
16	Lin	Barbara	Board of Directors
17	Lin	wendell	Board of Directors
18	McCray	James	Board of Directors
19	Poe	Irma	Board of Directors

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20	Quock	Lindsey	Board of Directors
21	Rosenquest	Nils	Board of Directors
22	Hollins	Guy	Board of Directors
23	Tse	Nigel	Board of Directors
24	Wong	Susie	Board of Directors
25	Wu	Jade	Board of Directors
26	Zhang	Mary	Board of Directors
27	Lim	Aron	Board of Directors
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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	



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 #: 211050

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)
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
Bryn Miller	9784602875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Community Housing Partnership (Homerise)	TELEPHONE NUMBER 415-852-5300
STREET ADDRESS (including City, State and Zip Code) 20 Jones Street, Suite 200 San Francisco, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$2,813,708.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Aubry	Rick	CEO
2	Lo	Jenny	CFO
3	Saxton	Christy	COO
4	Miller	Gregg	Board of Directors
5	wyler	Jonathan	Board of Directors
6	Fisher	John	Board of Directors
7	Aharoni	Sheila	Board of Directors
8	Amos	Chris	Board of Directors
9	Bowdry	Steve	Board of Directors
10	Edelman	Devra	Board of Directors
11	Eshman	Mark	Board of Directors
12	Lew	Sam	Board of Directors
13	Maddock	Lauren	Board of Directors
14	Reed	Julia	Board of Directors
15	Sims	Neil	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION

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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.

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DATE SIGNED

BOS Clerk of the Board



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1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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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
Bryn Miller	9784602875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$980,317.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Kisch	Erica	CEO
2	Hook	Carrie	CFO
3	Calvitt	Easter	COO
4	Dyer	Chad	Board of Directors
5	Tait	Adam	Board of Directors
6	Moffet	Tim	Board of Directors
7	Brand	Dalana	Board of Directors
8	Engel	Allison	Board of Directors
9	Daoro	Robert	Board of Directors
10	Dinkelspiel	Steven	Board of Directors
11	Gibbons	Dennis	Board of Directors
12	Goelz	Doug	Board of Directors
13	Harris	Meghan	Board of Directors
14	Garcia Houts	Valerie	Board of Directors
15	Jenkyn	Beth	Board of Directors
16	McCarthy	Michael	Board of Directors
17	McInerney	Brian	Board of Directors
18	Moatz	Krista	Board of Directors
19	Odyniec	Lisa	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Parish	Anne	Board of Directors
21	Severt	Laurel	Board of Directors
22	Zeppa	Stephanie	Board of Directors
23	Traina	Kate	Board of Directors
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DATE SIGNED

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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
Bryn Miller	9784602875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Conard	TELEPHONE NUMBER 415-864-7833
STREET ADDRESS (including City, State and Zip Code) 1385 Mission St #200, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$1,660,204.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Quintance	Anne	CEO
2	Nether-Gold	Robyn	CFO
3	Suarez	Liliana	COO
4	Rodriguez	Eddie	Board of Directors
5	Raheem	Ali	Board of Directors
6	Outten	Joel	Board of Directors
7	Jafry	Zahid	Board of Directors
8	Moerman	Ben	Board of Directors
9	Yu	wendy	Board of Directors
10	Raina	Savita	Board of Directors
11	Wu	Sophie	Board of Directors
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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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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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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
Bryn Miller	9784602875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Episcopal Community Services	TELEPHONE NUMBER (415) 487-3300
STREET ADDRESS (including City, State and Zip Code) 165 8th Street San Francisco CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$4,501,058.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Stokes	Beth	CEO
2	Larra	Eric	CFO
3	Callandrillo	Chris	COO
4	Handley Andrus	Marc	Board of Directors
5	Harley	Kate	Board of Directors
6	Clayter	Todd	Board of Directors
7	Dienst	Sedgwick	Board of Directors
8	Geeslin	Keith	Board of Directors
9	Ho	Heidi	Board of Directors
10	Jones	Martin	Board of Directors
11	Ketcham	Susan	Board of Directors
12	McTieran	Megan	Board of Directors
13	Leong	Gordon	Board of Directors
14	Mouton-Patterson	Rita	Board of Directors
15	Robershotte	Megan	Board of Directors
16	Singer	Susanna	Board of Directors
17	Springwater	Richard	Board of Directors
18	Tatsuno	Yvonne	Board of Directors
19	Brooks Todd	Kirby	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Zaidi	Hassan	Board of Directors
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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
Bryn Miller	9784602875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Glide	TELEPHONE NUMBER 415-674-6070
STREET ADDRESS (including City, State and Zip Code) 330 Ellis St, San Francisco, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$640,599.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Hanrahan	Karen	CEO
2	Foster	Erby	CFO
3	Farnday	Kate	COO
4	Foster	Kaye	Board of Directors
5	Glide	Mary	Board of Directors
6	Warren	Michael	Board of Directors
7	Archibong	Ime	Board of Directors
8	Cohen	Emily	Board of Directors
9	Collins	Paula	Board of Directors
10	Flick	Cheryl	Board of Directors
11	Kaplan	Phyllis	Board of Directors
12	Wu	Lin-Hua	Board of Directors
13	Thompson	Laura	Board of Directors
14	Mirikitani	Janice	Board of Directors
15	Tamaki	Donald	Board of Directors
16	Zackler	Phillip	Board of Directors
17	Blum	Richard	Board of Directors
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☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	



