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Incomplete - Pending Signature

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 #: 240930

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
Reanna Albert	628-271-6178
FULL DEPARTMENT NAME	**DEPARTMENT CONTACT EMAIL**
DPH Department of Public Health	reanna.albert@sfdph.org

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5. CONTRACTOR	
NAME OF CONTRACTOR Planned Parenthood Northern California	**TELEPHONE NUMBER** 925-676-0505
STREET ADDRESS (including City, State and Zip Code) 2185 Pacheco Street, Concord, CA 94520	**EMAIL** gmartinez@ppnorcal.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 240930
DESCRIPTION OF AMOUNT OF CONTRACT Not to exceed $571,000		
NATURE OF THE CONTRACT *(Please describe)* Fund security personnel to support access to family planning and other sexual and reproductive healthcare services; and waiving the competitive solicitation requirements in the Administrative Code.		

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** 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	Ramirez-Valles	Jesus	Board of Directors
2	Reffigee	Lester	Board of Directors
3	Findling	Debbie	Board of Directors
4	Weiss	George	Board of Directors
5	Chambers	Kristin	Board of Directors
6	McIntyre	Sue	Board of Directors
7	Fernandez Hayes	Noelle	Board of Directors
8	Villaluna Volek	Dyanna	Board of Directors
9	Lew	Leslie	Board of Directors
10	Watts	Caroline	Board of Directors
11	Ludwig-Barron	Natasha	Board of Directors
12	Litchmann	Jamie	Board of Directors
13	Moon	Gina	Board of Directors
14	Moore	Jamillah	Board of Directors
15	Hino-Bourassa	Carolyn	Board of Directors
16	Gonzales	Gilda	CEO
17	Kamau	Kimani	CFO
18	Benavidez	Robert	Other Principal Officer
19	Barnett	Nicole	COO

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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 BOS Clerk of the Board	**DATE SIGNED**