

FILED

10 FEB -4 PM 3:26

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

SAN FRANCISCO
ETHICS COMMISSION

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

Contractor Information (Please print clearly.)	
Name of contractor: Mission Neighborhood Health Center	
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.	
1) BOARD OF DIRECTORS: Charles Moser, MD; Regina Otero-Sabogal; Rafael Gomez; Ricardo Wohler; Tracy Brown; Luisa Ezquerro; Ruben Cantor; Mellay Menelik; George Baca y Rita.	
2) EXECUTIVE STAFF: Brenda Y. Storey (Chief Executive Officer); Ricardo Alvarez, MD (Chief Medical Officer); Silvia Siu (Chief Financial Officer); Ana O'Connor (Chief Operating Officer); Fernando Gomez-Benitez (Chief Administrative Officer)	
Contractor address: 240 Shotwell Street SAN FRANCISCO CA 94110	
Date that contract was approved: 2/2/10	Amount of contract: \$915,850
Describe the nature of the contract that was approved: Funds HIV care and treatment services for low-income Latinos/as	
Comments:	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form San Francisco Board of Supervisors
- a board on which the City elective officer(s) serves _____
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 the SF Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., SF, CA 94102	E-mail: bos.legislation@sfgov.org

_____ by City elective officer) _____ Date Signed
2/3/10

_____ (tted by Board Secretary or Clerk) _____ Date Signed