

FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

2012 NOV 29 AM 9: 33

(S.F. Campaign and Governmental Conduct Code § 1.126) City Elective Officer Information (Please print clearly.) Name of City elective officer(s): City elective office(s) held: Members, Board of Supervisors Members, Board of Supervisors Contractor Information (Please print clearly) Name of contractor: Asian & Pacific Islander Wellness Center Please tist 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) A&PI Wellness Center - Board of Directors: Tien Bui, Benjamin Leong, Bart Aoki, Ph.D., Sophia Chao, Mario Choi, JD, Devesh Khatu, Royce Lin, MD, Melinda Martin, Gary Murakami, Frank A. Sclafani, MFT, Laura Thomas, MPH, MPP, Jack Song, Erin C. Wilson, DrPH; (For complete list with affiliations, please see attached) 2) Lance Toma, LCSW-Executive Director (CEO and COO); Yvonne Watson, Director of Finance and Administration (CFO); 3) N/A; 4) N/A; 5) N/A. Contractor address San Francisco, CA 94109 Amount of contracts: \$121,074 annually Date that contract was approved: 11/20/12 (\$605,370 over 5 years of grant term) Describe the nature of the contract that was approved. A demonstration site project to create a Homeless Outreach Mobile Engagement (HOME) Project building medical homes for Multiply-Diagnosed HIV-Positive Homeless Populations in San Francisco. Comments: This is a five year SPNS grant (Special Project of National Significance) funded by the HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA). Asian & Pacific Islander Wellness Center is a partner agency with the Department of Public Health/HIV Health Services who serves as the grantee for this project. 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 Print Name of Board Filer Information (Please print clearly.) Name of filer: Contact telephone number: Angela Calvillo, Clerk of the Board (415) 554-5184 E-mail: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102 Board.of.Supervisors@sfgov.org Signature of City Elective Officer (if submitted by City elective officer) Date Signed

Signature of Hoard Secretary or Clerk (if submitted by Board Secretary or Clerk)