

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:<sup>07-29-2022</sup> | 17:04:29 PDT

1

File #: 220703

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

1. FILING INFORMATION		
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)	
Amendment	7/25/2022	
AMENDMENT DESCRIPTION – Explain reason for amendment		
Correction to the date the contract was approved by the Board of Supervisors.		

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
Robert Walsh		415-577-5644
FULL DEPART	TMENT NAME	DEPARTMENT CONTACT EMAIL
HSA	Human Services Agency	robert.walsh@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
587 Eddy Street LLC	4159392885
STREET ADDRESS (including City, State and Zip Code)	EMAIL
402 8th Ave Suite 207, San Francisco, CA 94118	sp@bmshotels.com

402 Oth Ave Surce 207, San Francisco, CA 54110	,	3p@biii3110	ce13.com	
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/F	RFP NUMBER	FILE NUMBER (If applicable) 220703	
7/26/2022			220.03	
DESCRIPTION OF AMOUNT OF CONTRACT	L			
Contract for rooms and services to a cost not	Contract for rooms and services to a cost not to exceed amount of \$5,113,498			
NATURE OF THE CONTRACT (Please describe)				
Amendment to an Emergency Services Contract to extend the booking period through December 31, 2022.				
7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE ACENSY ON WHICH AN ARROWS	THE CITY ELECTION	- OFFICED(c) ::	DENTIFIED ON THIS FORM SITS	
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Patel	Dipakbhai	Board of Directors		
2	Patel	Satishkumar	Board of Directors		
3	Gajiwala	Manishh	Board of Directors		
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n Env	elope ID: 692006CC-6E18-4A58-9EA4-B722301	163F91	
List t	the names of (A) members of the contractors tutive officer, chief financial officer, chief of has an ownership interest of 10 percent of ract.	perating officer, or other persons with s	imilar titles; (C) any individual or entity
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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 DATE SIGNED			
CLERKDocuSigned by:			
CLERK DocuSigned by:  Alias Somera	07-29-2022   17:04:29 PDT		
Alisa Somera			

Check this box if you need to include additional names. Please submit a separate form with complete information.

Select "Supplemental" for filing type.



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

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File #: 220703

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# **Notification of Contract Approval**

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(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
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TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)	
Amendment	7/25/2022	
AMENDMENT DESCRIPTION – Explain reason for amendment		
Correction to the date the contract was approved by the Board of Supervisors.		
as received the same and contract has approved by the board of supervisors.		

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
Robert Walsh		415-557-5644
FULL DEPART	TMENT NAME	DEPARTMENT CONTACT EMAIL
HSA	Human Services Agency	robert.walsh@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
685 Ellis, LLC	415-982-1416
STREET ADDRESS (including City, State and Zip Code)	EMAIL
212 Sutter Street 3rd Floor San Francisco, CA 94108	SAMP@Cirehotelsllc.com

		- 1-1-		
	ONTRACT CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	REP NUMBER	FILE NUMBER (If applicable)
	26/2022			220703
//				
DESC	RIPTION OF AMOUNT OF CONTRACT			
Fo	r rooms and services to a cost to not exceed	amount of S	\$5,113,498	
NATU	IRE OF THE CONTRACT (Please describe)			
	endment to extend the booking period to Dece ,113,498	mber 31, 202	22 for room	ns and services
7	DMMENTS			
	ONTRACT APPROVAL			
ınıs	contract was approved by: THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	CITT ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORIVI			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Devdhara	Shailendra	Board of Directors		
2	Patel	Suresh	Board of Directors		
3	Patel	Dipak	Board of Directors		
4	Patel	Shahil	Board of Directors		
5	Patel	Sarina	Board of Directors		
6	Patel	Rinkesh	Board of Directors		
7	Patel	Roshni	Board of Directors		
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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	DATE SIGNED	
CLERK DocuSigned by:  Alian Somera	07-29-2022   16:13:50 PDT	
Alisa Somera		



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Amendment	7/25/2022	
AMENDMENT DESCRIPTION – Explain reason for amendment		
Correction to the date the contract was approved by the Board of Supervisors.		
as received the time time time time time board or supervisors.		

