FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

(S.F. Campaign and Governmental Conduct Code § 1.126)		
City Elective Officer Information (Please print clearly.)		
Name of City elective officer(s):	City elective office(s) held:	
Mayor Edwin M. Lee	Mayor, City and County of San Francisco	
Contractor Information (Please print clearly.)		
Name of contractor: San Francisco Child Abuse Prevention Center		
Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.		
1)Board of Directors of San Francisco Child Abuse Prevention Center		
Natalie Delagnes Talbott, Chair David Glickman, Co-Vice Chair Doug Heske, Co-Vice Chair Melinda Ellis Evers, Secretary Jarrod Phillips, Treasurer Christopher Keane, Past Chair Dr. Shannon Thyne, Past Chair Darrach Bourke Barrett H. Cohn Mary J. Hansell, DrPH, RN Laura Harrison Ward Douglas Ismail Linda Moore Allen Nance Wayne Osborne Richard Pio Roda Judi Ratto Jessica Reed Saouaf Linda Song Wendel		
2) Chief Executive Officer, Katie Albright; Chief Financial Officer, Jarrod Phillips; Chief Operating Officer, N/A 3) N/A 4) None 5) None		
Contractor address: San Francisco Child Abuse Prevention Center/ 1757 Waller Street San Francisco, CA 94117		
Date that contract was approved: Pending approval	Amount of contract: \$265,357.20 annually (\$22,113.10 per month) with an annual increase of 3% in rent, operating and tenant improvement costs	
Describe the nature of the contract that was approved: Sublease subject to Board of Supervisor and Mayor approval		

Comments:	
This contract was approved by (check applicable):	
☑ the City elective officer(s) identified on this form (Mayor Edwin M. Le	e)
□ a board on which the City elective officer(s) serves	
Print Name of Bo	pard
□ the board of a state agency (Health Authority, Housing Authority Comm. Board, Parking Authority, Redevelopment Agency Commission, Relocation Development Authority) on which an appointee of the City elective office	on Appeals Board, Treasure Island
Print Name of Board	
Filer Information (Please print clearly.)	
Name of filer:	Contact telephone number:
Jason Elliott, Mayor's Liaison to the Board of Supervisors	(415) 554-5105
Address: City Hall, Room 200	E-mail: Jason.elliott@sfgov.org
Signature of City Elective Officer (if submitted by City elective officer)	Date Signed
Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)	Date Signed