



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

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ethics.commission@sfgov.org . www.sfethics.org

Received On:

06-22-2020 | 22:50:42 PDT

File #:

200238

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
Elizabeth Leone	415-557-5727
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
045 Human Services Agency	elizabeth.leone@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Low Income Investment Fund	TELEPHONE NUMBER 415-772-9094
STREET ADDRESS (including City, State and Zip Code) 50 California St, Suite 2900, San Francisco, CA 94111	EMAIL dnissenbaum@liifund.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 6/16/2020	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 200238
DESCRIPTION OF AMOUNT OF CONTRACT \$61,034,611		
NATURE OF THE CONTRACT (Please describe) To administer the Child Care Facilities Fund and provide Technical Assistance to early care and education providers.		

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	Naughton	Carol Redmond	Board of Directors
2	Ocanas	Reymundo	Board of Directors
3	Bowdler	Janice	Board of Directors
4	Bruemmer	Russell E.	Board of Directors
5	Abeysekera	Laksiri	Board of Directors
6	Anadu	Margaret Chinwe	Board of Directors
7	Douglas	Derek	Board of Directors
8	Fleming	David	Board of Directors
9	Gambrell	Donna	Board of Directors
10	Johnson	Pamela	Board of Directors
11	Kelly, Jr.	William	Board of Directors
12	Nissenbaum	Daniel	CEO
13	Poethig	Erika C.	Board of Directors
14	Solomon	Michael A.	Board of Directors
15	Swan	Roy	Board of Directors
16	Coates	Giles	CFO
17	Latimer-Nelligan	Kimberly	Other Principal Officer
18	Mission Economic Dev. Corp		Subcontractor
19			

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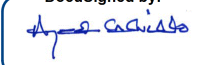
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

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.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>DocuSigned by:  988C8F42C3084B5 Angela Calvillo</p>	<p>DATE SIGNED</p> <p>06-22-2020 22:50:42 PDT</p>
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