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
Robert Walsh		415-557-5644
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
HSA	Human Services Agency	robert.walsh@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
1231 Market Street Owner L.P. d/b/a Hotel Whitcomb	212.308.1000		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
375 Park Avenue - Floor 10; New York, NY 10152	rfroom@rfr.com		

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6. C	ONTRACT		
	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
			220703
//	26/2022		
DESC	CRIPTION OF AMOUNT OF CONTRACT		
Co	ntract for rooms and services to a cost not	to exceed amount of \$	79,257,440
NATI	JRE OF THE CONTRACT (Please describe)		
Am	endment to extend the booking period to Dece	ember 31, 2022 for room	ms and services
- 0			
7. C	OMMENTS		
8. C0	ONTRACT APPROVAL		
	contract was approved by:		
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
	Board of Supervisors		
	THE BOARD OF A STATE AGENCY ON WHICH AN ADDOINTER OF	THE CITY ELECTIVE OFFICER/S\	DENTIFIED ON THIS FORM SITS
$ \Box $	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITT ELECTIVE OFFICER(S)	DEMILITIED ON THIS PURIN SITS
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	womble	Paul	Other Principal Officer			
2	Davison	Benjamin	Other Principal Officer			
3	1234 Market St Holdings	Owner	Shareholder			
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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.				
SIGI	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED			
CLE	CLERK DocuSigned by:  Alisa Somera  07-29-2022   16:10:54 PDT  1977FC12A02FF42D Alisa Somera			



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1. FILING INFORMATION				
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Amendment	7/25/2022			
AMENDMENT DESCRIPTION – Explain reason for amendment				
Correction to the date the contract was appro	ved by the Board of Supervisors.			

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
Robert Walsh		415-557-5644
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
HSA	Human Services Agency	robert.walsh@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
AASHIK INC. dba Monarch Hotel	415-673-5232		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
101 Geary Street, San Francisco, CA 94109	bkpatel@aol.com		

101 deary Street, San Francisco, CA 54105		bkpace read r. com	
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER ( <i>If applicable</i> ) 220703
7/26/2022			220/03
DESCRIPTION OF AMOUNT OF CONTRACT	1		
Increasing contract for rooms and services to	a cost not t	to exceed S	\$15,005,460
NATURE OF THE CONTRACT (Please describe)			
Third Amendment to extend the booking period	to August 31,	, 2023 for	Rooms and Services.
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOADD OF A STATE ACENICY ON WHILE I AN ADDOUNTED OF	THE CITY OF COTO	TE OFFICENCY :	DENITIEIED ON THE FORM OF
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICEK(S) II	DEMITTED ON THIS FORM SITS
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Patel	Bhikhu	Other Principal Officer
2	Patel	Subhash	Other Principal Officer
3	Patel	Peter	Other Principal Officer
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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	DATE SIGNED			
CLERK Docusigned by:  Alias Somers  Alisa Somera	07-29-2022   16:17:28 PDT			



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File #: 220703

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# **Notification of Contract Approval**

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A Public Document

TYPE OF FILING (for amendment				
Amendment	7/25/2022			
AMENDMENT DESCRIPTION – Explain reason for amendment				
Correction to the date the contract was approved by the Board of Supervisors.				

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
Robert Walsh		415-557-5644
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
HSA	Human Services Agency	robert.walsh@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
CHIRAG INV CO & SL PATEL & PL PATEL (DBA: Days Inn)	415-850-5742		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
2468 39th Avenue San Francisco, CA 94116	kunalrpatel12@gmail.com		

6. C	ONTRACT				
	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
7/	26 /2022			220703	
''	26/2022				
DESC	CRIPTION OF AMOUNT OF CONTRACT	•			
Fo	r Rooms and Services to a cost not to exceed	amount of	\$6,099,515		
NAT	URE OF THE CONTRACT (Please describe)				
Am	Amendment to extend the booking period to December 31, 2022 for rooms and services.				
7. C	OMMENTS				
	ONTRACT APPROVAL				
This	contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES					
	Board of Supervisors				
			/E OFFICE 12' ::	DENITIFIED ON THE TOTAL AND	
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Patel	Naresh	Other Principal Officer		
2	Patel	Rajendra	Other Principal Officer		
3	Patel	Ashok	Other Principal Officer		
4	Patel	Subhash	Other Principal Officer		
5	Patel	Prakash	Other Principal Officer		
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50