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 #: 211050

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

original

DATE OF ORIGINAL FILING (for amendment only)

AMENDMENT DESCRIPTION – Explain reason for amendment

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD

Board of Supervisors

NAME OF CITY ELECTIVE OFFICER

Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT

Angela Calvillo

TELEPHONE NUMBER

415-554-5184

FULL DEPARTMENT NAME

office of the clerk of the Board

EMAIL

Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT

Bryn Miller

DEPARTMENT CONTACT TELEPHONE NUMBER

9784602875

FULL DEPARTMENT NAME

HOM Homelessness and Supportive Housing

DEPARTMENT CONTACT EMAIL

bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Hamilton Families	TELEPHONE NUMBER 415-321-2612
STREET ADDRESS (including City, State and Zip Code) 273 9th St, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$1,205,912		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Noon	Kyriell	CEO
2	Martinez	Rosa	CFO
3	Evans	Timothy	COO
4	Beckwith	Ebony	Board of Directors
5	Goldin	David	Board of Directors
6	Mandell	Jason	Board of Directors
7	Kurte	DJ	Board of Directors
8	Lane	Jessica	Board of Directors
9	Basler	Julian	Board of Directors
10	Bernstein	Ruth	Board of Directors
11	Miller Buck	Paige	Board of Directors
12	Frelix	Ebony	Board of Directors
13	Iannuccillo	Ann	Board of Directors
14	Moreno	Karina	Board of Directors
15	Picazo	Rene	Board of Directors
16	Toland	Susan	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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 DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Miller	9784602875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Homeless Prenatal Program	TELEPHONE NUMBER 415-546-6756
STREET ADDRESS (including City, State and Zip Code) 2500 18th St, San Francisco, CA 94110	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$583,884.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Ryan	Martha	CEO
2	Ashworth	Beverly	CFO
3	Milton	Lili	COO
4	Koeppel	John	Board of Directors
5	Reuter	Emily	Board of Directors
6	Griffith	Linda	Board of Directors
7	Matcovich	Rick	Board of Directors
8	Agarwal	Ashish	Board of Directors
9	Berkelman-Rosado	Sunya	Board of Directors
10	Carey	Vince	Board of Directors
11	Capur	Aneesha	Board of Directors
12	Curtis	Charmaine	Board of Directors
13	James	Donna	Board of Directors
14	Landres	Debbie	Board of Directors
15	Louh	Rita	Board of Directors
16	Mohanty	Sunita	Board of Directors
17	Moscone	Jonathan	Board of Directors
18	Pies	Cheri	Board of Directors
19	Rice	Lorie	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Trejo	Erica	Board of Directors
21	wilson-Ryckman	Pamela	Board of Directors
22	Chang	Tina	Board of Directors
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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
Bryn Miller	9784602875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$1,183,726.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing and Transitional Housing.		

