



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 #:

200395

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
Jacquie Hale	(415) 255-3508
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	Jacquie.Hale@SFDPH.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Public Health Foundation	TELEPHONE NUMBER (415) 504-6738
STREET ADDRESS (including City, State and Zip Code) One Hallidie Plaza, Suite 808, San Francisco, CA 94102	EMAIL Info@SFPHF.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 200395
DESCRIPTION OF AMOUNT OF CONTRACT Not to Exceed \$19,622,270		
NATURE OF THE CONTRACT (Please describe) Program administration and support services for the San Francisco Sugary Drinks Distributor Project (SDDP), to prevent diet-sensitive chronic diseases in San Francisco by decreasing sugary drink consumption, increasing access to healthy food, tap water, and physical activity, and implementing media campaigns.		

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	Bennett	Ayanna	Board of Directors
2	Falk	Nicole	Board of Directors
3	Ferber	Elizabeth	Board of Directors
4	Longstreth	Elizabeth	Board of Directors
5	Morewitz	Mark	Board of Directors
6	Lau	Gina	Board of Directors
7	Rees Lyles	Courtney	Board of Directors
8	Moore	Melissa	Board of Directors
9	Sharma	Adam	Board of Directors
10	Villagomez	Alice	Board of Directors
11	Workman	Dee Dee	Board of Directors
12	Eardley	Penny	CEO
13	1`8 Reason		Subcontractor
14	Asociacion Mayab		Subcontractor
15	Bounce Back Generation		Subcontractor
16	Children's Council of SF		Subcontractor
17	Volunteers in Medicine		Subcontractor
18	Farming Hope		Subcontractor
19	Filipino-Am Devt Fdn		Subcontractor

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Heluna Health-Sisterweb		Subcontractor
21	Instituto Fam. de la Raza		Subcontractor
22	Int'l Child Res Institute		Subcontractor
23	Jamestown Cmty Center		Subcontractor
24	Leah's Pantry		Subcontractor
25	Magic Tooth Bus		Subcontractor
26	Marin City Health-wellness		Subcontractor
27	Meals on wheels of SF		Subcontractor
28	UCSF-Transitions Clinic		Subcontractor
29	Renaiss Parents of Success		Subcontractor
30	Samoan Cmty Dev't Center		Subcontractor
31	SF Brown Bombers		Subcontractor
32	SF Parks Allc-NCH Cmty Gar		Subcontractor
33	SF General Hospital Fdn		Subcontractor
34	SF Study Ctr-BVHP Cmty Adv		Subcontractor
35	SF Study Ctr-SF AA Fth-bsd		Subcontractor
36	Social Good Fund-Cmty well		Subcontractor
37	St. Francis Living Room		Subcontractor
38	Ties Center - Cmty Grows		Shareholder

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	YMCA of SF - BMAGIC		Subcontractor
40	YMCA of SF		Subcontractor
41	Samoan Cmty Devt Ctr PI TF		Subcontractor
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<input type="checkbox"/>	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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