



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

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ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 210999

Bid/RFP #: Sole Source

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

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
Rocio Duenas	415-557-5626
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSA Human Services Agency	Rocio.Duenas@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco-Marin Food Bank	TELEPHONE NUMBER (415) 282-1907
STREET ADDRESS (including City, State and Zip Code) 900 Pennsylvania Ave, San Francisco CA 94107	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER Sole source	FILE NUMBER (If applicable) 210999
DESCRIPTION OF AMOUNT OF CONTRACT \$22,951,645		
NATURE OF THE CONTRACT (Please describe) Second amendment to the grant agreement between the City and County of San Francisco and San Francisco-Marin Food Bank, for the administration of the COVID-19 Food Assistance Program, to extend the grant term by six months for a total term of July 1, 2020, through June 30, 2022, and to increase the grant amount by \$7,424,820 for a total not to exceed amount of \$22,951,645 to commence on October 15, 2021.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED 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.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Brubaker	Scott	Board of Directors
2	Gencer	Cigdem	Board of Directors
3	Bonner	Noelle	Board of Directors
4	Gonzalez	Pepe	Board of Directors
5	Gottfried	Randy	Board of Directors
6	Levy	Jennifer	Board of Directors
7	Nissenberg	Brett	Board of Directors
8	Park	Hyun	Board of Directors
9	Pearce	Stephen	Board of Directors
10	Rosston	Barbara	Board of Directors
11	Saenz	Joseph	Board of Directors
12	Schrage	Elliot	Board of Directors
13	Seligman	Hilary	Board of Directors
14	Shiue	Linda	Board of Directors
15	Sinha	Uma	Board of Directors
16	Terris	Michael	Board of Directors
17	walker	Jonathan	Board of Directors
18	Cavagnaro	Dianna	Board of Directors
19	Berg	Jessica	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Chang	Jennifer	Board of Directors
21	Rahmen	Nadia	Board of Directors
22	Seracka	Tara	Board of Directors
23	Crosby	Tanis	CEO
24	Braude	Michael	CFO
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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