



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 #: 241101

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	628-652-7133
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
CHF Children, Youth and Their Families	loren.newquist@dcyf.org

5. CONTRACTOR	
NAME OF CONTRACTOR Bay Area Community Resources	TELEPHONE NUMBER 415-444-5580
STREET ADDRESS (including City, State and Zip Code) 171 Carlos Drive, San Rafael, CA 94903	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 241101
DESCRIPTION OF AMOUNT OF CONTRACT \$16,806,000		
NATURE OF THE CONTRACT (Please describe) Bay Area Community Resources seven programs in the Result Area All Children And Youth Are Ready To Learn and Succeed In School: 1) A Home Away From Homelessness Program provides after-school tutoring, college and career readiness, referral services and enrichment activities. 2) A.P. Giannini Beacon Program provides critical programming and essential supports at AP Giannini Middle School. 3) Bret Harte Beacon Program provides academic support and enrichment activities at Bret Harte Elementary School. 4) Hoover Beacon Program provides academic support and enrichment activities at Herbert Hoover Middle School. 5) Paul Revere Beacon Program provides academic support and enrichment activities at Paul Revere (PreK-8) School. 6) Summer Learning Program provides summer learning programs for K-6th grade students. 7) Latino Task Force After School provides an 8-week summer program.		

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	Breckenridge	Bryan	Board of Directors
2	Davisson	Robert	Board of Directors
3	Fineman	Ed	Board of Directors
4	Franklin	Lissa	Board of Directors
5	Hamilton	Reyna	Board of Directors
6	McEvers Anderson	Nancy	Board of Directors
7	Hooley	Rebecca	Board of Directors
8	Ness	Rob	Board of Directors
9	Vaughn	Monica	Board of Directors
10	wu	sinclair	Board of Directors
11	Mok	Jonas	CEO
12	Domingo-Szmidt	Add	CFO
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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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