

## 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: 03-09-2020 | 18:15:30 PDT

File #: 200044 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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

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	
Dylan Sc	hneider	415.355.5208	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
нѕн	Homelessness and Supportive Housing	dylan.schneider@sfgov.org	

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
33 GOUGH LLC	404-224-1860	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
191 Peachtree Street, Suite 4100; Atlanta, GA 30303	asanusi@integral-online.com	

6. CO	NTRACT			
DATE	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
03/	/03/2020			200044
DESCI	RIPTION OF AMOUNT OF CONTRACT			
Thr	ree-year lease of @ \$1,259,300 per year in r	ent; no anni	ual increas	ses.
NATU	RE OF THE CONTRACT (Please describe)			
Thr	ree-year lease for Department of Homelessnes	s and Suppo	rtive Hous	ing
7. CO	MMENTS			
	NTRACT APPROVAL contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED 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.

# 1 2	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
			<u>-</u>
2	Perry	Egbert L.J	CEO
	Edwards	Valerie	C00
3	Hartley	Patricia	CFO
4	Sanusi	Adetayo	Other Principal Officer
5	Sotelo	Dalila	Other Principal Officer
6	Wilbon	Vicky Lundy	Shareholder
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## 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	ТҮРЕ
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9. A	FFILIATES AND SUBCONTRACTORS					
List to	the names of (A) members of the contract cutive officer, chief financial officer, chief has an ownership interest of 10 percent cract.	operating officer, or other persons with s	similar titles; (C) any individual or entity			
#	LAST NAME/ENTITY/SUBCONTRACTOR FIRST NAME TYPE					
39						
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50						
	Check this box if you need to include add Select "Supplemental" for filing type.	ditional names. Please submit a separate	form with complete information.			
10.	VERIFICATION					
	ve used all reasonable diligence in prepar wledge the information I have provided h		statement and to the best of my			

	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 ha	ive used all reasonable diligence in preparing this statemer	nt. I have reviewed this s	tatement and to the best of my			
kno	owledge the information I have provided here is true and co	omplete.	•			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED				
CLE	RKDocuSigned by:					
	1 - 2 Cagriddo	03-09-2020   1	.8:15:30 PDT			
	988C8F42C3084B5 Angela Calvillo					
	Aligera Carvillo					
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