FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

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| (S.F. Campaign and Governmen | ntal Conduct Code § 1.126) MARCO BY EMAIL | | | |
|---|--|--|--|--|
| City Elective Officer Information (Please print clearly.) | 7019 UW 02 WILLIAM | | | |
| Name of City elective officer(s): | City elective office(s) held: | | | |
| Members, Board of Supervisors | Members, Board of Supervisors ORMISSION | | | |
| | 8 A | | | |
| Contractor Information (Please print clearly:) Name of contractor: | Let y the contemporary region and an information of the ground and an information of the contemporary of t | | | |
| Mujeres Unidas y Activas | | | | |
| Please list the names of (1) members of the contractor's board of a financial officer and chief operating officer; (3) any person who he any subcontractor listed in the bid or contract; and (5) any political additional pages as necessary. 1. Board of Directors Enma Delgado (President), Claudia Lainez (Vice President), N. Director), Kathy Coll, Maria Rogers Pasqual, Yolanda Macias Martinez, Maria Distancia 2. Executive Officers Juana Flores, Co-Director for Programs Andrea Lee, Co-Director for Development and Administration 3. None. 4. None. 5. None. Contractor address: | as an ownership of 20 percent or more in the contractor; (4) all committee sponsored or controlled by the contractor. Use Maria Rodriguez (Treasurer), Juana Flores (MUA Co- , Sara Campos, Hillary Ronen, Cynthia Montenegro, Karina | | | |
| San Francisco, CA 94110 | | | | |
| Date that contract was approved: | Amount of contracts: \$20,000 | | | |
| 3/19/13 | | | | |
| Describe the nature of the contract that was approved: To provide civil legal services to domestic violence survivors and to | heir children. | | | |
| Comments: This contract is part of a larger effort to provide additional program violence survivors and their family. | ns and services, particularly legal services, to domestic | | | |
| This contract was approved by (check applicable): | | | | |
| The City elective officer(s) identified on this form | | | | |
| | 1 - D - 1 - CG 1 | | | |
| a board on which the City elective officer(s) serves: San F | rancisco Board of Supervisors Print Name of Board | | | |
| I the board of a state agency (Health Authority, Housing Auth Board, Parking Authority, Redevelopment Agency Commissi Development Authority) on which an appointee of the City el | on, Relocation Appeals Board, Treasure Island | | | |
| Print Name of Board | | | | |
| Filer Information (Please print clearly.) | | | | |
| Name of filer: Angela Calvillo, Clerk of the Board | Contact telephone number: (415) 554-5184 | | | |
| Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, | CA 94102 E-mail: Board.of.Supervisors@sfgov.org | | | |
| Signature of City Elective Officer (if submitted by City elective offi | icer) Date Signed | | | |

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

3 | 25 | 13 Date Signed