



San Francisco Ethics Commission

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Received On: 03-17-2022 | 12:11:46 PDT

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

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
Ella Lee	415-557-6134
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSA Human Services Agency	ella.lee@sfgov.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 03/15/2022	ORIGINAL BID/RFP NUMBER 920	FILE NUMBER (If applicable) 220121
DESCRIPTION OF AMOUNT OF CONTRACT \$31,480,409		
NATURE OF THE CONTRACT (Please describe) 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.		

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

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Terrell	Meredith	Other Principal Officer
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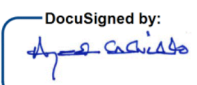
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p>  <p>DocuSigned by: 982C8F42C3084B5 Angela Calvillo</p>	<p>DATE SIGNED</p> <p>03-17-2022 12:11:46 PDT</p>
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