



San Francisco Ethics Commission

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 | 17:04:29 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

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)
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 DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSA Human Services Agency	robert.walsh@sfgov.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 7/26/2022	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220703
DESCRIPTION OF AMOUNT OF CONTRACT 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:	
<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	Patel	Dipakbhai	Board of Directors
2	Patel	Satishkumar	Board of Directors
3	Gajiwala	Manishh	Board of Directors
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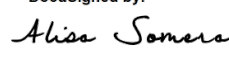
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

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.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>DocuSigned by:  -977FC12A02FF42D... Alisa Somera</p>	<p>DATE SIGNED</p> <p>07-29-2022 17:04:29 PDT</p>
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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 approved by the Board of Supervisors.	

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Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 7/26/2022	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220703
DESCRIPTION OF AMOUNT OF CONTRACT For rooms and services to a cost to not exceed amount of \$5,113,498		
NATURE OF THE CONTRACT (Please describe) Amendment to extend the booking period to December 31, 2022 for rooms and services \$5,113,498		

7. COMMENTS

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	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

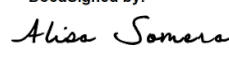
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.		

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.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>DocuSigned by:  -977FC12A02FF42D... Alisa Somera</p>	<p>DATE SIGNED</p> <p>07-29-2022 16:13:50 PDT</p>
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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 1231 Market Street Owner L.P. d/b/a Hotel Whitcomb	TELEPHONE NUMBER 212.308.1000
STREET ADDRESS (including City, State and Zip Code) 375 Park Avenue - Floor 10; New York, NY 10152	EMAIL rfroom@rfr.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 7/26/2022	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220703
DESCRIPTION OF AMOUNT OF CONTRACT Contract for rooms and services to a cost not to exceed amount of \$79,257,440		
NATURE OF THE CONTRACT (Please describe) Amendment to extend the booking period to December 31, 2022 for rooms and services		

7. COMMENTS

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
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	womble	Paul	Other Principal Officer
2	Davison	Benjamin	Other Principal Officer
3	1234 Market St Holdings	Owner	Shareholder
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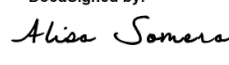
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1. FILING INFORMATION

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Amendment	7/25/2022
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Correction to the date the contract was approved by the Board of Supervisors.	

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OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

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NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
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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 AASHIK INC. dba Monarch Hotel	TELEPHONE NUMBER 415-673-5232
STREET ADDRESS (including City, State and Zip Code) 101 Geary Street, San Francisco, CA 94109	EMAIL bkpatel@aol.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 7/26/2022	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220703
DESCRIPTION OF AMOUNT OF CONTRACT Increasing contract for rooms and services to a cost not to exceed \$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:	
<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
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Patel	Bhikhu	Other Principal Officer
2	Patel	Subhash	Other Principal Officer
3	Patel	Peter	Other Principal Officer
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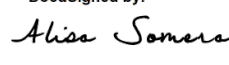
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Robert walsh	415-557-5644
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSA Human Services Agency	robert.walsh@sfgov.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 7/26/2022	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220703
DESCRIPTION OF AMOUNT OF CONTRACT For Rooms and Services to a cost not to exceed amount of \$6,099,515		
NATURE OF THE CONTRACT (Please describe) Amendment to extend the booking period to December 31, 2022 for rooms and services.		

7. COMMENTS

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
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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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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
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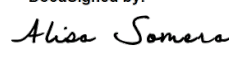
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

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.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>DocuSigned by:  -977FC12A02FF42D... Alisa Somera</p>	<p>DATE SIGNED</p> <p>07-29-2022 16:27:43 PDT</p>
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San Francisco Ethics Commission

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 | 16:29:33 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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 7/26/2022	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220703
DESCRIPTION OF AMOUNT OF CONTRACT For rooms and services to a cost not to exceed amount of \$4,203,036		
NATURE OF THE CONTRACT (Please describe) Amendment to extend the booking period to December 31, 2022 for rooms and services		

7. COMMENTS

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	Patel	Prababen	CEO
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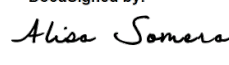
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.		

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Received On: 07-29-2022 | 16:15:47 PDT

File #: 220703

Bid/RFP #:

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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.	

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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	415-771-3000
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSA Human Services Agency	robert.walsh@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR KHP III SF Sutter LLC	TELEPHONE NUMBER 415-510-7102
STREET ADDRESS (including City, State and Zip Code) 101 California Street, Suite 980, San Francisco CA	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 7/26/2022	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220703
DESCRIPTION OF AMOUNT OF CONTRACT \$12,692,112		
NATURE OF THE CONTRACT (Please describe) Third Amendment to extend the booking period to December 31, 2022 for Rooms and Services.		

7. COMMENTS
Description of amount decreased as amended in Committee - 7/13/2022

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	Miles	Judith C.	CEO
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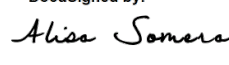
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

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.

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<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>DocuSigned by:  -977FC12A02FF42D... Alisa Somera</p>	<p>DATE SIGNED</p> <p>07-29-2022 16:15:47 PDT</p>
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Received On: 07-29-2022 | 16:22:09 PDT

File #: 220703

Bid/RFP #:

Notification of Contract Approval

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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

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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 Sayana Corporation (DBA: Adante Hotel)	TELEPHONE NUMBER 415-850-5742
STREET ADDRESS (including City, State and Zip Code) 2468 39th Avenue San Francisco, CA 94116	EMAIL kuna1rpate112@gmail.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 7/26/2022	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220703
DESCRIPTION OF AMOUNT OF CONTRACT 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

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
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Patel	Naresh	CEO
2	Patel	Rajendra	CFO
3	Patel	Ashok	COO
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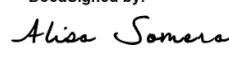
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10. VERIFICATION

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San Francisco Ethics Commission

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Phone: 415.252.3100 . Fax: 415.252.3112

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Received On: 07-29-2022 | 16:31:18 PDT

File #: 220703

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 7/26/2022	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220703
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:	
<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
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Rutledge	John	Other Principal Officer
2	Broad Street Principal	Investment, LLC	Shareholder
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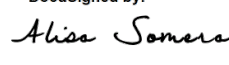
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Board of Supervisors	Members

3. FILER'S CONTACT

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 7/26/2022	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220703
DESCRIPTION OF AMOUNT OF CONTRACT Contract for rooms and services to a cost not to exceed amount of \$9,453,033		
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:	
<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	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.

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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.

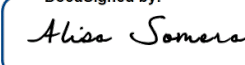
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

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.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>DocuSigned by:  -977FC12A02FF42D... Alisa Somera</p>	<p>DATE SIGNED</p> <p>07-29-2022 16:33:30 PDT</p>
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San Francisco Ethics Commission

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 | 16:25:35 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

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)
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 DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSA Human Services Agency	robert.walsh@sfgov.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 7/26/2022	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220703
DESCRIPTION OF AMOUNT OF CONTRACT Increasing contract for rooms and services to a cost not to exceed amount of \$12,273,030		
NATURE OF THE CONTRACT (Please describe) Third 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:	
<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

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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.

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9. AFFILIATES AND SUBCONTRACTORS

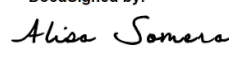
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10. VERIFICATION

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Received On: 07-29-2022 | 16:20:19 PDT

File #: 220703

Bid/RFP #:

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SFEC Form 126(f)4

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

A Public Document

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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 the Board of Supervisors.	

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Board of Supervisors	Members

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 7/26/2022	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220703
DESCRIPTION OF AMOUNT OF CONTRACT Increasing contract for rooms and services to a cost not to exceed amount of #11,385,311		
NATURE OF THE CONTRACT (Please describe) Third amendment to extend booking period to 8/31/2023		

7. COMMENTS

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
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1	Sin	Rita	Board of Directors
2	Sin	Simon	CEO
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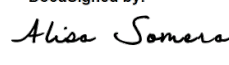
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