



San Francisco Office of the City Administrator

LBEAC Director's Report

June 4, 2026

Agenda

- 1. Equal Benefits: Performance Improvement**
- 2. BLA Performance Audit of the Procurement of Public Works Contracts**
- 3. Program Evaluation: Update**
- 4. Legislative Update**

Equal Benefits: Moving to Faster Easier Forms

Paper form

Peoplesoft



CITY AND COUNTY OF
SAN FRANCISCO
HUMAN RIGHTS

S.F. ADMINISTRATIVE CODE CHAPTERS 12B & 12C DECLARATION: NONDISCRIMINATION IN CONTRACTS AND BENEFITS (HRC 12B-101)

Section 1. Vendor Information

Name of Company _____

Name of Company Contact Person: _____

Phone: _____ Ext.: _____ Fax: _____

E-mail Address: _____

Vendor Number (if known) _____

Federal ID or Social Security Number: _____

Approximate Number of Employees in the U.S. _____

Are any of your employees covered by a collective bargaining agreement? Yes No

Union name(s) _____

Section 2. Compliance Questions

Question 1. Nondiscrimination - Protected Classes

Does your company agree it will not discriminate against any person on the basis of sex, race, color, or members of the public on the basis of sex? **Please note: a "YES" answer is a "NO" answer.**

- Race Yes No
- Color Yes No
- Creed Yes No
- Religion Yes No
- National origin Yes No
- Ancestry Yes No
- Age Yes No
- Height Yes No

Does your company agree to insert a similar performance of a substantial portion of the question even if you do not intend to enter into a contract? Yes No

Question 2. Nondiscrimination - Equal Domestic Partners

Does your company provide or offer a spouse or to spouses of employees? Yes No

Does your company provide or offer a spouse (or opposite sex) domestic partner? Yes No

Does your company provide or offer a spouse (or opposite sex) domestic partner? Yes No

Important: Domestic Partners are defined as any state or local government domestic partner.

If you answered "NO" to both questions above, you are not required to complete this form.

If you answered "YES" to either or both questions above, you are required to complete this form.



Equal Benefits Declaration

Declarant Name: Test User 7-9-25

Declaration Number: NEXT

Declaration Type: Supplier

Workshop Status: Draft

Articles 131-132 of the San Francisco Labor and Employment Code

The Equal Benefits requirement in San Francisco contracting is set forth in Articles 131-132 of the San Francisco Labor and Employment Code. The City and County of San Francisco shall contract with entities that do not discriminate in the provision of benefits between employees with domestic partners and employees with spouses, and between the domestic partners and spouses of each employee.

Discrimination is not permitted on the basis of the race or perfection of a person's membership in the following categories: race, color, religion, national origin, ancestry, age, sex, sexual orientation, gender identity (including transgender identity), domestic partner status, marital status, disability, AIDS/HIV status, height, or weight.

DOMESTIC PARTNERS

- Domestic Partners are same-sex and opposite-sex couples registered with any state or local government domestic partner registry authorized to perform such registration.
- Domestic partnerships and marriages may only be verified to the same extent and in the same manner. For example, written periods to qualify for benefits must be the same for domestic partners and spouses. If proof of relationship is required, the same requirements must be met for both partners and spouses. **Includes: Affidavits**

- Important note: The memorandum is not a substitute for fully compliant incorporation of domestic partner language throughout all benefit policies. The memorandum is intended to support existing benefit documentation by highlighting equality in benefit administration as it pertains to domestic partner policies.
- If a memorandum is not submitted, individual policies must be submitted for all benefits offered that demonstrate complete incorporation of domestic partner language wherever spouses and their family members are referenced.
- For assistance completing this form, call the Contract Monitoring Division Equal Benefits Unit at (415) 554-6030.

SECTION 1. COMPANY INFORMATION

Taxpayer ID Categories:

Taxpayer Identification Number: 037154789

Total Number of Employees in the U.S.:

(Enter approximate number; business owners should not count themselves as employees.)

Always legal verification of total employee count (required for all businesses)

[Add Attachment](#) [update_website_docs](#)

Are any of your employees covered by a collective bargaining agreement or union trust fund? Yes No

Union Name(s): _____

Declarant Web Site: _____

Address Information

Description: Address 1: 1515 SF Street, Address 2: _____, City: San Francisco, State: CA, Country: USA, ZIP: _____

Contact Information

Description: Contact 1: Test User JE User JE, Name: _____, Phone: _____, Email: jeand.experts@je.com

SECTION 2. COMPLIANCE QUESTIONS

Question 1: Nondiscrimination - Protected Classes

Does your firm agree it will not discriminate against its employees, applicants for employment, employees of the City, or members of the public on the basis of the race or perfection of a person's membership in the following categories?

Yes No

Race, Color, Creed, Religion, National Origin, Ancestry, Age, Sex, Sexual Orientation, Gender Identity (Transgender Status), Domestic Partner Status, Marital Status, Disability, AIDS/HIV Status, Height, Weight.

Please note: a YES answer is required for compliance.

