

FORM SFEC-126:  
NOTIFICATION OF CONTRACT APPROVAL  
(S.F. Campaign and Governmental Conduct Code § 1.126)

2008 JUL -9 PM 3:33

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, SF Board of Supervisors	City elective office(s) held: Members, SF Board of Supervisors

<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: Tenderloin Health	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
<p>1) Board Members  David Krimm, Chair  Guido Gores, MD, Vice Chair  Andy Chen, Internal Committee Chair  Joanna Duthler, External Committee Chair  Troy Brunet, Client Representative  Billie Cooper, Client Representative  Kate Greer  Richard Miller  Luann Simmons, JD</p> <p>2) Executive Director  Colm Hegarty  Chief Financial Officer  Kathi Varas, CPA</p> <p>3) Not Applicable</p> <p>4) CSV Hospitality, Inc.</p> <p>5) Not Applicable</p>	
Contractor address: 255 Golden Gate Avenue, San Francisco, CA 94102	
Date that contract was approved: 5/22/2008	Amount of contract: \$1,036,704
Describe the nature of the contract that was approved: Master Lease and Permanent Supportive Housing for Aranda	
Comments: Contract renewals are subject to the SF Board of Supervisors approval of the Care Fund.	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form

a board on which the City elective officer(s) serves San Francisco Board of Supervisors

Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

**Filer Information** *(Please print clearly.)*

Name of filer: **Clerk of SF Board of Supervisors**

Contact telephone number:  
( 415 ) 554-5184

Address: **City Hall, Rm 244  
1 Dr. Carlton B. Goodlett Pl., SF, CA 94102**

E-mail:

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

(if submitted by Board Secretary or Clerk)

Date Signed

July 8<sup>th</sup>, 2009