



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 #: 251026

Bid/RFP #: 0000010629

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
Henry Gong	415-554-7241
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
SHF San Francisco Sheriff's Office	henry.gong@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Aramark Correctional Services	TELEPHONE NUMBER 916-303-6121
STREET ADDRESS (including City, State and Zip Code) 2400 Market Street, Philadelphia, PA 19103	EMAIL mcclendon-yvonne@aramark.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 	ORIGINAL BID/RFP NUMBER 0000010629	FILE NUMBER (If applicable) 251026
DESCRIPTION OF AMOUNT OF CONTRACT \$22,000,000		
NATURE OF THE CONTRACT (Please describe) Contractor shall provide a comprehensive food service program to the incarcerated population in custody at the San Francisco County Jail facilities. The Contractor shall operate two kitchens at the San Francisco Jails providing a 6-Week Menu Cycle with three meals per day meeting the established Nutritional and health standards per the State of California Board of State and Community Corrections (BSCC), Title 15, Minimum Standards for Local Detention Facilities, and the Recommended Dietary Allowances (RDA) stated by the National Academy of Sciences. Contractor shall work with the Sheriff's Office and Good Food Purchasing to continue to advance and align with the Good Food Purchasing Program.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
☐	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
☒	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
☐	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	Zillmer	John	CEO
2	Tarangelo	Jim	CFO
3	Charpentier	Abigail	Other Principal Officer
4	Harrington	Lauren	Other Principal Officer
5	Bruno	Marc	COO
6	Mittleman	Carl	COO
7	Bayles	Autumn	Other Principal Officer
8	Albert	Debbie	Other Principal Officer
9	Sadove	Stephen	Board of Directors
10	Cameron	Susan	Board of Directors
11	Creed	Greg	Board of Directors
12	Delchiaccio	Brian	Board of Directors
13	Heller	Bridgette	Board of Directors
14	Keverian	Kenneth	Board of Directors
15	King	Karen	Board of Directors
16	Lopez	Patricia	Board of Directors
17	Willis	Kevin	Board of Directors
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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.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board	DATE SIGNED
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