

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:

File #: 220703

1

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)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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	415-557-5644
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
HSA	Human Service 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

24	2468 39th Avenue San Francisco, CA 94116		kunairpateiiz@gmaii.com	
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6 <u>.</u> C	ONTRACT			
	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220703
	CRIPTION OF AMOUNT OF CONTRACT	l		
In	creasing contract for rooms and services to	a cost not 1	to exceed a	amount of \$14,856,866
NAT	URE OF THE CONTRACT (Please describe)			
Fi	fth Amendment to extend the booking period t	o August 31	, 2023 for	Rooms and Services
7. C	OMMENTS			
0_6	ONTRACT ADDROVAL			
	ONTRACT APPROVAL contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
K ]	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

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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 o	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
BOS Clerk of the Board	



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1. FILING INFORMATION	4
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,5
AMENDMENT DESCRIPTION – Explain reason for amendment	
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	Y <sub>X</sub>
	Y <sub>A</sub>

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	415-557-5644
FULL DEPART	MENT 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

	<u> </u>		
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NU		MBER (If applicable)
		220703	
DESCRIPTION OF AMOUNT OF CONTRACT			
Increasing contract for rooms and services to	a cost not to ex	ceed amount	of \$11,385,311
NATURE OF THE CONTRACT (Please describe)			
Third amendment to extend booking period to 8	31/2023		
7. COMMENTS	3/31/2023	C. C	
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 ACENSIVE ON MUNICULAN ADDRESS.	THE CITY ELECTIVE COST	CED(C) IDEA:T:E:==	ON THE FORM SITE
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFI	CEK(S) IDENTIFIED	ON THIS FURM SITS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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 CLERK	DATE SIGNED		
BOS Clerk of the Board			



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Original	C Y			
AMENDMENT DESCRIPTION – Explain reason for amendment				
	$\Delta$			
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	X			

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	415-577-
FULL DEPARTM	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 Fra	ncisco, CA			
6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER	(S) ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220703	
DESCRIPTION OF AMOUNT OF CONTRACT				
\$12,692,112			KUI	
NATURE OF THE CONTRACT (Please describe)			<b>O</b>	
Third Amendment to extend the booking perio	d to December	31, 2022 f	or Rooms and Services.	
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7. COMMENTS				
	in Committee	7/12/2022		
Description of Amount decreased as amended	in Committee -	7/13/2022		
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8. CONTRACT APPROVAL				
This contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM				
THE CITY ELECTRIC OF THE FORM				
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES				
Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTED	OF THE CITY ELECTIV	VE OFFICER(S) II	DENTIFIED ON THIS FORM SITS	

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#	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.				
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I ha	VERIFICATION  Ive used all reasonable diligence in prepari  Ive used the information I have provided he			tatement and to the best of my	
I ce	rtify under penalty of perjury under the l	aws of the State of	f California that the fo	regoing is true and correct.	
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD RK	SECRETARY OR	DATE SIGNED		

BOS Clerk of the Board



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TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v,
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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	4155575644
FULL DEPART	MENT 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
1015 Geary St. San Francisco CA 94109	bkpatel@aol.com

	1015 Geary St. San Francisco CA 94109		bkpaterwaor.com	
6. C	ONTRACT			
DAT	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
				220703
	CRIPTION OF AMOUNT OF CONTRACT			
ΙI	ncreasing contract for rooms and services to	a cost not	to exceed	amount of \$15,005,460
NAT	TURE OF THE CONTRACT (Please describe)			
Τŀ	nird Amendment to extend the booking period t	o August 31	, 2023 for	Rooms and Services.
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7. C	COMMENTS			
8. C	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
Ш				
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
l _	A POARD ON WHICH THE CITT ELECTIVE OFFICER(3) SERVES			
	Board of Supervisors			
	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
	·	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Patel	Bhikhu	Other Principal Officer		
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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 CLERK	DATE SIGNED	
BOS Clerk of the Board		