7. COMMENTS

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Adams	Sherilyn	CEO
2	Hunter	Carol	CFO
3	Mar	Martha	COO
4	Alexander	Susan	Board of Directors
5	Roos	Eric	Board of Directors
6	Valentine	D	Board of Directors
7	Cameron	Cecily	Board of Directors
8	Cody	Daniel A.	Board of Directors
9	Famulener	Conor	Board of Directors
10	Garellick	Jeff	Board of Directors
11	Grossman	Blake	Board of Directors
12	Hicks	John W.	Board of Directors
13	Hoecker	Anne	Board of Directors
14	Johnson	Eric	Board of Directors
15	Kassahun	Adamar	Board of Directors
16	Kerzic	Richard	Board of Directors
17	Kiss	Patrick	Board of Directors
18	Newton	Willis	Board of Directors
19	Roos	Eric	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Schlein	Philip	Board of Directors
21	Schwartz	Aaron C.	Board of Directors
22	Shapiro	Sally	Board of Directors
23	Viola	John	Board of Directors
24	Matlock	Micael	Board of Directors
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10. VERIFICATION

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DATE SIGNED

BOS Clerk of the Board



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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 DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Miller	9784602875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR LGBT Center	TELEPHONE NUMBER 415-865-5555
STREET ADDRESS (including City, State and Zip Code) 1800 Market Street San Francisco	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$368,177.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Rolfe	Rebecca	CEO
2	Rizzie	Mathew	CFO
3	Thompson	Nathalie	COO
4	Wu	Sophie	Board of Directors
5	Paul	Chris	Board of Directors
6	Gutierrez	Carlos	Board of Directors
7	Millard	Jonathan	Board of Directors
8	Riles	Jeff	Board of Directors
9	Jesmonth	Sally	Board of Directors
10	De La O	Robert	Board of Directors
11	Hernandez	Genesis	Board of Directors
12	King	Michelle J.	Board of Directors
13	Kulkarni	Hrishi	Board of Directors
14	Natoli	Jane	Board of Directors
15	Persson	Maceo	Board of Directors
16	Rice	Pamela	Board of Directors
17	Sun	Jeff	Board of Directors
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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
Bryn Miller	9784602875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Mercy Housing	TELEPHONE NUMBER 415-355-7100
STREET ADDRESS (including City, State and Zip Code) 1390 Misson Street San Francisco 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$1,336,427.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Guerro	Ismael	CEO
2	walsh	Dee	CFO
3	Gupta	Parag	COO
4	Hejna	Diane	Board of Directors
5	Jackson	David	Board of Directors
6	Jutte	Doug	Board of Directors
7	kelley	Barbara	Board of Directors
8	Madell	Ed	Board of Directors
9	Neumann	Paul	Board of Directors
10	Ross	Sam	Board of Directors
11	Snyder	Will	Board of Directors
12	Swift	Susanne	Board of Directors
13	Tetrault	Bob	Board of Directors
14	Werthman	Linda	Board of Directors
15	Wetmore	Carol	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

DATE SIGNED

BOS Clerk of the Board



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 #: 211050

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

original

DATE OF ORIGINAL FILING (for amendment only)

AMENDMENT DESCRIPTION – Explain reason for amendment

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD

Board of Supervisors

NAME OF CITY ELECTIVE OFFICER

Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT

Angela Calvillo

TELEPHONE NUMBER

415-554-5184

FULL DEPARTMENT NAME

office of the clerk of the Board

EMAIL

Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT

Bryn Miller

DEPARTMENT CONTACT TELEPHONE NUMBER

9784602875

FULL DEPARTMENT NAME

HOM Homelessness and Supportive Housing

DEPARTMENT CONTACT EMAIL

bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Mission Housing Development Corporation	TELEPHONE NUMBER 415-864-6432
STREET ADDRESS (including City, State and Zip Code) 474 Valencia St # 280, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$485,520.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Moss	Sam	CEO
2	Ouyang	Kate	CFO
3	Contreras	Marcia	COO
4	Arce	Joshua	Board of Directors
5	Gonzales	Irving	Board of Directors
6	Gómez-Benítez	F.	Board of Directors
7	Ahn	Eddie	Board of Directors
8	Layman	Jon	Board of Directors
9	Esparza	Marisela	Board of Directors
10	Gallegos	Pete	Board of Directors
11	Levine	Toby	Board of Directors
12	wang	Shirley	Board of Directors
13	Tolentino	Rhosie	Board of Directors
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DATE SIGNED

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1. FILING INFORMATION

TYPE OF FILING

original

DATE OF ORIGINAL FILING (for amendment only)

