

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: 03-29-2024 | 12:52:39 PDT

File #: 240205

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: <u>https://sfethics.org/compliance/city-officers/contract-approval-city-officers</u>

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

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	
Sophie Rubin		(628)652-5854	
FULL DEPARTMENT NAME DEPAR		DEPARTMENT CONTACT EMAIL	
MYR	Mayor's Office of Comm. Dev.	sophie.rubin@sfgov.org	

5. CONTRACTOR		
NAME OF CONTRACTOR TELEPHONE NUMBER		
936 Geary LP	(415)822-1022	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
4439 Third Street, San Francisco, CA 94124	tom@sfhdc.org	

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)	
03/26/2024		240205	
DESCRIPTION OF AMOUNT OF CONTRACT		•	
\$11,600,000			
NATURE OF THE CONTRACT (Please describe)			
PASS and Small Sites Program permanent loan fi units as permanently affordable housing at 936		rvation of 31 studio	

7. COMMENTS

San Francisco Housing Development Corporation and Novin Development Corporation are the General Partners of the LP.

Description of Amount reflects amendments in Committee - 3/20/2024

8. CONTRACT APPROVAL

X

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 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	туре
1	Robinson	Lena	Board of Directors
2	Wong	Daniel	Board of Directors
3	Golvin	Ben	Board of Directors
4	MiGill	Antoinette	Board of Directors
5	Ва	Dicko	Board of Directors
6	Turner	Chuck	Board of Directors
7	Vincent	Dorris	Board of Directors
8	Walker	Eddie	Board of Directors
9	Eskildsen	Jennifer	Board of Directors
10	Sobel	David	CEO
11	Mehta	Nimish	CFO
12	Ramirez	Josie	Board of Directors
13	Harris	Pia	соо
14	Novin	Iman	Other Principal Officer
15	Novin	Abe	Other Principal Officer
16	Voronin	Konstantin	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	ТҮРЕ
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#	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 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:	03-29-2024 12:52:39 PDT