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): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors
Wellioers, Board of Supervisors	Members, Board of Supervisors
Contractor Information (Please print clearly.)	
Name of contractor:	
AECOM Technical Services, Inc. (formerly URS Corporation; SFPU	JC Contract CS-716 is with URS Corporation)
Please list the names of (1) members of the contractor's board of dire financial officer and chief operating officer; (3) any person who has any subcontractor listed in the bid or contract; and (5) any political cadditional pages as necessary.	an ownership of 20 percent or more in the contractor; (4)
1) Please see Attachment for AECOM Board of Directors and AECO	OM Executive Officers
2) Please see Attachment for AECOM Board of Directors and AECO 3) N/A	OM Executive Officers
4) Please see Attachment for Subcontractors listed in Contract	
5) The AECOM Political Action Committee (PAC) is a voluntary, non-partisan fund comprised of contributions from	
employees. PAC contributions are entirely voluntary and employees are not be disadvantaged by not contributing.	
Contractor address: 300 Lakeside Drive, Suite 400, Oakland, CA 94612	
D to day to the same of the sa	* Amount of contract: Current: \$28,500,000
//31/2018	Amendment 5: \$2,308,028
(By the SF Board of Supervisors)	Total: \$30,808,028
Describe the nature of the contract that was approved: Calaveras Dam Replacement Project (CS-716): Conceptual Design, Construction	Final Design, and Engineering Services during
Comments: Amendment No. 5 for the Calaveras Dam Replacement Project (CD necessitated by the extended construction schedule and the need for scheduled for December 2019. Monitoring will continue to June 202	post-construction services. Project close-out is
This contract was approved by (check applicable):	
☐ the City elective officer(s) identified on this form	
☑ a board on which the City elective officer(s) serves <u>San France</u>	ancisco Board of Supervisors
	rint Name of Board
☐ the board of a state agency (Health Authority, Housing Autho Board, Parking Authority, Relocation Appeals Board, and Loc appointee of the City elective officer(s) identified on this form	cal Workforce Investment Board) on which an
Print Name of Board	
Filer Information (Please print clearly.)	
Name of filer:	Contact telephone number:
Angela Calvillo, Clerk of the Board	(415) 554-5184
Address:	E-mail:
City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, C.	A 94102 Board.of.Supervisors@sfgov.org
Signature of City Elective Officer (if submitted by City elective	officer) Date Signed
ignature of Board Secretary or Clerk (if submitted by Board Secretary	or Clerk) Bate Signed
L-O CUMAL	8/3/19