

## 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: 04-28-2021 | 16:59:17 PDT

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File #: 210358

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Hugo Ramirez		415-701-5516
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
MYR	Mayor's Office of Comm. Dev	hugo.ramirez@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
All Home, fiscally sponsored by The Tides Cent	er 415-561-6400
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1012 Torney Ave., San Francisco, CA 94129	
6. CONTRACT	
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/REP NUMBER   FILE NUMBER (If applicable)

1012	orney ave., San Francisco, CA 94129			
6. CONTR				
DATE CON	TRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/R	FP NUMBER	FILE NUMBER (If applicable) 210358
04/27/	2021			110330
DESCRIPTI	ON OF AMOUNT OF CONTRACT	I		
\$618,1	86.50			
NATURE C	F THE CONTRACT (Please describe)			
In-kir assist	d gift - software as a service - technol ance.	ogical system	m to admi	nister City rental
7 60141	FAIT.			
7. COMMENTS				
8 CONTR	ACT APPROVAL			
	act was approved by:			
	CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BO	OARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Bo	ard of Supervisors			
THE	BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY EI ECTIVE	OEEICED(S) II	DENTIFIED ON THIS FORM SITS
	DOARD OF A STATE AGENCE ON WHICH AN AFFORNIEE OF	THE CITY ELECTIVE	- Of Ficen(3) I	DETAILED ON THIS FORM SHS

## 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.

cont	tract.		<del>_</del>
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Fernandez	Michael	Board of Directors
2	Nossel	Suzanne	Board of Directors
3	Lloyd	Edward	Board of Directors
4	Wingard	Jason	Board of Directors
5	Diaz	Jason	Board of Directors
6	кlatsky	Antoinette	Board of Directors
7	Moss	Tomiquia	CEO
8	Evans-Page	Janiece	CEO
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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COTT	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
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	Check this box if you need to include add Select "Supplemental" for filing type.	litional names. Please submit a separate	form with complete information.	

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	DATE SIGNED	
DocuSigned by:  988C8F42C3084B5  Angela Calvillo	04-28-2021   16:59:17 PDT	