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**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 #: 240473

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 |
|---|---|
| Annyse Acevedo | 628-652-1648 |
| **FULL DEPARTMENT NAME** | **DEPARTMENT CONTACT EMAIL** |
| OCA Office of Contract Administration | annyse.acevedo@sfgov.org |

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| 5. CONTRACTOR | |
|---|---|
| **NAME OF CONTRACTOR**<br>Good Guard Security, Inc. | **TELEPHONE NUMBER**<br>(800) 651 - 0491 ext. 1000 |
| **STREET ADDRESS (including City, State and Zip Code)**<br>21622 Plummer St., Suite 200, Chatsworth, CA 91311 | **EMAIL**<br>shawn@goodguardsecurity.com |

| 6. CONTRACT | | |
|---|---|---|
| **DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)** | **ORIGINAL BID/RFP NUMBER** | **FILE NUMBER (*If applicable*)**<br>240473 |
| **DESCRIPTION OF AMOUNT OF CONTRACT**<br>$33,760,000 | | |
| **NATURE OF THE CONTRACT *(Please describe)***<br>Unarmed Security Guard Services for San Francisco Human Services Agency | | |

| 7. COMMENTS |
|---|
| |

| 8. CONTRACT APPROVAL | |
|---|---|
| This contract was approved by: | |
| ☐ | **THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM** |
| ☒ | **A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES**<br>Board of Supervisors |
| ☐ | **THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS** |

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| 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 | Tabibzada | Halmand | CEO |
| 2 | Helmandi | Iesha | CFO |
| 3 | Helmandi | Shawn | Board of Directors |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
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| **#** | **LAST NAME/ENTITY/SUBCONTRACTOR** | **FIRST NAME** | **TYPE** |
| 20 | | | |
| 21 | | | |
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| **#** | **LAST NAME/ENTITY/SUBCONTRACTOR** | **FIRST NAME** | **TYPE** |
| 39 | | | |
| 40 | | | |
| 41 | | | |
| 42 | | | |
| 43 | | | |
| 44 | | | |
| 45 | | | |
| 46 | | | |
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| 49 | | | |
| 50 | | | |
| ☐ | 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.<br><br>**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**<br><br>BOS Clerk of the Board | **DATE SIGNED** |