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	DATE SIGNED			
CLERK Docusigned by:  Alian Somera	07-29-2022   16:27:43 PDT			
Alisa Somera				

Check this box if you need to include additional names. Please submit a separate form with complete information.

Select "Supplemental" for filing type.



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Amendment	7/25/2022	
AMENDMENT DESCRIPTION – Explain reason for amendment		
Correction to the date the contract was approved by the Board of Supervisors.		
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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
Robert Walsh		415-557-5644
FULL DEPART	TMENT NAME	DEPARTMENT CONTACT EMAIL
HSA	Human Services Agency	robert.walsh@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Gajanan Inc (DBA: Buena Vista Motor Inn)	415-923-9600		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
1599 Lombard Street, San Francisco, CA 94123	dchin@engagehospitality.com		

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6. C	ONTRACT				
	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
7/	26 /2022			220703	
''	26/2022				
DESC	CRIPTION OF AMOUNT OF CONTRACT	•			
Fo	For rooms and services to a cost not to exceed amount of \$4,203,036				
NAT	NATURE OF THE CONTRACT (Please describe)				
Am	Amendment to extend the booking period to December 31, 2022 for rooms and services				
7. C	OMMENTS				
8. C	ONTRACT APPROVAL				
This	contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
	Board of Supervisors				
	board of Supervisors				
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS	

#	tract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Patel	Prababen	CEO
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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	DATE SIGNED			
CLERK — DocuSigned by:  Alisa Somera 07-29-2022   16:29:33 PDT				
Alisa Somera				



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File #: 220703

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

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)	
Amendment	7/25/2022	
AMENDMENT DESCRIPTION – Explain reason for amendment		
Correction to the date the contract was approved by the Board of Supervisors.		
and the same that the sense are approved by the board or supervisors.		

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 DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Robert Wa	alsh	415-771-3000
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
HSA	Human Services Agency	robert.walsh@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR		TELEPHONE N	IUMBER
KHP III SF Sutter LLC		415-510-	7102
STREET ADDRESS (including City, State and Zip Code)		EMAIL	
101 California Street, Suite 980, San Francisc	o CA		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
7/26/2022			220703
DESCRIPTION OF AMOUNT OF CONTRACT			
\$12,692,112			
NATURE OF THE CONTRACT (Please describe)			
Third Amendment to extend the booking period t	o December 3	31, 2022 fo	or Rooms and Services.
7. COMMENTS			
Description of amount decreased as amended in Committee - 7/13/2022			
· · · · · · · · · · · · · · · · · · ·			
O CONTRACT ADDROVAL			
8. CONTRACT APPROVAL  This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
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THE POARD OF A STATE ACENICY ON WILLIAM ADDOCUTES OF	THE CITY CLOSE.	T OFFICER(C)	DENITIFIED ON THUS FORMS SITS
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	INE CITY ELECTIV	E OFFICER(S) II	DEMITTED ON THIS FORM SITS

#	tract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Miles	Judith C.	CEO
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9. AFFILIATES AND SUBCONTRACTORS		
ist 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		
contract.		

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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	DATE SIGNED	
CLERK Docusigned by:  Alisa Somera  Alisa Somera	07-29-2022   16:15:47 PDT	



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On: 07-29-2022 | 16:22:09 PDT

1

File #: 220703

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

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)	
Amendment	7/25/2022	
AMENDMENT DESCRIPTION – Explain reason for amendment		
Correction to the date the contract was approved by the Board of Supervisors.		
as received the time time time time time board or supervisors.		

