File No. 100175



## FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

FILED

(S.F. Campaign and Governmental Conduct Code § 1.126) City Elective Officer Information (Please print clearly.) 10 APR -6 Name of City elective officer(s): City elective office(s) held: Mayor Gavin Newsom Mayor, City and County of San F HICS COMMISSION Contractor Information (Please print clearly.) Name of contractor: California Department of Mental Health 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. Stephen W. Mayberg, PhD, Director, California Department of Mental Health, a California State Agency under Governor Arnold Schwarzenegger Contractor address: 1600 9th Street, Sacramento, CA 95814 Date that contract was approved: Amount of contract: \$20,808,500 for 2010/11 4-02-2010 Describe the nature of the contract that was approved: Mental Health Services Act FY2010-2011Annual Plan Update For the Community Services and Support, Prevention and Early Intervention, and Workforce Education and Training and modification of Contract No. 07-77338-000 Comments: This contract was approved by (check applicable): X the City elective officer(s) identified on this form (Mayor, Gavin Newsom) □ a board on which the City elective officer(s) serves <u>San Francisco Board of Supervisors</u> 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 Inform	
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<b>→</b>	4-02-2010
ignature of	Date Signed
ignature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)	Date Signed