FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL (S.F. Campaign and Governmental Conduct Code § 1.126) 7011 BEC 13

En 1 Francisco

City Elective Officer Information (Please print clearly.)	Ship that B & Ship water a .
Name of City elective officer(s):	City elective office(s) held: SAN RANCISCO
Members, Board of Supervisors	Members, Board of Supervisors COMMISSION
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Contractor Information (Please print clearly.)	
Name of contractor: Haight Ashbury Free Clinics, Inc. (d.b.a. Haight	Ashbury Free Clinics - Walden House)
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Please list the names of (1) members of the contractor's board of dire	ctors: (2) the contractor's chief executive officer, chief
financial officer and chief operating officer; (3) any person who has a	
any subcontractor listed in the bid or contract; and (5) any political c	
additional pages as necessary.	
(1) Harlan Grossman; Eric Flowers; Stephen Bach; Deborah Broyles;	
Christian; Tamara Mason-Williams; Marguerite Meade; Liam Mayclem; Victor Ortiz; Peter Sullivan; Jeanne Woodford.	
(2) CEO: Vitka Eisen; CFO: David Crawford; COO: N/A (3) N/A (4) N/A (5) N/A	
Contractor address: 2 nd Floor, San Francisco, C.	Λ 0/103
Contractor address:	7 741UJ
Date that contract was approved:	Amount of contract: \$249,662.00
12/6/2011	Amount of contract. \$247,002.00
	a mental health coordinator for incarcerated veterans
Describe the nature of the contract that was approved: Contract funds a mental health coordinator for incarcerated veterans.	
Comments:	
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	
Development Authority) on which an appointee of the City elect	mve officer(s) identified on this form sits
Print Name of Board	
Filer Information (Please print clearly.)	
Name of filer:	Contact telephone number:
Angela Calvillo, Clerk of the Board	(415) 554-5184
Address;	E-mail:
City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, C.	1
Signature of City Elective Officer (if submitted by City elective officer	r) Date Signed
and the second s	
	12/8/11
Signate itted by Board Secretary	
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