



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 #: 230911

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
Jennifer Grant	415-355-6801
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSA Contracts	Jennifer.Grant@SFGOV.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco-Marin Food Bank	TELEPHONE NUMBER 415-629-6400
STREET ADDRESS (including City, State and Zip Code) 900 Pennsylvania Ave., San Francisco, CA 94107	EMAIL TCrosby@SFMfoodbank.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230911
DESCRIPTION OF AMOUNT OF CONTRACT Not To Exceed \$17,828,328		
NATURE OF THE CONTRACT (Please describe) Second amendment to the grant agreement between the City and County of San Francisco and the San Francisco-Marin Food Bank, for the administration of the Citywide Grocery Access Program, to extend the grant term by twelve months for a total term of July 1, 2022, through June 30, 2024, and to increase the grant amount by \$6,600,000 for a total not to exceed amount of \$17,828,328 effective upon approval of this Resolution.		

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	Crosby	Tanis	CEO
2	Braude		CFO
3	Brooks	Sean	Other Principal Officer
4	Gencer	Çigdem	Board of Directors
5	walker	Jonathan	Board of Directors
6	Berg	Jessica	Board of Directors
7	Bonner	Noelle	Board of Directors
8	Cavagnaro	Dianna	Board of Directors
9	Chang		Board of Directors
10	Gonzalez	Pepe	Board of Directors
11	Gottfried		Board of Directors
12	Kareem	Ansaf	Board of Directors
13	Montgomery		Board of Directors
14	Pearce	Stephen	Board of Directors
15	Rahman		Board of Directors
16	Rosston		Board of Directors
17	Jenkyn		Board of Directors
18	Sáenz		Board of Directors
19	Schoppert		Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Seligman	Hilary	Board of Directors
21	Seracka		Board of Directors
22	Shiue		Board of Directors
23	Sinha	Uma	Board of Directors
24	Young		Board of Directors
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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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