



San Francisco Ethics Commission

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Received On: 12-15-2025 | 16:56:25 PST

File #: 251155

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: <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
Lakessa Scott	628-652-5935
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
MOH Mayor's Office of Housing and Community	Lakessa.scott@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR 835 Turk LLC	TELEPHONE NUMBER 415-734-3310
STREET ADDRESS (including City, State and Zip Code) 320 13th Street, 2nd Floor, Oakland CA 94612	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 12/9/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 251155
DESCRIPTION OF AMOUNT OF CONTRACT NTE \$26,651,907		
NATURE OF THE CONTRACT (Please describe) <p>The City is providing a loan in the amount of \$26,651,907 to 835 Turk LLC to support the rehabilitation of the property into 106 units of Permanent Supportive Housing. This project is designed to serve individuals experiencing homelessness, with a priority for those who are chronically homeless or at risk of chronic homelessness and living with serious mental illness. As part of this financing, up to \$13,729,907 under the Homekey+ financing will be disbursed by the Mayor's Office of Housing and Community Development (MOHCD) as a grant to cover rehabilitation and associated relocation costs. The remaining \$12,922,000 in City funds includes \$9,629,000 from the 2020 General Obligation Bonds, and \$3,293,000 from Our City, Our Home (OCOH) funds. These funds will be administered by MOHCD to ensure the successful development of the permanent supportive housing at 835 Turk Street.</p>		

7. COMMENTS
Description of amount reflected on cover page of the Draft Loan and Grant Agreement attachment.

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	Good / Five Keys	Steve	CEO
2	West / Five Keys	Antonette	CFO
3	Graham / Five Keys	Elyse	COO
4	Eaton / Five Keys	Tijanna	Board of Directors
5	Schwartz / Five Keys	Sunny	Board of Directors
6	Ginorio / Five Keys	Della	Board of Directors
7	Miyamoto / Five Keys	Paul	Board of Directors
8	Home / Five Keys	Freya	Board of Directors
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9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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9. AFFILIATES AND SUBCONTRACTORS

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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.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

Signed by:

 988C8F42C3084B5...
 Angela Calvillo

DATE SIGNED

12-15-2025 | 16:56:25 PST