



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 #: 230011

Bid/RFP #: 920

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
Ella Lee	415-557-6134
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSA Human Services Agency	ella.lee@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Meals on wheels of San Francisco	TELEPHONE NUMBER 415-920-1111
STREET ADDRESS (including City, State and Zip Code) 1375 Fairfax Street, San Francisco, CA 94124	EMAIL amccumber@mowsf.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER 920	FILE NUMBER (If applicable) 230011
DESCRIPTION OF AMOUNT OF CONTRACT \$35,653,759		
NATURE OF THE CONTRACT (Please describe) An amendment to provide additional funding to Meals on wheel of San Francisco that will allow them to continue to keep stride with the increased need for nutrition support in the community successfully. The demand for nutrition services in the community is elevated and food security continues to be a serious concern for older adults living in San Francisco. Funding for this amendment is provided through a combination of Federal and State Funds, and Dignity Fund.		

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	Wong	Rosemary T.	Board of Directors
2	Allen	Jose	Board of Directors
3	Viola	John	Board of Directors
4	Kalbag	Rohan	Board of Directors
5	Black	Cindy	Board of Directors
6	Bloemker	Shannon	Board of Directors
7	Carges	Mark	Board of Directors
8	China	John	Board of Directors
9	Flynn	Sara	Board of Directors
10	Gibin	Leslie	Board of Directors
11	Kownacki	Hamila	Board of Directors
12	Kwei	Eileen	Board of Directors
13	Landa	Enrique	Board of Directors
14	Moliski	Bill	Board of Directors
15	Resley	Susan	Board of Directors
16	Shiue	Linda	Board of Directors
17	Linnell	David	CEO
18	Schmalz	Patrick	CFO
19	Sweedler	Jessica	Other Principal Officer

9. AFFILIATES AND SUBCONTRACTORS

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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>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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