

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 #: 211047

Bid/RFP #:

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Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

1. FILING INFORMATION	2_
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	♥ .
AMENDMENT DESCRIPTION – Explain reason for amendment	* O
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2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Alison Lustbader		415-255-3402
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	alison.lustbader@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
>		211047
DESCRIPTION OF AMOUNT OF CONTRACT		
\$1,528,133		
NATURE OF THE CONTRACT (Please describe)		
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3rd Street will hire 3 full-time Licensed Therapists who will provide school-based counseling services at 3 school-based wellness centers operated by Community Behavioral		
Health Services through its Community Health F		
centers are operated at Balboa High School, Ph		
Willie L. Brown, Jr. Middle School, and incor services, family planning services, and healt		
within the wellness centers at these 3 high-ri		
much-needed on-site individual and group menta		
appointment basis.	\ <u>\</u>	
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3rd Street Youth Center & Clinic is a 501 (c) 3 Nonprofit with a Board of Directors

8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Magee	Michelle	Board of Directors		
2	Lacoste	Lyslynn	Board of Directors		
3	Relyea	Jackie	Board of Directors		
4	Fallon	Laura	Board of Directors		
5	Moorthy	Savitha	Board of Directors		
6	Johnson	Jessica	Board of Directors		
7	Patton	Misty	Board of Directors		
8	Lelaind	Herschel	Board of Directors		
9	Kuene	Glen	Board of Directors		
10	Eng	Vanessa	Board of Directors		
11	Rodríguez	Jose A.	Board of Directors		
12	Savage	Michael	Board of Directors		
13	Jackson-Morgan	Joi	Other Principal Officer		
14	Pederson	Kristine	Other Principal Officer		
15	McMonagle	Jason	Other Principal Officer		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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		
CLERK		
BOS Clerk of the Board		



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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
Alison Lustbader		415-255-3402
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	alison.lustbader@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Life Learning Academy	(415) 397-8957
STREET ADDRESS (including City, State and Zip Code)	EMAIL
651 8th Street, Treasure Island San Francisco CA 94130	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
R		211047
DESCRIPTION OF AMOUNT OF CONTRACT		
\$1,200,000		
NATURE OF THE CONTRACT (Please describe)		
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Life Learning Academy has been approved to 1) services to our entire student population, and student dormitory on campus.		
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7. COMMENTS	
Life Learning Academy is a 501 (c) 3 Nonprofit with a Board of Directors.	

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8. C	8. CONTRACT APPROVAL				
This	contract was approved by:				
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	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS				
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Brown	Joanne	Board of Directors		
2	Coleman	Denise	Board of Directors		
3	Shalvey	Sue	Board of Directors		
4	Kao	Amy	Board of Directors		
5	Bhaskarabhatla	Sheetal	Board of Directors		
6	Brighouse	Nikki	Board of Directors		
7	Carnevale	Steve	Board of Directors		
8	Farris	Nathan	Board of Directors		
9	Brock	Keith	Board of Directors		
10	Brennan	Patrick	Board of Directors		
11	Delane	Teri	Other Principal Officer		
12	Miller	Craig	Other Principal Officer		
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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED	
BOS Clerk of the Board		



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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
Alison Lu	ustbader	415 255 3402
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	alison.lustbader@sfdph.org

NAME OF CONTRACT San Francisco Unified School District TELEPHONE NUMBER 415-340-1716 EMAIL 6. CONTRACT DATE CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) DESCRIPTION OF AMOUNT OF CONTRACT 51, 306, 146 NATURE OF THE CONTRACT (Please describe) Mental Health Student Services Act of 2019 (MNSSA) 7. COMMENTS 8. CONTRACT APPROVAL This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS	5. CONTRACTOR			
STREET ADDRESS (including City, State and Zip Code) 555 Franklin St San Francisco, CA 94102 6. CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) DESCRIPTION OF AMOUNT OF CONTRACT 51, 306, 146 NATURE OF THE CONTRACT (Please describe) Mental Health Student Services Act of 2019 (MHSSA) 7. COMMENTS 8. CONTRACT APPROVAL This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES BOARD OF Supervisors			TELEPHONE N	IUMBER
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8. CONTRACT APPROVAL This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES BOARD OF Supervisors	NATURE OF THE CONTRACT (Please describe)			
8. CONTRACT APPROVAL This contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors	Mental Health Student Services Act of 2019 (MH	SSA)		
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THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors				
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THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS	□ Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS				
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Sanchez	Mark	Board of Directors			
2	Lopez	Gabriela	Board of Directors			
3	Collins	Allison	Board of Directors			
4	Alexander	Matt	Board of Directors			
5	Boggess	Kevine	Board of Directors			
6	Lam	Jenny	Board of Directors			
7	Moliga	Faauuga	Board of Directors			
8	Matthews	Vincent	Other Principal Officer			
9	Wallace	Meghan	CF0			
10	O'Keefe	Orla	Other Principal Officer			
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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	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
Alison L	ustbader	415-255-3402
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	alison.lustbader@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
Seneca Family of Agencies		(510) 65	4-4004
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
8945 Golf Links Road, Oakland, CA 94605			
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
<i>↔</i>			211047

6. CONTRACT		
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		211047
DESCRIPTION OF AMOUNT OF CONTRACT		
\$1,032,812		
NATURE OF THE CONTRACT (Please describe)		
NATURE OF THE CONTRACT (Please describe)		
Funding for Mobile Response Services	9	
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į	7. COMMENTS					
	Seneca	Cente	is a	501	(c)	3 Nonprofit with a Board of Directors

8. C	8. CONTRACT APPROVAL					
This	This contract was approved by:					
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM					
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	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS					

contract.						
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Gilbert	Neal	Board of Directors			
2	Galyean	Leticia	Board of Directors			
3	Aroner	Dion	Board of Directors			
4	Le Plastrier	Geoff	Board of Directors			
5	Davi	Jeff	Board of Directors			
6	Pizzini	Sylvia	Board of Directors			
7	Foster	Gwen	Board of Directors			
8	Pena	Nancy	Board of Directors			
9	Benning	Rochelle	Board of Directors			
10	Galyean	Leticia	Other Principal Officer			
11	Briggs	Janet	Other Principal Officer			
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BOS Clerk of the Board						