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 DE	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Robert W	valsh	415-557-5644
FULL DEPART	TMENT NAME	DEPARTMENT CONTACT EMAIL
HSA	Human Services Agency	robert.walsh@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Sayana Corporation (DBA: Adante Hotel)	415-850-5742		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
2468 39th Avenue San Francisco, CA 94116	kunalrpatel12@gmail.com		

2400 JJEH AVEHUE San Francisco, CA J4110		Kuna II pa	.ce112@gilla11.com
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S	) ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
7/26/2022			220703
DESCRIPTION OF AMOUNT OF CONTRACT	L		
Increasing contract for rooms and services to a cost not to exceed amount of \$14,856,866			
NATURE OF THE CONTRACT (Please describe)			
Fifth Amendment to extend the booking period	to August 31	, 2023 for	Rooms and Services
7. COMMENTS			
7. COMMICINIS			
O CONTRACT ADDROVAL			
8. CONTRACT APPROVAL This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE O	OF THE CITY ELECTIN	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

con	tract.	<u> </u>	T
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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## 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 39 40 41 42 43 44 45 46 47 48 49 50 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 com	nplete.	
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	DATE SIGNED	
CLERK  DocuSigned by:  Alias Somera  Alisa Somera	07-29-2022   16:22:09 PDT	



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:<sup>07-29-2022</sup> | 16:31:18 PDT

File #: 220703

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

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)			
Amendment	7/25/2022			
AMENDMENT DESCRIPTION – Explain reason for amendment				
Correction to the date the contract was approved by the Board of Supervisors.				
control of the date the contract has approved by the board of supervisors.				

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 DE	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Robert Walsh		415-557-5644
FULL DEPART	TMENT NAME	DEPARTMENT CONTACT EMAIL
HSA	Human Services Agency	robert.walsh@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
SF Americania LLC	415-723-1516
STREET ADDRESS (including City, State and Zip Code)	EMAIL
121 Seventh Street, San Francisco, CA 94103	speruri@oxford-capital.com

121 Sevencii Screet, Saii Francisco, CA 54105		Sperur le	oxford captear.com	
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220703	
7/26/2022			220,03	
DESCRIPTION OF AMOUNT OF CONTRACT				
Contract for rooms and services to a cost not to exceed amount of \$16,430,164.				
NATURE OF THE CONTRACT (Please describe)				
Amendment to an Emergency Services Contract to extend the booking period through December 31, 2022.				
7. COMMENTS				
8. CONTRACT APPROVAL				
This contract was approved by:				
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/F OFFICER(S) II	DENTIFIED ON THIS FORM SITS	
I SOARD OF A STATE ASERCE ON WHICH AN AFFORNIE OF	THE CITY LELCTIV	L OITICEN(3) II	SERVINIES ON THIS FORM SHS	

#	tract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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1	Rutledge	John	Other Principal Officer
2	Broad Street Principal	Investment, LLC	Shareholder
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

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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 com	nplete.
I certify under penalty of perjury under the laws of the State of	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
CLERK DocuSigned by:  Alisa Somera  Alisa Somera	07-29-2022   16:31:18 PDT



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On: 07-29-2022 | 16:33:30 PDT

File #: 220703

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

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Amendment	7/25/2022
AMENDMENT DESCRIPTION – Explain reason for amendment	
Correction to the date the contract was appro	ved by the Board of Supervisors.
	·

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. CONTRAC	TING DEPARTMENT CONTACT	
NAME OF DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Robert W	/alsh	415-577-5644
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
HSA	Human Services Agency	robert.walsh@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
SF Good LLC Dba Good Hotel	415-723-1516
STREET ADDRESS (including City, State and Zip Code)	EMAIL
112 7th Street, San Francisco, CA 94103	speruri@oxford-capital.com

