



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 #: 220211

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
Frolyne Carlos-Wallace	415 701 5500
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
MYR Office of Housing and Comm Develop	frolyne.carlos-wallace@sfgov.or

5. CONTRACTOR	
NAME OF CONTRACTOR Mission Neighborhood Centers, Inc.	TELEPHONE NUMBER 415-206-7752
STREET ADDRESS (including City, State and Zip Code) 362 Capp Street, San Francisco, CA 94110	EMAIL richard.ybarra@mncsf.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220211
DESCRIPTION OF AMOUNT OF CONTRACT \$13,850,000		
NATURE OF THE CONTRACT (Please describe) Provide emergency rental assistance to the most vulnerable tenants with the highest likelihood of experiencing homelessness or the most severe consequences of housing loss.		

7. COMMENTS
<p>4. Department Contact Email - frolayne.carlos-wallace@sfgov.org</p> <p>Description of Amount of Contract reflects the Resolution as Amended in Committee from \$12,350,000 to \$13,850,000.</p>

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	Hayon	Bervely	Board of Directors
2	Lei	Zonia	Board of Directors
3	Renderos	Maria	Board of Directors
4	Barragan	Miquel	Board of Directors
5	Collins	Chris	Board of Directors
6	Sanlin	Gladys	Board of Directors
7	Lafaurie	Dianne	Board of Directors
8	Ehrenfield	kelly	Board of Directors
9	Arevalo	Nancy	Board of Directors
10	Schulz	Erich	Board of Directors
11	Iranpour	Afsaneh	Board of Directors
12	Guillen	Maria	Board of Directors
13	Ybarra	Richard	CEO
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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

DATE SIGNED

BOS Clerk of the Board