



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 #: 241061

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
Loren Newquist	628-554-5184
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
CHF Children, Youth and Their Families	loren.newquist@dcyf.org

5. CONTRACTOR	
NAME OF CONTRACTOR Mission Graduates	TELEPHONE NUMBER 415-864-5205
STREET ADDRESS (including City, State and Zip Code) 3040 16th Street, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 241061
DESCRIPTION OF AMOUNT OF CONTRACT \$10,717,300		
NATURE OF THE CONTRACT (Please describe) Mission Graduates four programs in the result area Children And Youth Are Ready To Learn And Succeed In School: 1) Bessie Carmichael Beacon Program provides academic supports and enrichment activities at Bessie Carmichael K-8 School. 2) Everett Middle School Beacon Program provides academic supports and enrichment activities at Everett Middle School. 3) Flynn Elementary School Beacon Program provides academic supports and enrichment activities at Leonard Flynn Elementary School. 4) Sanchez Elementary School Beacon Program provides academic supports and enrichment. 5) Mission HS/O'Connell HS/June Jordan SE Summer Program provides summer learning program 5 days a week for 4 hours a day over 8 weeks.		

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	Costa	Luis	Board of Directors
2	Hunter	Carol	Board of Directors
3	Galindo	Alberto	Board of Directors
4	Castaneda	Joey	Board of Directors
5	Herrera	Sergio	Board of Directors
6	Hooker	Sarah	Board of Directors
7	Kemp	Brian	Board of Directors
8	Mahoney	Naomi	Board of Directors
9	Sierra Romero	Dominique	Board of Directors
10	Stephens	Rebecca	Board of Directors
11	Stratford	Dennis	Board of Directors
12	Temaji Marroquin	Gilda	Board of Directors
13	Kaufman	Edward	CEO
14	Louie	Anson	CFO
15	Ramsey	Trina	Other Principal Officer
16	Guandique	Natalie	Other Principal Officer
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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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