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A Public Document

1. FILING INFORMATION	7_
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	0
	<b>'0</b> ,

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 Wa	alsh	415 577 5644
FULL DEPARTMENT 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 94109	speruri@oxford-capital.com

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6 <u>. C</u>	ONTRACT		
	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220703
	No.		
DESC	CRIPTION OF AMOUNT OF CONTRACT	<u>I</u>	<u> </u>
In	creasing contract for rooms and services to	a cost not to exceed a	amount of \$12,273,030
NAT	URE OF THE CONTRACT (Please describe)		
	ird Amendment to an Emergency Services contr cember 31, 2022.	ract to extend the book	
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7. C	OMMENTS		
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	ONTRACT APPROVAL contract was approved by:		
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
	<del></del>		
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
	Board of Supervisors		
$ \Box $	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER(S) II	DENTIFIED ON THIS FORM SITS

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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9. AFFILIATES AND SUBCONTRACTORS			
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cont	ract.		T
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include ad Select "Supplemental" for filing type.	ditional names. Please submit a separate	form with complete information.
10.	VERIFICATION		
I ha	ve used all reasonable diligence in prepar wledge the information I have provided h		tatement and to the best of my

# 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 BOS Clerk of the Board



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NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Robert Wa	alsh	415-557-5644
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
HSA	Human Service 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. CONT	TRACT			
	INTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/F	RFP NUMBER	
	<b>△</b>			220703
	700			
DESCRIP	TION OF AMOUNT OF CONTRACT			
For F	Rooms and Services to a cost not to exceed	amount of \$	6,099,515	
NATURE	OF THE CONTRACT (Please describe)			
Amend	dment to extend the booking period to Dece	mber 31, 202	2 for room	ms and services
	Amendment to extend the booking period to become 131, 2022 for rooms and services			
			٧,	
7. COMMENTS				
8. CONT	RACT APPROVAL			
	tract was approved by:			
ТН	E CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
Ш				
	BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
Board of Supervisors				
ТН	E BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) I	DENTIFIED ON THIS FORM SITS
$ \Box $	3		,	

cont	ract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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	ТУРЕ		
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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 CLERK	DATE SIGNED		
BOS Clerk of the Board			



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:

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)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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	415 577-5644	
FULL DEPARTI	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. CO	NTRACT			
	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	
				220703
DESCR	RIPTION OF AMOUNT OF CONTRACT			
con	tract for rooms and services to a cost not	to exceed an	nount of \$	9,453,033
NATU	RE OF THE CONTRACT (Please describe)			
	endment to an Emergency Services contract to 2022.		booking p	
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7. CO	MMENTS			
	NTRACT APPROVAL			
	ontract 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) I	DENTIFIED ON THIS FORM SITS
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Rutledge	John	Other Principal Officer		
2	Broad Street Principal	Investment, LLC	Shareholder		
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#	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 CLERK	DATE SIGNED				
BOS Clerk of the Board					



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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)	
Original	S.	
AMENDMENT DESCRIPTION – Explain reason for amendment	0	
	<b>'0</b> ,	

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
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

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ONTRACT				
CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220703	
RIPTION OF AMOUNT OF CONTRACT				
	to exceed ar	mount of \$3	16,430,164	
JRE OF THE CONTRACT (Please describe)				
Amendment to an Emergency Services contract to extend the booking period through December 31, 2022				
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THE CITE LELCTIVE OF TICEN(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	
	RIPTION OF AMOUNT OF CONTRACT Intract for rooms and services to a cost not REE OF THE CONTRACT (Please describe) Endment to an Emergency Services contract to 1, 2022  DIMMENTS  DIMMENTS  DIMMENTS  DIATRACT 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	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)  RIPTION OF AMOUNT OF CONTRACT  Intract for rooms and services to a cost not to exceed an order of the contract (Please describe)  endment to an Emergency Services contract to extend the 2022  DIMMENTS  DIMMENTS  DIMMENTS  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	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)  ORIGINAL BID/RFP NUMBER  ORIGINAL BID/RFP	

con	tract.	1	T
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Rutledge	John	Other Principal Officer
2	Broad Street Principal	Investment, LLC	Shareholder
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
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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 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 BOS Clerk of the Board



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:

File #: 220703

1

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

<u> </u>	
1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
	40
Original	0,,
AMENDMENT DESCRIPTION – Explain reason for amendment	***
	<b>10</b>
	X.

