

**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
(S.F. Campaign and Governmental Conduct Code § 1.126)

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors

<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: <b>Mercy Housing California XIV, a California limited partnership</b>	
<p><i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i></p> <p>The Grantee for the LOSP Grant Agreement is Mercy Housing California XIV, a California limited partnership. Mercy Housing California XIV, L.P. has no employees and decisions are made by its general partner, Mercy Housing West.</p> <p><b>Mercy Housing West</b>  (1) Board of Directors:  Barbara Gualco  David Hall  Doug Shoemaker  Joe Rosenblum  Melissa Clayton  (2) Chief Executive Officer : Doug Shoemaker, President of the Corporation</p>	
Contractor address: <b>Mercy Housing California XIV, L.P. c/o Mercy Housing, 1256 Market Street, San Francisco, CA 94102</b>	
Date that contract was approved: 6/26/2018 <i>(By the SF Board of Supervisors)</i>	Amount of contract: <b>\$9,741,171</b>
Describe the nature of the contract that was approved: <b>Local Operating Subsidy Program (LOSP) Grant Agreement for 15 years and six months in a total amount up to \$9,741,171 to subsidize the cost of operations of 44 units of permanent supportive housing at 10<sup>th</sup> &amp; Mission Family Housing for very-low income, chronically homeless families. The agreement is subject to annual appropriations.</b>	
Comments:	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form

a board on which the City elective officer(s) serves: San Francisco Board of Supervisors  
Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

<b>Filer Information</b> <i>(Please print clearly.)</i>	
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 officer)

\_\_\_\_\_  
Date Signed

*A. S. ...*

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

*6/29/18*  
\_\_\_\_\_  
Date Signed