



## 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](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 220121

Bid/RFP #: 920

### 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

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Ella Lee	415-557-6134
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HSA Human Services Agency	ella.lee@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Meals on wheels of San Francisco	<b>TELEPHONE NUMBER</b> 415-920-1111
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1375 Fairfax Street, San Francisco, CA 94124	<b>EMAIL</b> amccumber@mowsf.org

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b> 920	<b>FILE NUMBER (If applicable)</b> 220121
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$31,480,409		
<b>NATURE OF THE CONTRACT (Please describe)</b> <p>An amendment to the grant agreement between the City and County of San Francisco and the non-profit Meals on wheels of San Francisco for the administration of the Home-Delivered Meal (HDM) Nutrition Services to Older Adults program, to extend the grant term by three years to commence July 1, 2022, for a total agreement term of July 1, 2021 through June 30, 2025, and to increase the grant amount by \$22,908,619 for a total not to exceed amount of \$31,480,409.</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	Wong	Rosemary	Board of Directors
2	Allen	Jose	Board of Directors
3	Viola	John	Board of Directors
4	Johnson	Pamela	Board of Directors
5	Black	Cindy	Board of Directors
6	Bloemker	Shannon	Board of Directors
7	China	John	Board of Directors
8	Flynn	Sara	Board of Directors
9	Gibin	Leslie	Board of Directors
10	Kalbag	Rohan	Board of Directors
11	Kownacki	Hamila	Board of Directors
12	Landa	Enrique	Board of Directors
13	Mitchell	Kate	Board of Directors
14	Moliski	William	Board of Directors
15	Sangiacomo	Susan	Board of Directors
16	McCumber	Ashley	CEO
17	Schmalz	Patrick	CFO
18	Linnell	David	COO
19	Sweedler	Jessica	Other Principal Officer

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Terrell	Meredith	Other Principal Officer
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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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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