Does your firm agree to insert a similar nondiscrimination provision in any subcontracted you enter into for the performance of a substantial portion of the

Question 3. (continued)

C. Please check all benefits that apply to your answers above and list in the "other" section any additional benefits not already specified. Note: some benefits are provided to employees because they have a spouse or domestic partner, such as bereavement leave; other benefits are provided directly to the spouse or domestic partner, such as medical insurance.

BENEFIT	Yes for Employees with Spouses	Yes for Employees with Domestic Partners	No, this Benefit is Not Offered	Documentation of this Benefit is Submitted with this Form
• Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dental Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Vision Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Retirement (Pension, 401(k), etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Bereavement Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Family Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Parental Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Employee Assistance Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Relocation & Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Company Discount, Facilities & Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Credit Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dependent Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If you can't offer a benefit in a nondiscriminatory manner because of reasons outside your control (e.g., there are no insurance providers in your area willing to offer domestic partner coverage) you may be eligible for Reasonable Measures compliance. To comply on this basis, you must agree to pay a cash equivalent, submit a completed Reasonable Measures Application Form (HRC 12B-102) with all necessary attachments, and have your application approved by the HRC. For more information, see Rules of Procedure section II or contact the HRC.

Section 3. Required Documentation

YOU MUST SUBMIT SUPPORTING DOCUMENTATION

To verify each benefit marked as Question 2C, Without proper documentation, your company cannot be certified as complying with Chapters 12B & 12C. For example, to document medical insurance, submit a statement from your insurance provider or a copy of the eligibility section of your plan document; to document leave programs, submit a copy of your company's employee handbook. If documentation of a particular benefit does not exist, attach an explanation. For more information see the Quick Reference Guide at <http://bit.ly/2w8a18a> or contact the HRC.

Have you submitted supporting documentation for each benefit offered? Yes No

Section 4. Executing the Document

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this _____ day of _____ in the year _____ at _____ (City) _____ (State)

Signature: _____ Mailing Address: _____

Name of Signatory (please print): _____ City, State, Zip Code: _____

Title: _____

Submit this form and supporting documentation to: HRC, 25 Van Ness Ave., Suite 800, San Francisco, CA 94102-6033, or to the City department that sent it to you for your records.

Resource Materials and additional copies of this form may be found at: www.sfgov.org

For assistance please contact the Human Rights Commission at 415-252-2500 (TDD) 415-252-2505.

HRC-12B-101 (1/05)

2001-2018

2018 - 3.2026

NEW Equal Benefits Declaration

As of April 2026

English

Equal Benefits and Nondiscrimination Declaration

Section 1: Company Information

Firm Name *

Supplier ID *

Do you have a Federal Employer Identification Number (FEIN)? *

Yes No

Number of Employees in US *

Enter approximate number; business owners should not count themselves as employees.

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English

Equal Benefits and Nondiscrimination Declaration

Section 4: Equal Benefits Compliance

Are all of the benefits that are available to the spouses of employees also available to the domestic partners of employees? *

Yes No

Will you tell your employees and job applicants that your company offers equal benefits to everyone? *

Yes No

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Effective April 1, 2026

Equal Benefits: Performance Improvement

	Pre-Change (Aug 2023)	Post-Change #1 (Aug 2024)	Post-Change #2 (May 2026)*
Open Cases	1,721	34	0
Average Case Age (days)	1,232	21	0 (same-day)
Average Time to Compliance (days)	30	9	0 (same-day)
Cases Completed per Month	28	60	48
Estimated Supplier Time	3-15 hours	1-5 hours	Under 10 minutes

*Reflects early performance under new model, the self-service application process (first month).

May 26, 2026

BLA Performance Audit

Budget and Legislative Analyst on the procurement of public works contracts under Chapter 6

+ Requested by the Board of Supervisors through Motion 22-185



The audit identified 5 major findings:

- 1. Policies and Procedures**
- 2. Bid Rejections**
- 3. Enforcement and Protective Mechanisms**
- 4. Partnering Program**
- 5. Contractor Evaluation Database**

May 26, 2026

BLA Performance Audit

Contractor Evaluation Database

Finding:

Not being consistently used or managed, limiting the City's ability to track contractor performance and avoid awarding future work to poor-performing contractors

Recommendations:

- 1. Determine the appropriate owner of the database; provide staffing and resources.**
- 2. Develop a guide on how evaluations should be incorporated into future procurements.**
- 3. Require contractor evaluations.**
- 4. Designate an implementation lead in each Chapter 6 department.**

Program Evaluation

The LBE Program Evaluation consultant is finalizing the report.
Final Report and meeting expected in **August 2026**.



Legislative Update

Prop E

File [260217](#)

Approved.

Ordinance amending various City codes to clarify the difference between Commissions and Advisory Bodies and to establish consistent rules for how they operate. (Key difference between the two: Commissions exercise the sovereign power of City government by making decisions binding on the City)

Electric Facilities

File [260302](#)

Approved.

Ordinance amending the Administrative Code to allow the Public Utilities Commission to purchase utility infrastructure from customers instead of installing it itself, provided certain conditions are met.