



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 #: 211164

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
Arlene Lee	(415) 255-3492
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	arlene.lee@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Public Health Foundation	TELEPHONE NUMBER (415) 504-6738
STREET ADDRESS (including City, State and Zip Code) 1 Hallidie Plaza, Suite 808, SF, CA 94102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 211164
DESCRIPTION OF AMOUNT OF CONTRACT \$20,027,567		
NATURE OF THE CONTRACT (Please describe) As-needed project based support services - Category I. Program administration and support services, for a total agreement term of January 1, 2020, through December 31, 2024.		

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	Bennett	Ayanna	Board of Directors
2	Falk	Nicole	Board of Directors
3	Longstreth	Elizabeth	Board of Directors
4	Morewitz	Mark	Board of Directors
5	Lau	Gina	Board of Directors
6	Lyles	Courtney	Board of Directors
7	Moore	Melissa	Board of Directors
8	Oxford	Nick	Board of Directors
9	Sharma	Adam	Board of Directors
10	Villagomez	Alice	Board of Directors
11	Eardley	Penny	CEO
12	CARECEN SF		Subcontractor
13	Chinatown Comm Dev Ctr		Subcontractor
14	Curry Senior Center		Subcontractor
15	Family Connections Center		Subcontractor
16	Rebuilding Together SF		Subcontractor
17	Senior Disability Action		Subcontractor
18	Tenderloin Comm Ben Dist		Subcontractor
19	walk SF		Subcontractor

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
20	Booker T Washington		Subcontractor
21	Chinese Hospital		Subcontractor
22	Family & Child Emp Svs SF		Subcontractor
23	Mission Language Voc Schoo		Subcontractor
24	Mission Nghbrhood Hlth Ctr		Subcontractor
25	Rafiki Coalition		Subcontractor
26	SF AIDS Foundation		Subcontractor
27	SF Community Health Center		Subcontractor
28	Southwest Community Corp		Subcontractor
29	YMCA Urban Services		Subcontractor
30	Collective Impact		Subcontractor
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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

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.

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