AMENDMENT DESCRIPTION – Explain reason for amendment

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD

Board of Supervisors

NAME OF CITY ELECTIVE OFFICER

Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT

Angela Calvillo

TELEPHONE NUMBER

415-554-5184

FULL DEPARTMENT NAME

office of the clerk of the Board

EMAIL

Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT

Bryn Miller

DEPARTMENT CONTACT TELEPHONE NUMBER

9784602875

FULL DEPARTMENT NAME

HOM Homelessness and Supportive Housing

DEPARTMENT CONTACT EMAIL

bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Reality House West-Curry Senior Center	TELEPHONE NUMBER 415-920-1351
STREET ADDRESS (including City, State and Zip Code) 380 Eddy Street San Francisco CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$1,747,584.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Knego	David	CEO
2	Bushnell	Arlo	CFO
3	Hill	Daniel	COO
4	Davila	Jonrie	Board of Directors
5	Quitugua	Shirley	Board of Directors
6	Norton	Alycia	Board of Directors
7	Guerrero Huh	Ja Eun	Board of Directors
8	Lincecum	Hannah	Board of Directors
9	McKinnon	John	Board of Directors
10	Pritchett	Pattie	Board of Directors
11	Schiller	Zack	Board of Directors
12	Selvam	Sasha	Board of Directors
13	Razzo	Robert A.	Board of Directors
14	Sklar	Diane	Board of Directors
15	Slam	Arielle	Board of Directors
16	Sullivan	Richard	Board of Directors
17	Barmeyer Valente	Julie	Board of Directors
18	Zhang	Alice	Board of Directors
19	Zachary	Wendy	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Bickham	David	Board of Directors
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10. VERIFICATION

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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.

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DATE SIGNED

BOS Clerk of the Board



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1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
original	
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
Bryn Miller	9784602875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Safe House	TELEPHONE NUMBER 415-643-7861
STREET ADDRESS (including City, State and Zip Code) P.O. Box 40369 San Francisco, CA 94140	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$2,411,770.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Eby	Toni	CEO
2	Moore	Kristen	COO
3	Hua	Julietta	Board of Directors
4	Conrotto	Sister Rosina	Board of Directors
5	Becker	Alan	Board of Directors
6	Ruiz	Gabriella	Board of Directors
7	Sum	Julian	Board of Directors
8	Faison	June	Board of Directors
9	Ly	Mattison	Board of Directors
10	Nunez	Sandra	Board of Directors
11	Monson	Susie	Board of Directors
12	Philip	Susan	Board of Directors
13	Foster	Timothy	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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10. VERIFICATION

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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

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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
Bryn Miller	9784602875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Swords to Plowshares	TELEPHONE NUMBER 415 727-8387
STREET ADDRESS (including City, State and Zip Code) 1060 Howard St, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$2,315,812.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Blecker	Michael	CEO
2	Frost	Karen	CFO
3	Garner	Tramecia	COO
4	Cane	Julie	Board of Directors
5	Deksheniaks	Michael	Board of Directors
6	Fassler	Michael	Board of Directors
7	Seymour	Deleano 'Del'	Board of Directors
8	Plath	Stephen	Board of Directors
9	Cox	Paul	Board of Directors
10	Houlberg	Rick	Board of Directors
11	Robert Trevorrow	Robert	Board of Directors
12	Michael Thiel	Michael	Board of Directors
13	Edwards	Erik	Board of Directors
14	Marquez	John	Board of Directors
15	Richardson	Kate	Board of Directors
16	Schulman	Jared	Board of Directors
17	Ordona	Placido	Board of Directors
18	Guy	Dottie	Board of Directors
19			

9. AFFILIATES AND SUBCONTRACTORS

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DATE SIGNED

BOS Clerk of the Board



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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 DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Miller	9784602875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Tenderloin Development Corporation	TELEPHONE NUMBER 415-776-2151
STREET ADDRESS (including City, State and Zip Code) 201 Eddy St, San Francisco, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$7,995,310.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Falk	Donald	CEO
2	Lathouwers	Ron	CFO
3	Rankin	DeTene	COO
4	Blakely	Lisa	Board of Directors
5	Johnson	Susan	Board of Directors
6	Gouig	Chris	Board of Directors
7	Edwards	Tracey	Board of Directors
8	Kroot	Dave	Board of Directors
9	wilson	Peter	Board of Directors
10	Barahona	Luis	Board of Directors
11	Bohee	Tiffany	Board of Directors
12	Cervantes	Jim	Board of Directors
13	Cloutier	Mark	Board of Directors
14	Martin	Freddie	Board of Directors
15	McLean	Jim	Board of Directors
16	Pujals	Fernando	Board of Directors
17	Siswandi	Jennifer	Board of Directors
18	Skurdenis	Birute	Board of Directors
19	wolfe	Kathy	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Rock	Kathy	Board of Directors
21	Tharpe	Amy	Board of Directors
22	Vilkin	Greg	Board of Directors
23	Kim	Dr. Kenneth	Board of Directors
24	Wong	Cynthia	Board of Directors
25	Young	Cheryl	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

