



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:

File #: 230015

Bid/RFP #: RFP 907

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
Jennifer Grant	415-355-6801
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSA Contracts	Jennifer.Grant@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Glide Foundation	TELEPHONE NUMBER 415-674-6082
STREET ADDRESS (including City, State and Zip Code) 330 Ellis Street, San Francisco, CA 94102	EMAIL efoster@glide.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER RFP 907	FILE NUMBER (If applicable) 230015
DESCRIPTION OF AMOUNT OF CONTRACT Not To Exceed \$12,055,383		
NATURE OF THE CONTRACT (Please describe) Second amendment to the grant agreement between the City and County of San Francisco and Glide Foundation for the administration of the Free Meals Program, to increase the grant amount by \$4,187,149 for a total not to exceed amount of \$12,055,383 to commence to commence following Board approval.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
☐	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
☒	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
☐	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED 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.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Hanrahan	Karen	CEO
2	Cooper	Jean	CFO
3	Foster	Kaye	Board of Directors
4	Glide	Mary	Board of Directors
5	Archibong	Ime	Board of Directors
6	Cohen	Emily	Board of Directors
7	Collins	Paula	Board of Directors
8	Flick	Cheryl	Board of Directors
9	Brown Glad	Crickette	Board of Directors
10	Lawson	Erica	Board of Directors
11	Layne	Tracy	Board of Directors
12	Magee	Allison	Board of Directors
13	Mendoza	Hydra	Board of Directors
14	Osberg	Sharon	Board of Directors
15	Ryle	Mark	Board of Directors
16	walker	Virginia	Board of Directors
17	walter	Malcolm	Board of Directors
18	Weiner	ROSS	Board of Directors
19	williams	Cecil	Board of Directors

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
20	Wu	Lin-Hua	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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☐ 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 CLERK

DATE SIGNED

BOS Clerk of the Board