



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 #: 260008

Bid/RFP #: 000001087

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
Carlos Colon	415-274-0616
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
PRT Port of San Francisco	carlos.colon@sport.com

5. CONTRACTOR	
NAME OF CONTRACTOR Jacobs Engineering Group, Inc.	TELEPHONE NUMBER 415-356-2040
STREET ADDRESS (including City, State and Zip Code) 4 Embarcadero Center, Suite 3800, SF CA 94111	EMAIL patrick.king@jacobs.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER 000001087	FILE NUMBER (If applicable) 260008
DESCRIPTION OF AMOUNT OF CONTRACT \$40,000,000		
NATURE OF THE CONTRACT (Please describe) <p>Program Advisory Services contract for a 5-year, \$40 million with options to extend for up to 5 years and an additional \$40 million, subject to funding availability and Program needs. The Port's Waterfront Resilience Program will utilize the Program Advisory Services Contract to provide program management, technical support, environmental review, permitting, compliance, and compensatory mitigation services, communications, workforce development, and Local Business Enterprise ("LBE") support services, independent design review, and independent cost estimating to advance Early Projects and the United States Army Corps of Engineers Flood Study and Recommended Plan.</p>		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	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	Pragada	Bob	CEO
2	Pinkham	Louis	Board of Directors
3	Abani	Priya	Board of Directors
4	Collins	Michael	Board of Directors
5	Fernandez	Manny	Board of Directors
6	Kiser	Georgette	Board of Directors
7	Jackson	Mary	Board of Directors
8	McNamara	Robert	Board of Directors
9	Robertson	Peter	Board of Directors
10	Sloat	Julie	Board of Directors
11	Bryant	Diane	Board of Directors
12	Nathamuni	Venk	CFO
13	Caruso	Joanne	Other Principal Officer
14	Hill	Patrick	Other Principal Officer
15	Miller	Shannon	Other Principal Officer
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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	