



San Francisco Ethics Commission

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Received On: 05-22-2025 | 12:37:55 PDT

File #: 250337

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
Emmy Miller	415-557-6335
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
045 Human Services Agency	emmy.miller@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Glide Foundation	TELEPHONE NUMBER 415-674-6000
STREET ADDRESS (including City, State and Zip Code) 330 Ellis St, San Francisco, CA 940102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 05/20/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250337
DESCRIPTION OF AMOUNT OF CONTRACT NTE \$14,115,847		
NATURE OF THE CONTRACT (Please describe) New grant agreement with Glide Foundation for the period of July 1, 2025 through June 30, 2029, in the amount of \$12,832,588 plus a 10% contingency for a total amount not to exceed \$14,115,847. The purpose of this grant is to provide free, high quality, and reliable meals to low-income San Franciscans.		

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	Glide	Mary	Board of Directors
2	McDonnell	Logan	Board of Directors
3	Flick	Cheryl	Board of Directors
4	Cimino	Chris	Board of Directors
5	Cohen	Emily	Board of Directors
6	Collard	Hal	Board of Directors
7	Collins	Paula	Board of Directors
8	Crompton	Charlie	Board of Directors
9	Foster	Kaye	Board of Directors
10	Lawson	Erika	Board of Directors
11	Layne	Tracy	Board of Directors
12	Mendoza	Hydra	Board of Directors
13	Seymour	Del	Board of Directors
14	Magee	Allison	Board of Directors
15	walter	Malcolm	Board of Directors
16	weiner	Ross	Board of Directors
17	Fromer	Gina	CEO
18	Chi	Howard	CFO
19	Feldman	Val	Other Principal Officer

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Cornwell	Gwendolyn	Other Principal Officer
21	Halpern	Allyson	Other Principal Officer
22	Henderson	Terrell	Other Principal Officer
23	LaSala	Donna	COO
24	Robillard	Karl	Other Principal Officer
25	Charles	Naeemah	Other Principal Officer
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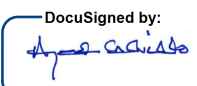
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

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:  988C8F42C3084B5 Angela Calvillo</p>	<p>DATE SIGNED</p> <p>05-22-2025 12:37:55 PDT</p>
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