



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 #: 240127

Bid/RFP #: 0000006285

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
Michelle Geddes	415-518-8126
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DEM Department of Emergency Management	michelle.geddes@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Motorola Solutions	TELEPHONE NUMBER 818-532-7099
STREET ADDRESS (including City, State and Zip Code) 500 W. Monroe St. Suite 4400, Chicago, IL 60661	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER 0000006285	FILE NUMBER (If applicable) 240127
DESCRIPTION OF AMOUNT OF CONTRACT \$44,845,036		
NATURE OF THE CONTRACT (Please describe) <p>The contract is for the new Computer Aided Dispatch ("CAD") and Mobile Computing ("Mobile") System. It includes associated interfaces, implementation services, and project management to provide 9-1-1 dispatching services for the City. It includes 11 years for maintenance, support and upgrade services to support the System and Software.</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	Brown/Motorola	Gregory	CEO
2	Denman/Motorola	Kenneth	Board of Directors
3	Durban/Motorola	Egon	Board of Directors
4	Howard/Motorola	Ayanna	Board of Directors
5	Jones/Motorola	Clayton	Board of Directors
6	Lewent/Motorola	Judy	Board of Directors
7	Mondre/Motorola	Greg	Board of Directors
8	Tucci/Motorola	Joseph	Board of Directors
9	Dunning/Motorola	Karen	Other Principal Officer
10	Molloy/Motorola	Jack	COO
11	winkler/Motorola	Jason	CFO
12	Niewiara/Motorola	Jim	Other Principal Officer
13	Two Rivers Corporation		Subcontractor
14	Fidato Technology Builders		Subcontractor
15	The Healthy Dispatcher		Subcontractor
16	CommSys		Subcontractor
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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>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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