## FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

(S.F. Campaign and Governmental Conduct Code § 1.126) 12 MOV 26 PM L: 27

City Elective Officer Information (Please print clearly.)	Henral Conduct Code § 11120) Z HIM Zb FB B. Z
Name of City elective officer(s):	City elective office(s) held: SAN FRANCISCO ETHICS COMMISSION
Mayor Edwin M. Lee	Mayor, City and County of San Francisco
Contractor Information (Please print clearly.)	C/ F interspense or conductivity of the conduc
Name of contractor:	
Asian & Pacific Islander Wellness Center	
Please list the names of (1) members of the contractor's board financial officer and chief operating officer; (3) any person who any subcontractor listed in the bid or contract; and (5) any pole additional pages as necessary.	o has an ownership of 20 percent or more in the contractor; (4, itical committee sponsored or controlled by the contractor. Use
<ol> <li>A&amp;PI Wellness Center - Board of Directors: Tien Bui, Benjami Devesh Khatu, Royce Lin, MD, Melinda Martin, Gary Murakami, Song, Erin C. Wilson, DrPH; (For complete list with affiliations, pl 2) Lance Toma, LCSW-Executive Director (CEO and COO); Yvor</li> </ol>	Frank A. Sclafani, MFT, Laura Thomas, MPH, MPP, Jack lease see attached)
3) N/A; 4) N/A;	
5) N/A. Contractor address:	,
San Francisco, CA 94109	
Date that contract was approved:	Amount of contract: \$244,166 annually
11/24/12	(\$1,220,830 over 5 years of grant term)
Describe the nature of the contract that was approved: A demonengagement and retention in quality of HIV Care for Transgend Comments: This is a 5 year Special Project of National Signific Resources and Services Administration. Asian & Pacific Island Health Services who serves as the grantee for this project.	der Women of Color in San Francisco.  cance Grant funded by the HIV/ AIDS Bureau of the Health
Treatin Services who serves as the grantee for this project.	
This contract was approved by (check applicable):	
ot Z the City elective officer(s) identified on this form (Mayo	or Edwin M. Lee)
a board on which the City elective officer(s) serves	
,	Print Name of Board
☐ the board of a state agency (Health Authority, Housing A Board, Parking Authority, Redevelopment Agency Commi Development Authority) on which an appointee of the City	ission, Relocation Appeals Board, Treasure Island
Print Name of Board	
Filer Information (Please print clearly.)	
Name of filer: Jason Elliott, Mayor's Liaison to the Board of Supervisors	Contact telephone number: (415) 554-5105
Address: City Hall, Room 200	E-mail: Jason.elliott@sfgov.org
	11/26/12
Signature of City Elective Officer (if submitted by City elective	
Signature of Roard Secretary or Clerk (if submitted by Roard Sec	cretary or Clerk) Date Signed