



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 #: 250773

Bid/RFP #:

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
Cathy widener	650-821-5184
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
AIR San Francisco International Airport	Cathy.widener@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR AGS, Inc	TELEPHONE NUMBER 415-777-2166
STREET ADDRESS (including City, State and Zip Code) 5 Freelon Street, San Francisco, CA 94107	EMAIL bahram.khamenehpour@agsinc.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250773
DESCRIPTION OF AMOUNT OF CONTRACT Not-to-exceed \$12,500,000		
NATURE OF THE CONTRACT (Please describe) The contractor provides project management support services for the International Terminal Building Phase 2 for the San Francisco International Airport ("Airport). The contractor's PMSS services involve project coordination, scheduling, cost estimation, project controls, peer review, and supervision of the Project's Design-Builder under the guidance of the Airport Project Manager. Additionally, the PMSS scope encompasses program-wide support for the entire International Terminal Building, including coordinating schedules and logistics between adjacent programs, providing program-level reporting, commissioning and activation support, and overseeing program-level activities.		

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	Khamenehpour	Bahram	Board of Directors
2	wong	Chi Pin	Board of Directors
3	wong	Robert	Board of Directors
4	wong	Dennis	Board of Directors
5	Prime Flight Aviation Se		Subcontractor
6	Chaves & Associates		Subcontractor
7	CM West, Inc.		Subcontractor
8	MCK Americas Inc		Subcontractor
9	Micro Estimating, Inc.		Subcontractor
10	RES Engineers, Inc.		Subcontractor
11	Stok LLC		Subcontractor
12	WSP USA, Inc		Subcontractor
13	Cage Inc.		Subcontractor
14	Hill International		Subcontractor
15	Abadjis Systems		Subcontractor
16	Hallmark Aviation Services		Subcontractor
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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.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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