

File No. 090527

FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL 2539 JULY 3 MILES (S.F. Campaign and Governmental Conduct Code § 1.126) City Elective Officer Information (Please print clearly.)

Name of City elective officer(s):	City elective office(s) held:
Members, SF Board of Supervisors	Members, SF Board of Supervisors
Contractor Information (Please print clearly.)	
Name of contractor: San Francisco Unified School District	
Please list the names of (1) members of the contractor's board of financial officer and chief operating officer; (3) any person who hany subcontractor listed in the bid or contract; and (5) any politic additional pages as necessary.	as an ownership of 20 percent or more in the contractor; (4)
SFUSD Board of Education-Kim Shree Maufas, Sandra L Hydra Mendoza, Jill Wynns Carlos Garcia, Superintendent of Schools, Joseph Grazio	
Contractor address: 555 Franklin, San Francisco, CA 94102	
Date that contract was approved: 6/3/09	Amount of contract: \$712,500
Describe the nature of the contract that was approved:	
Summer M	eals for children 18 years of age and younger
Comments:	eals for children 18 years of age and younger
Summer M	eals for children 18 years of age and younger
Comments: This contract was approved by (check applicable):	eals for children 18 years of age and younger
Comments: This contract was approved by (check applicable): I the City elective officer(s) identified on this form San Fra	eals for children 18 years of age and younger
Comments: This contract was approved by (check applicable): I the City elective officer(s) identified on this form a board on which the City elective officer(s) serves San Fra	
Comments: This contract was approved by (check applicable): I the City elective officer(s) identified on this form a board on which the City elective officer(s) serves San Fra	Incisco Board of Supervisors Print Name of Board hority Commission, Industrial Development Authority ion, Relocation Appeals Board, Treasure Island
Comments: This contract was approved by (check applicable): If the City elective officer(s) identified on this form If a board on which the City elective officer(s) serves If the board of a state agency (Health Authority, Housing Authority, Parking Authority, Redevelopment Agency Commission	Incisco Board of Supervisors Print Name of Board hority Commission, Industrial Development Authority ion, Relocation Appeals Board, Treasure Island
Comments: This contract was approved by (check applicable): I the City elective officer(s) identified on this form I a board on which the City elective officer(s) serves If the board of a state agency (Health Authority, Housing Authority, Parking Authority, Redevelopment Agency Commission Development Authority) on which an appointee of the City elective of the	Incisco Board of Supervisors Print Name of Board hority Commission, Industrial Development Authority ion, Relocation Appeals Board, Treasure Island
Comments: This contract was approved by (check applicable): I the City elective officer(s) identified on this form I a board on which the City elective officer(s) serves If the board of a state agency (Health Authority, Housing Authority, Parking Authority, Redevelopment Agency Commission Development Authority) on which an appointee of the City elective of the City elective of the City elective Information (Please print clearly.)	Incisco Board of Supervisors Print Name of Board hority Commission, Industrial Development Authority ion, Relocation Appeals Board, Treasure Island
Comments: This contract was approved by (check applicable): I the City elective officer(s) identified on this form I a board on which the City elective officer(s) serves If the board of a state agency (Health Authority, Housing Authority, Parking Authority, Redevelopment Agency Commiss Development Authority) on which an appointee of the City elective of Board Filer Information (Please print clearly.) Name of filer:	Print Name of Board hority Commission, Industrial Development Authority ion, Relocation Appeals Board, Treasure Island lective officer(s) identified on this form sits Contact telephone number: (415) 554-5184 E-mail:
Comments: This contract was approved by (check applicable): I the City elective officer(s) identified on this form I a board on which the City elective officer(s) serves If the board of a state agency (Health Authority, Housing Authority, Redevelopment Agency Commission Development Authority) on which an appointee of the City elective of the SF Board of Supervisors Address:	Print Name of Board hority Commission, Industrial Development Authority ion, Relocation Appeals Board, Treasure Island lective officer(s) identified on this form sits Contact telephone number: (415) 554-5184 E-mail: bos.legislation@sfgov.org