

San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On: 02-03-2025 | 12:11:01 PST

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File #: 241152

Bid/RFP #: 0000009817

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: https://sfethics.org/compliance/city-officers/contract-approval-city-officers

1. FILING INFORMATION			
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)		
Original			
AMENDMENT DESCRIPTION – Explain reason for amendment			

2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER	
Board of Supervisors	Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Adrian Briones		628-652-1653
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
OCA	Office of Contract Administration	adrian.briones@sfgov.org

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Agurto Corporation, dba Pestec	415-671-0300	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
3450 3rd St, 3F San Francisco CA 94124	luis@pestecipm.com	

	ONTRACT		
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 241152
01,	/28/2025	0000009817	241132
DESC	RIPTION OF AMOUNT OF CONTRACT		
NTI	E \$15,500,000		
NATU	JRE OF THE CONTRACT (Please describe)		
This contract is for citywide procurement of Integrated Pest Management (IPM) Services. The proposed contract will have a not to exceed ("NTE") amount of \$15,500,000 with a total contract duration of five (5) years.			
7. CC	DMMENTS		
7. 00			
° cc	ONTRACT APPROVAL		
	contract was approved by:		
11113	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
K			
	Board of Supervisors		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) II	DENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Agurto	Luis	CEO	
2	Couture-Agurto	Valarie	C00	
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9. AFFILIATES AND SUBCONTRACTORS

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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information.

Select "Supplemental" for filing type.			
10. VERIFICATION			
I have used all reasonable diligence in preparing this statement.	I have reviewed this statement and to the best of my		
knowledge the information I have provided here is true and complete.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
Docusigned by: 988C8F42C3084B5 Angela Calvillo	02-03-2025 12:11:01 PST		
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