FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

City Elective Officer Information (Please print clearly.)	tal Conduct Code § 1.120)
Name of City elective officer(s): Members, San Francisco Board of Supervisors	City elective office(s) held: Members, San Francisco Board of Supervisors 1188
Contractor Information (Please print clearly.)	
Name of contractor: Alternative Family Services, Inc.	
Please list the names of (1) members of the contractor's board of d financial officer and chief operating officer; (3) any person who ha any subcontractor listed in the bid or contract; and (5) any political additional pages as necessary.	is an ownership of 20 percent or more in the contractor; (4)
 Dwight Alexander, Diane DeLange, Lillie Ellison, Jo Biel Cl CEO: Jay Berlin; COO: James R. Gold; CFO: Martha E. De Not for profit corporation No subcontractors No political committees 	lark, Partrick Cicarelli, Jay Berlin uarte
Contractor address Suite 218, Santa F	Rosa, CA 95403
Date that contract was approved: 12/7/10	Amount of contract: \$11,057,200
Describe the nature of the contract that was approved:	
Behavioral Health Services	
Comments:	
This contract was approved by (check applicable): ☐ the City elective officer(s) identified on this form	
	rancisco Board of Supervisors Print Name of Board
☐ the board of a state agency (Health Authority, Housing Auth Board, Parking Authority, Redevelopment Agency Commissi Development Authority) on which an appointee of the City el	on, Relocation Appeals Board, Treasure Island
Print Name of Board	
Filer Information (Please print clearly.)	
Name of filer: Clerk of the San Francisco Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco,	E-mail: bos.legislation@sfgov.org
Signature of City Elective Officer (if submitted by City elective off	icer) Date Signed
Signatu Board Secre	tary or Clerk) Date Signed