

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:

File #: 200616

1

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	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
	Y _X

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	
Michael King		415-701-4228	
FULL DEPARTM	ENT NAME	DEPARTMENT CONTACT EMAIL	
MYR	Mayor's Office of Housing and Comm Dev	michael.king@sfgov.org	

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Eviction Defense Collaborative, Inc.	415-947-0797
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1338 Mission Street, 4th Flr, San Francisco, CA 94103	martinac@evictiondefense.org

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6. C0	ONTRACT			
	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 200616
DECC	PRINTION OF AMOUNT OF CONTRACT			
	RIPTION OF AMOUNT OF CONTRACT			
	,875,000			
NAT	JRE OF THE CONTRACT (Please describe)			
CD	BG-CV grant for a rental assistance program	related to	covid-19 r	esponse and recovery
		S.	JA OK	
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7. C	DMMENTS			
0.~~	DANTE A CT A DED CAVAL			
	ONTRACT APPROVAL			
11115	contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	THE CITY ELECTIVE OFFICER(3) IDENTIFIED ON THIS TORIN			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	Board of Supervisors			
$ \Box $	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	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.

con	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
1	Lifschitz	Eric	Board of Directors	
2	Zadmehran	sacha	Board of Directors	
3	Gibson	Shirley	Board of Directors	
4	Wright	Greg	Board of Directors	
5	Alioto	Josephine	Board of Directors	
6	Wolford	Jason	Board of Directors	
7	Cucullu Lim	Martina	CEO	
8	Kislyuk	Yev	CF0	
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 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.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED		
BOS Clerk of the Board			