



San Francisco Ethics Commission

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Received On: 03-17-2025 | 13:46:57 PDT

File #: 250081

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
Cathy widener	650-821-5184
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
AIR San Francisco International Airport	Cathy.widener@flysf.com

5. CONTRACTOR	
NAME OF CONTRACTOR Consor PMCM, Inc.	TELEPHONE NUMBER 415-543-6515
STREET ADDRESS (including City, State and Zip Code) 1663 Mission St, Suite 425, San Francisco, CA 94103	EMAIL contracts@consorpmcm.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 03/11/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250081
DESCRIPTION OF AMOUNT OF CONTRACT NTE \$13,000,000		
NATURE OF THE CONTRACT (Please describe) <p>The contractor provides project management support services for the Cargo Building 626.1 Project for the San Francisco International Airport ("Airport"). The contractor's PMSS services involve project coordination, scheduling, cost estimation, project controls, peer review, and supervision of the Project's Design-Builder under the guidance of the Airport Project Manager. Additionally, the PMSS scope encompasses program-wide support for the entire West Field Development Program, including coordinating schedules and logistics between adjacent projects, program-level reporting, commissioning and activation support, and program-level oversight.</p> <p>The contractor is responsible for the overall management and oversight of the Project throughout its lifecycle under the direction of the Airport Project Manager.</p>		

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	Patil	Sandeep	Board of Directors
2	Schwartz	Zina	Board of Directors
3	Shimaneek	Mindy	Board of Directors
4	Rayasam	Chris	Board of Directors
5	Cass	Matthew	Other Principal Officer
6	Conzor Intermediate II, LL		Shareholder
7	Townsend Management Inc.		Subcontractor
8	Chaves & Associates		Shareholder
9	RES Engineers, Inc.		Subcontractor
10	Saylor Consulting Group		Subcontractor
11	The Allen Group, LLC		Subcontractor
12	Stok, LLC		Subcontractor
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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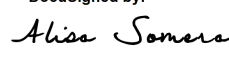
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

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>DocuSigned by:  -977FC12A02FF42D... Alisa Somera</p>	<p>DATE SIGNED</p> <p>03-17-2025 13:46:57 PDT</p>
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