

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

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

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: 1950 Mission Housing Associates, LP	
<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>(1) 1950 Mission Housing Associates, LP is a limited partnership with no employees. Its members are 1950 Mission Housing Associates, LLC and BRIDGE Regional Partners, Inc.</p> <p style="padding-left: 20px;">a. General Partner: 1950 Mission Housing Associates, LLC is comprised of two entities:</p> <p style="padding-left: 40px;">i. MCB Family Housing, Inc. – Board of Directors list is attached.</p> <p style="padding-left: 40px;">ii. Colosimo Apartments, Inc. – Board of Directors list is attached.</p> <p style="padding-left: 20px;">b. Limited Partner: BRIDGE Regional Partners, Inc – Board of Directors list is attached.</p> <p>(2) None of these entities have any employees.</p> <p>(3) None of these organizations are owned by any individuals.</p> <p>(4) No subcontractors are listed in the contract.</p> <p>No political committee is sponsored or controlled by the contractor.</p>	
Contractor address: BRIDGE Housing Corporation 600 California Street, Suite 900 San Francisco, CA 94108	
Date that contract was approved:	Amount of contract: \$95,000,000
Describe the nature of the contract that was approved: Tax-exempt financing for 157 units of affordable housing	
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

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 officer)

Date Signed

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

Date Signed