

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors
Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Hunters Point Family	
<p><i>Please list the names of</i></p> <p><i>(1) members of the contractor's board of directors;</i></p> <p style="padding-left: 40px;">Jimmy Loyce, President Yvonne Watson, Treasurer Tanya Mayo, Secretary Kendra Stanley Torben Mottes Dr. Abner Boles</p> <p><i>(2) the contractor's chief executive officer, chief financial officer and chief operating officer;</i></p> <p style="padding-left: 40px;">Lena Miller, Co-Executive Director CEO, COO CFO – Currently Vacant</p> <p><i>(3) any person who has an ownership of 20 percent or more in the contractor;</i></p> <p style="padding-left: 40px;">N/A – contractor is a non-profit 501(c)3 organization</p> <p><i>(4) any subcontractor listed in the bid or contract; and</i></p> <p style="padding-left: 40px;">None currently per the original agreement.</p> <p><i>(5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i></p> <p style="padding-left: 40px;">None</p>	
Contractor address: 1800 Oakdale Avenue, San Francisco, CA 92124	
Date that contract was approved: <i>(By the SF Board of Supervisors)</i>	Amount of contracts: \$450,000
Describe the nature of the contract that was approved: The City & County of San Francisco, through its Public Works Department, entered into a grant agreement with Hunters Point Family for support of the continued operations and expansion of the Pit Stop Program, as well as to assist Public Works in its goal to increase employment, job training, and workforce development opportunities for local residents.	
Comments: None.	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form

a board on which the City elective officer(s) serves: San Francisco Board of Supervisors

Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information *(Please print clearly.)*

Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed