## FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information (Please print clearly.)

City Elective Officer Information (Flease print clearty.)	
Name of City elective officer(s):	City elective office(s) held:
Members, Board of Supervisors	Members, Board of Supervisors
Contractor Information (Please print clearly.)	
-	
Power Engineering Construction Co.	
Please list the names of (1) members of the contractor's board of direction financial officer and chief operating officer; (3) any person who has a	
Board of Directors:  David Mik – President/CEO (Greater than 20% ownership)	
Ken Lindberg – Vice President/CFO/Treasurer (Greater than 20% ow	vnership)
Hilary Tigue – Vice President/Secretary	F)
Wayne Stonecipher – Vice President	
Subcontractors: None listed	
There are no political committees sponsored or controlled by the controlled	reator
There are no political committees sponsored or controlled by the cont Contractor address: 1501 Viking Street, Suite 200, Alameda, CA 945	
Date that contract was approved:	Amount of contract: Approximately \$2,000,000
Describe the nature of the contract that was approved:  The Contractor will install a temporary bypass system at the Souther outfall system on the South and North banks of Islais Creek. The by pipe; two (2) 36" Knife Gate Valves; and two (2) sets of H-pile suppoperational work will need to be coordinated in detail with Operation	pass system will consist of approximately 310 LF HDPE port systems to be installed at the tie-in points. This ns staff to ensure continuous and uninterrupted
functionality of the outfall system, specifically within stringent allow tie-in structures, and difficult access locations.	wable shutdown durations, aging and dilapidated existing
Comments:	
The Southeast Outfall Islais Creek Crossing - Emergency Bypass Progeneral Manager on 10/22/18 and subsequently revised on 12/26/18 Chapter 21.15.	
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 F</u>	transissa Poord of Supervisors
Print Name o	
☐ the board of a state agency (Health Authority, Housing Aut	hority Commission, Industrial Development Authorit
Board, Parking Authority, Relocation Appeals Board, and	1
appointee of the City elective officer(s) identified on this for	
Print Name of Board	
Filer Information (Please print clearly.)	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA	E-mail: A 94102 Board.of.Supervisors@sfgov.org
City Hair, Room 277, 1 Dr. Camon D. Goodicti I., San Francisco, Cr	Doma.or.Supervisors@sigov.org
Signature of City Elective Officer (if submitted by City elective office	r) Date Signed
(	,
Signature of Board Secretary or Clerk (if submitted by Board Secretary	or Clerk) Date Signed