

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:

²⁴⁰⁶⁰⁵ File #:

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: <u>https://sfethics.org/compliance/city-officers/contract-approval-city-officers</u>

1. FILING INFORMATION	2
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	
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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. CONTRAC	TING DEPARTMENT CONTACT	
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Reanna Albert		628-271-6178
FULL DEPARTN	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	reanna.albert@sfdph.org

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5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Planned Parenthood Northern California	925-676-0505
STREET ADDRESS (including City, State and Zip Code)	EMAIL
2185 Pacheco Street, Concord, CA 94520	gmartinez@ppnorcal.org

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6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240605
DESCRIPTION OF AMOUNT OF CONTRACT		
Not to exceed \$456,000		
NATURE OF THE CONTRACT (Please describe)		
Fund security services at 1522 Bush Street, Sa months to support access to family planning a services.		

7. C	OMMENTS
	ONTRACT 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
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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	ТҮРЕ
1	Ramirez-Valles	Jesus	Board of Directors
2	Reffigee	Lester	Board of Directors
3	Weiss	George	Board of Directors
4	Findling	Debbie	Board of Directors
5	Chambers	Kristin	Board of Directors
6	Fernandez Hayes	Noelle	Board of Directors
7	Lew	Leslie	Board of Directors
8	Ludwig-Barron	Natasha	Board of Directors
9	Moon	Gina	Board of Directors
10	McIntyre	Sue	Board of Directors
11	Villaluna Volek	Dyanna	Board of Directors
12	Watts	Caroline	Board of Directors
13	Gonzalez	Gilda	CEO
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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	DATE SIGNED
BOS Clerk of the Board	