

FILED

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

2014 AUG -4 PM 2: 24

<b>City Elective Officer Information</b> (Please print clearly.)	
Name of City elective officer(s):	City elective office(s) held: <b>SAN FRANCISCO ETHICS COMMISSION</b>
Members, San Francisco Board of Supervisors	Members, San Francisco Board of Supervisors

<b>Contractor Information</b> (Please print clearly.)	
Name of contractor: <b>HealthRIGHT360</b>	
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. 1 - 2 See attached documents 3 - 5 Not applicable	
Contractor address: [REDACTED] San Francisco, CA 94103	
Date that contract was approved: 7/29/14	Amount of contract: \$71,260,913
Describe the nature of the contract that was approved: Fiscal intermediary services for Community Behavioral Health and Primary Care programs	
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

Print Name of Board

<b>Filer Information</b> (Please print clearly.)	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: ( 415 ) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

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

Date Signed