6. CC	ONTRACT						
DATE	CONTRACT WAS	APPROVED BY TH	E CITY ELECTIV	'E OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220703
7/	26/2022						220703
DESC	RIPTION OF AMO	OUNT OF CONTRAC	Т				
Co	ntract for r	rooms and serv	vices to a	cost not	to exceed ar	mount of \$	9,453,033
NATU	JRE OF THE CONT	RACT (Please desc	ribe)				
	endment to a , 2022.	n Emergency S	Services c	ontract to	extend the	booking p	eriod through December
7.00	NANAENTS						
/. CC	OMMENTS						
	ONTRACT APPRO						
Inis	contract was ap						
	THE CITY ELECTIV	VE OFFICER(S) IDEN	NTIFIED ON TH	IS FORM			
	A BOARD ON W	HICH THE CITY ELEC	CTIVE OFFICER	(S) SERVES			
	Board of S	Supervisors					
	THE BOARD OF	A STATE AGENCY O	N WHICH AN A	APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

#	tract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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1	Rutledge	John	Other Principal Officer
2	Broad Street Principal	Investment, LLC	Shareholder
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# 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 39 40 41 42 43 44 45 46 47 48 49 50 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. knowledge the information I have provided here is true and con	•
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
CLERK  Docusigned by:  Alisa Somera  977FC12A02FF42D  Alisa Somera	07-29-2022   16:33:30 PDT



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:<sup>07-29-2022</sup> | 16:25:35 PDT

File #: 220703

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

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Amendment	7/25/2022
AMENDMENT DESCRIPTION – Explain reason	for amendment
Correction to the date the cor	ntract was approved by the Board of Supervisors.

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
Robert Walsh		415-577-5644
FULL DEPART	TMENT NAME	DEPARTMENT CONTACT EMAIL
HSA	Human Services Agency	robert.walsh@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
SF Vertigo LLC	415-723-1516
STREET ADDRESS (including City, State and Zip Code)	EMAIL
940 Sutter Street, San Francisco, CA 94109	speruri@oxford-capital.com

540 Succer Screet, Sun Francisco, CA 54105		sperar reoxford capital.com	
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220703
7/26/2022			220703
DESCRIPTION OF AMOUNT OF CONTRACT			
Increasing contract for rooms and services to	a cost not	to exceed a	amount of \$12,273,030
NATURE OF THE CONTRACT (Please describe)			
Third Amendment to an Emergency Services conti December 31, 2022.	ract to exte	nd the boo	king period through
7. COMMENTS			
7. COMMENTS			
8. CONTRACT APPROVAL			
This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS

#	ract.  LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Rutledge	John	Other Principal Officer
2	Broad Street Principal	Investment, LLC	Shareholder
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## 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 39 40 41 42 43 44 45 46 47 48 49 50 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 con	nplete.	
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	DATE SIGNED	
CLERK Docusigned by:  Alian Somera	07-29-2022   16:25:35 PDT	
Alisa Somera		



25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:<sup>07-29-2022</sup> | 16:20:19 PDT

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File #: 220703

Bid/RFP #:

### **Notification of Contract Approval**

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(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

1. FILING INFORMATION			
INAL FILING (for amendment only)			
Correction to the date the contract was approved the Board of Supervisors.			

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
Robert Walsh		415-557-5644
FULL DEPART	TMENT NAME	DEPARTMENT CONTACT EMAIL
HSA	Human Services Agency	robert.walsh@sfgov.org

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Shin International, Inc. DBA Cova Hotel	415-771-3000		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
655 Ellis Street, San Francisco, CA 94109	accounting@covahotel.com		

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6. CC	DNTRACT				
	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)	
7/	26/2022			220703	
'/	26/2022				
DESC	RIPTION OF AMOUNT OF CONTRACT	1			
In	Increasing contract for rooms and services to a cost not to exceed amount of #11,385,311				
NATU	JRE OF THE CONTRACT (Please describe)				
Th	ird amendment to extend booking period to 8/	31/2023			
	I I I I I I I I I I I I I I I I I	,			
7. CC	DMMENTS				
8. CC	ONTRACT APPROVAL				
	contract was approved by:				
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
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	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
	Board of Supervisors				
	Board of Supervisors				
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) II	DENTIFIED ON THIS FORM SITS	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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## 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 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information.

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	DATE SIGNED			
CLERK DocuSigned by:  Alias Somers  977FC12A02FF42D	07-29-2022   16:20:19 PDT			
Alisa Somera				

Select "Supplemental" for filing type.