



San Francisco Ethics Commission

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

Received On: 09-19-2022 | 18:53:17 PDT

File #: 220801

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
Michael De Leon	415-355-3679
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSA Human Services Agency	michael.deleon@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Children's Council of San Francisco	TELEPHONE NUMBER 415-276-2900
STREET ADDRESS (including City, State and Zip Code) 445 Church St., SF CA 94114	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 09/13/2022	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220801
DESCRIPTION OF AMOUNT OF CONTRACT \$364,091,448		
NATURE OF THE CONTRACT (Please describe) Early Care and Education Early Learning Scholarships for Preschool		

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	Nordberg	Anna	Board of Directors
2	Sims	Deborah	Board of Directors
3	Vause	Brandy	Board of Directors
4	Dusedau	Marga	Board of Directors
5	Murphy	Ashley	Board of Directors
6	Moore	Fatima	Board of Directors
7	Salaam	Na'eem	Board of Directors
8	Pattinson	Charmaine	Board of Directors
9	Israel	George	Board of Directors
10	Butler	Omar	Board of Directors
11	Thomas	Chris	Board of Directors
12	Levison	Jake	Board of Directors
13	Rosberg	Peter	Board of Directors
14	Benavidez	Dominique	Board of Directors
15	Helberman	Jessica	Board of Directors
16	Hood	Sophie	Board of Directors
17	Diana	Elisabeth	Board of Directors
18	Kirk	Jim	Board of Directors
19	Fram	Victoria	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Page	Farris	Board of Directors
21	Warehouse	Maegan	Board of Directors
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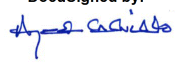
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

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

09-19-2022 | 18:53:17 PDT