DATE SIGNED

BOS Clerk of the Board



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 #: 211050

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

Original

DATE OF ORIGINAL FILING (for amendment only)

AMENDMENT DESCRIPTION – Explain reason for amendment

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD

Board of Supervisors

NAME OF CITY ELECTIVE OFFICER

Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT

Angela Calvillo

TELEPHONE NUMBER

415-554-5184

FULL DEPARTMENT NAME

Office of the Clerk of the Board

EMAIL

Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT

Bryn Miller

DEPARTMENT CONTACT TELEPHONE NUMBER

9784602875

FULL DEPARTMENT NAME

HOM Homelessness and Supportive Housing

DEPARTMENT CONTACT EMAIL

bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Tenderloin Housing Clinic	TELEPHONE NUMBER 415-885-3286
STREET ADDRESS (including City, State and Zip Code) 126 Hyde Street, San Francisco, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$7,244,569.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

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

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Shaw	Randy	CEO
2	Tang	Wynne	CFO
3	Allen	Tabitha	COO
4	Tiedemann	Chris	Board of Directors
5	Brophy	Ken	Board of Directors
6	Pujals	Fernando	Board of Directors
7	Medeiros	Jodie	Board of Directors
8	Aguilar	Enrique	Board of Directors
9	wilson	Randy	Board of Directors
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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	



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1. FILING INFORMATION

TYPE OF FILING

original

DATE OF ORIGINAL FILING (for amendment only)

AMENDMENT DESCRIPTION – Explain reason for amendment

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD

Board of Supervisors

NAME OF CITY ELECTIVE OFFICER

Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT

Angela Calvillo

TELEPHONE NUMBER

415-554-5184

FULL DEPARTMENT NAME

office of the clerk of the Board

EMAIL

Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT

Bryn Miller

DEPARTMENT CONTACT TELEPHONE NUMBER

9784602875

FULL DEPARTMENT NAME

HOM Homelessness and Supportive Housing

DEPARTMENT CONTACT EMAIL

bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR TODCO Development Co	TELEPHONE NUMBER 415-896-1880
STREET ADDRESS (including City, State and Zip Code) 230 4th St, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$611,654.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Phillips	Jean	CEO
2	Kufman	Anne	CFO
3	Roberts	Elizabeth	COO
4	Ang	April	Board of Directors
5	Henmi	Denis	Board of Directors
6	Duke	Alicia	Board of Directors
7	Sy	Bernadette	Board of Directors
8	Pacia	Michael	Board of Directors
9	Lee	Dora	Board of Directors
10	Gansen	Karen	Board of Directors
11	Gilbert	Al	Board of Directors
12	Manalo	Allan	Board of Directors
13	Alicia	Alicia	Board of Directors
14	Elberling	John	Board of Directors
15	Yee	Anna	Board of Directors
16	Gilbert	Albert	Board of Directors
17	Gansen	Karen	Board of Directors
18	Izumizaki	Henry	Board of Directors
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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.

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DATE SIGNED

BOS Clerk of the Board



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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 DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Bryn Miller	9784602875
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HOM Homelessness and Supportive Housing	bryn.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR United Council of Human Services	TELEPHONE NUMBER 2111 Jennings St, San Francisco
STREET ADDRESS (including City, State and Zip Code) 2111 Jennings St, San Francisco, CA 94124	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211050
DESCRIPTION OF AMOUNT OF CONTRACT \$3,135,647.00		
NATURE OF THE CONTRACT (Please describe) FY21-22 CoC funds proposed for the provider for Permanent Supportive Housing.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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1	Westbrook	Gwendolyn	CEO
2	Burgland	Brian	CFO
3	Bennett	Alonzo	Board of Directors
4	Perkins	George	Board of Directors
5	Stokes	Margie	Board of Directors
6	Jackson	Brenda	Board of Directors
7	Burgland	Brian	Board of Directors
8	Thomas	Mary	Board of Directors
9	Sumante	Fredrick	Board of Directors
10	Flowers	Kelvin	Board of Directors
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DATE SIGNED

BOS Clerk of the Board