

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: 01-12-2022 | 16:01:31 PST

File #: 211179

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
Heather \	weisbrod	415-255-3513
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	heather.weisbrod@sfdph.org

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Hatchuel Tabernik & Associates	415-255-3513		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
2560 Ninth Street, Suite 319A Berkeley, CA 94710			
6. CONTRACT			

	50 Ninth Street, Suite 319A Berkeley, CA 947	10		
	NTRACT CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	DED MILIMPED	FILE NUMBER (If applicable)
		ORIGINAL BID/	KFP NUIVIDEK	211179
01/	/11/2022			
DESCI	RIPTION OF AMOUNT OF CONTRACT	•		
\$20	05,011			
NATU	RE OF THE CONTRACT (Please describe)			
Str	rategic planning, evaluation, grant and tech	nical writi	ng consult	ing services.
7. CO	MMENTS			
	ount of contract is the sum of totals refere	nced in the	Budget Na	rrative in File No.
211	1179.			
1				
8. CO	NTRACT APPROVAL			
	NTRACT APPROVAL contract was approved by:			
This c				
This c	contract was approved by:			
This o	contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
This o	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
This o	contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
This o	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			

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.

con	ntract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Tabernik	Tim	Board of Directors	
2	Lobar	Russ	CF0	
3	Toussaint	Danielle	C00	
4	Tabernik	Tim	CEO	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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 39 40 41 42 43 44 45 46 47 48 49 50

	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				
l ha	ve used all reasonable diligence in preparing this statement	. I have reviewed this s	tatement and to the best of my		
kno	wledge the information I have provided here is true and co	mplete.	•		
I ce	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
SIG	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED			
SIGI CLE		DATE SIGNED			
	DV	01-12-2022 1	6:01:31 PST		
	DV		6:01:31 PST		
	PRK — DocuSigned by:		6:01:31 PST		
	RK DocuSigned by:		6:01:31 PST		
	PRK — DocuSigned by:		6:01:31 PST		