

**REQUEST FOR ADVANCE WRITTEN DETERMINATION**

*Under section 3.218 of the San Francisco Campaign and Governmental Conduct Code, each Department, Board, or Commission has adopted a Statement of Incompatible Activities ("SIA") that lists those outside activities that are inconsistent or incompatible with the duties of the officers and employees of the Department, Board, or Commission. Section III.C of the SIA permits an officer or employee to seek an Advance Written Determination whether a proposed outside activity is prohibited because it is inconsistent or otherwise in conflict with the officer's or employee's duties. A written Determination by the Decision-Maker that an activity is not incompatible with the SIA provides the Requestor immunity from any subsequent enforcement action for a violation of the SIA, if the material facts are as presented in the Requestor's written submission. A written Determination does not provide immunity from any other laws that prohibit the proposed activity. An officer or employee may also seek a written opinion from the Ethics Commission to determine whether the person's proposed activities violate the SIA or any other local law relating to conflicts of interest and governmental ethics.*

*To obtain a written Determination, please fill out Sections A-E legibly and completely, and submit this form to the Decision-Maker identified in Section C. Please note that the Decision-Maker may require you to provide additional information in order to make a Determination. At any time, the Decision-Maker may revoke the Determination, by providing written notice to you specifying the changed facts, circumstances or other good cause that warrants the revocation.*

**A. I am a:**

- City employee (Submit completed form to your Department head or his or her designee, or as directed in your SIA.)
- Department head (Submit completed form to your appointing officer.)
- Appointed member of a City board or commission (Submit completed form to your appointing officer, your Board or Commission, or the Ethics Commission, as directed in section III.C of the SIA. If the form is to be submitted to the Ethics Commission, please send the completed form to the Ethics Commission office at 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 or by faxing it to (415) 252-3112.)
- Elected official (Submit completed form to the Ethics Commission.)

<p><b>B. Requestor Information</b> (Please Print Clearly)</p> <hr/> <p>Zouzounis, Miriam Name (Last, First)</p> <hr/> <p>Title Vice President, Small Business Commission</p> <hr/> <p>Office Phone</p> <hr/> <p>Email miriam.zouzounis@sfgov.org</p> <hr/> <p>Name of Department, Board, or Commission Small Business Commission <span style="float: right;">94134</span></p> <hr/> <p>Office Address <span style="float: right;">Zip Code</span></p>	<p><b>C. Decision-Maker Information</b> (Please Print Clearly)</p> <hr/> <p>Walter Shumann Name (Last, First)</p> <hr/> <p>Board President <span style="float: right;">Board of Supervisors</span> Title <span style="float: right;">Name of Department, Board, or Commission</span></p> <hr/> <p>Office Phone <span style="float: right;">Email</span></p> <hr/> <p>Office Address <span style="float: right;">Zip Code</span></p> <p>Decision-Maker is (check applicable):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Department head</li> <li><input type="checkbox"/> Department head's designee</li> <li><input type="checkbox"/> Board or Commission</li> <li><input checked="" type="checkbox"/> Appointing officer</li> <li><input type="checkbox"/> Ethics Commission</li> </ul>
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*Please turn page over.*

**The Requester and Decision-Maker should retain a copy of this document for their records.**

**The Written Request**

Provide a description of the proposed activity and an explanation of why the activity is not incompatible under the SIA of your Department, Board, or Commission SIA. Describe the proposed activity in sufficient detail for the Decision-Maker to make a fully informed determination. If necessary, the Decision-Maker may require additional information from you. Attach additional documents as appropriate.

For Department Use Only—Date Written Request Received

Requester is a Board Member of The Neighborhood Business Alliance, a community merchant non-profit trade association that may apply for loans or grants administered by the Office of Economic and Workforce Development, DPH, HSA or other City agencies in the future. Funds would be used for in-language and culturally accessible technical services to serve constituents in the City and County of San Francisco. Organizational decisions are made by the Neighborhood Business Alliance full Executive Board and Advisory Committees. Requester is not staff and will not be paid through any funds administered to the Neighborhood Business Alliance by any adjacent or governing City agencies to the Office of Small Business. Miriam's role on the Small Business Commission should not preclude this organization from receiving funds.

**E. Verification**

*I certify under penalty of perjury that the information provided on this request for Advance Written Determination is true, complete, and correct. I understand that if the Decision-Maker determines that the proposed activity is incompatible, I will not be immune from prosecution from any subsequent enforcement action brought for a violation of the SIA. I further understand that if the Decision-Maker makes a determination that the proposed activity is not incompatible, the Decision-Maker may revoke that Determination ~~at any time~~ <sup>at any time based on</sup> changed facts, circumstances, or other good cause, by providing written notice to me.*

Zouzounis, Miriam  
Name of Requestor (Last, First)

Signature *Miriam Zouzounis*

Date Request Submitted

**F. Written Determination by the Decision-Maker**

Based  on the information submitted, I, the undersigned, find that the proposed activity:  
is incompatible with the SIA of the Department, Board, or Commission.  
is not incompatible with the SIA of the Department, Board, or Commission.

For Department Use Only—Date notice provided to Requestor.

Walton, Shamann  
Print Name of the Decision-Maker (Last, First)

Department, Board, or Commission

*[Signature]*  
Signature

11/29/2022  
Date

**G. Comments:**