

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 #:

Bid/RFP #: 1176

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: <u>https://sfethics.org/compliance/city-officers/contract-approval-city-officers</u>

1. FILING INFORMATION	2
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	NO.
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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 D	EPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
Emmy Miller		415-557-6635	
FULL DEPARTMENT N	AME	DEPARTMENT CONTACT EMAIL	
045	Human Services Agency	emmy.miller@sfgov.org	

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Marin Food Bank	415-282-1900
STREET ADDRESS (including City, State and Zip Code)	EMAIL
900 Pennsylvania Ave, San Francisco, CA 94107	
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6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
A C	1176	250379
DESCRIPTION OF AMOUNT OF CONTRACT		•
\$12,604,048		
NATURE OF THE CONTRACT (Please describe)		
New grant agreement with San Francisco Marin Fo 6/30/2029, in the amount of \$11,458,225 plus a exceed \$12,604,048. The purpose of this grant i adults and adults with disabilities through con and through home delivery.	10% contingency for a is to provide food sup	total amount not to port to eligible older
7. COMMENTS		

8. C	ONTRACT 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	ТҮРЕ
1	Walker	Jonathan	Board of Directors
2	Gonzalez	Рере	Board of Directors
3	Rosston	Barbara	Board of Directors
4	Berg	Jessica	Board of Directors
5	Bonner	Noelle	Board of Directors
6	Saenz	Joseph	Board of Directors
7	Seligman	Hillary	Board of Directors
8	Gottfried	Randy	Board of Directors
9	Pearce	Stephen	Board of Directors
10	Shiue	Linda	Board of Directors
11	Sinha	Uma	Board of Directors
12	Cavagnaro	Dianna	Board of Directors
13	Seracka	Tara	Board of Directors
14	Kareem	Ansaf	Board of Directors
15	Roy Jenkyn	Beth	Board of Directors
16	Montgomery	Horace	Board of Directors
17	Schoppert	Jeffrey	Board of Directors
18	Young	Judy	Board of Directors
19	Agrawat	Alok	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	Cheun Shridhar	Ashley	Board of Directors
21	Gaylor	Cynthia	Board of Directors
22	Herald	Mary	Board of Directors
23	Crosby	Tanis	CEO
24	Abbot	Barbara	Other Principal Officer
25	Braude	Michael	CFO
26	Brooks	Sean Sean	Other Principal Officer
27	Lim-Tepper	Noriko	Other Principal Officer
28	wirkkala	Michael	COO
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include add Select "Supplemental" for filing type.	litional names. Please submit a separate	form with complete information.

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	