



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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Received On: 06-06-2025 | 16:14:25 PDT

File #: 250450

Bid/RFP #: 10401.46

### 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

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Cathy widener	650-821-5184
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
AIR San Francisco International Airport	Cathy.widener@flysfo.com

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b>  T.Y. Lin International	<b>TELEPHONE NUMBER</b>  415-291-3700
<b>STREET ADDRESS (including City, State and Zip Code)</b>  345 California St, Suite 2300, San Francisco, CA 94104	<b>EMAIL</b>  Anne.middlebrook@tylin.com

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>  6/3/2025	<b>ORIGINAL BID/RFP NUMBER</b>  10401.46	<b>FILE NUMBER (If applicable)</b>  250450
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b>  NTE \$40,000,000		
<b>NATURE OF THE CONTRACT (Please describe)</b>  The Capital Program Support Services Contractor (Contractor) provides specialized Staff augmentation for the overall management and delivery of the Capital Improvement Plan, including program-level management services, program controls, database administration, and administrative support.		

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	Cummings	Matthew G.	Other Principal Officer
2	Price	Thomas J.	Other Principal Officer
3	Allele Network		Subcontractor
4	UDC Pro, Inc		Subcontractor
5	Chaves & Associates		Subcontractor
6	Currie & Brown		Subcontractor
7	D.R.McNatty&Associates,Inc		Subcontractor
8	EPC Consultants, Inc.		Subcontractor
9	Futterman Consulting		Subcontractor
10	Hollins Consulting, Inc.		Subcontractor
11	InnoActive Group		Subcontractor
12	M Lee Corp.		Subcontractor
13	Saylor Consulting		Subcontractor
14	Mirai Networks		Subcontractor
15	Modulus Consulting LLC		Subcontractor
16	Montez Group		Subcontractor
17	OrgMetrics LLC		Subcontractor
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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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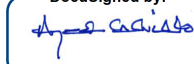
☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

**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**

DocuSigned by:  
  
 988C8F42C3084B5  
 Angela Calvillo

**DATE SIGNED**

06-06-2025 | 16:14:25 PDT