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	MENT NAME	DEPARTMENT CONTACT EMAIL	
HSA	Human Service Agency	Robert.Walsh@sfgov.org	

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Gajanan Inc (DBA:Buena Vista Motor Inn)	41-923-9600
STREET ADDRESS (including City, State and Zip Code)	EMAIL
1599 Lombard Street, San Francisco, CA 94123	dchin@engagehospitality.com

6, CC	ONTRACT			
	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220703
DESC	RIPTION OF AMOUNT OF CONTRACT	1		
Fo	r Rooms and Services to a cost not to exceed	amount of	\$4,206,036	
NATU	IRE OF THE CONTRACT (Please describe)			
Ame	endment to extend the booking period to Dece			
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	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			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	'E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
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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

# 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 BOS Clerk of the Board



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:

File #: 220703

1

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)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>'</b> O
	Y <sub>X</sub>
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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	MENT NAME	DEPARTMENT CONTACT EMAIL
HSA	Human Service 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

6. CC	ONTRACT			
DATE	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220703	
	100			
DESC	CRIPTION OF AMOUNT OF CONTRACT			
Fo	r Rooms and Services to a cost not to exceed	amount of		
NATI	URE OF THE CONTRACT (Please describe)			
	Amendment to extend the booking period to December 31, 2022 for rooms and services \$5,113,498			
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7. CC	DIMINIENTS			
	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			
	20a. a. o. oape			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE 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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# 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.

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File #: 220703

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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)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	<b>'</b> O
	Y <sub>X</sub>
	$\mathbf{Q}_{\lambda}$

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	415 577-5644
FULL DEPARTM	MENT 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

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6. CC	ONTRACT			
	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220703
DECC	DIRTION OF AMOUNT OF CONTRACT			
	RIPTION OF AMOUNT OF CONTRACT			
	ntract for rooms and services to a cost not	to exceed ar	mount of \$	5,113,498
NATU	JRE OF THE CONTRACT (Please describe)			
Am. 31	Amendment to an Emergency Services contract to extend the booking period through December 31, 2022			
			100	
7. CC	DMMENTS			
	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			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

coni	ract.		
#	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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SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
CLERK	SALE SIGNES		
BOS Clerk of the Board			



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Bid/RFP #:

# **Notification of Contract Approval**

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A Public Document

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	v.
AMENDMENT DESCRIPTION – Explain reason for amendment	0

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	alsh	415-557-5644	
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL	
HSA	Human Service 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

6. C	ONTRACT			
DAT	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 220703
DES	CRIPTION OF AMOUNT OF CONTRACT			
cc	ntract for rooms and services to a cost not	to exceed ar	mount of \$	79,257,440
NAT	URE OF THE CONTRACT (Please describe)			
An	endment to extend the booking period to Dece	mber 31, 202	22 for Rooi	ms and Services
		S.	A CO	
			, Ø ~	
			C,	
			No.	አ
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7. C	OMMENTS			
	ONTRACT APPROVAL			
11115	contract was approved by:  THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	THE CITY ELECTIVE OFFICER(3) IDENTIFIED ON THIS FORIVI			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	Buaiu di Supervisurs			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

cont	contract.						
#	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				
4		Y's					
5		<u>U</u>					
6		Y.O.					
7		39	x				
8			CQ.				
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contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20	20		
21		<b>A</b>	
22			
23		70%	
24		30	
25		S.	
26		9,	
27		9	Č,
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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.

# 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 BOS Clerk of the Board