File No. 180531

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

City Elective Officer Information (Please print clearly.)		
	0', 1, 1', 0°, () 1, 11,	
Name of City elective officer(s):	City elective office(s) held:	
Members, Board of Supervisors	Members, Board of Supervisors	
Contractor Information (Please print clearly.)		
455 FELL, LP, a California limited partnership		
financial officer and chief operating officer; (3) any person	ard of directors; (2) the contractor's chief executive officer, chief who has an ownership of 20 percent or more in the contractor; (4) political committee sponsored or controlled by the contractor. Use	
Information regarding Mercy Housing Calwest, managi	ing general partner of 455 Fell LP, a California limited	
President; Jane Graf, Vice President; Barbara Gualco, Vice President; Bruce Saab, Vice President; Steve Spears, Vice F	e President; Stephen Daues, Vice President; Jennifer Dolin, Vice President; Ed Holder, Vice President; Erica Villablanca, Vice President; Joe Rosenblum, Secretary; Amy Bayley, Assistant	
Secretary (2) Doug Shoemaker, President; Vince Dodds, Treasurer (3) N.A. (4) N.A.		
(5) N.A.		
Information regarding, SFHDC 455 Fell LLC, managing partnership: (1) Thor Kaslofsky, Chair; Daniel Wong, Vice Chair; Ben C Walker; Josie Ramirez; Chuck Turner (2) David Sobel, CEO	g general partner of 455 Fell LP, a California limited Golvin, Treasurer; Christine Johnson, Secretary; Eve Combs; Eddie	
(3) N.A.		
(4) N.A.		
(5) N.A		
Contractor address:		
Mercy Housing California, 1360 Mission Street, Suite 30	00 SF, CA 94103	
Date that contract was approved: 6/26/2018	Amount of contract: \$10,077,324	
subsidize the cost of operations of 33 out of 108 units for fo	year 8 month period in a total amount of up to \$10,077,324 to ormerly homeless families.	
Comments:		
This contract was approved by (check applicable):		
☐ the City elective officer(s) identified on this form (Ma	avor Mark Farrall	
If the City elective officer(s) identified on this form (with a board on which the City elective officer(s) serves	ayor mark rancin	
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		
Print Name of Board		
Filer Information (Please print clearly.)		
Name of filer:	Contact telephone number:	
Angela Calvillo, Clerk of the Board	(415) 554-5184	
Address:	E-mail:	
City Hall, Room 244, 1 Dr. Carlton B Goodlett Pl, San Francisco, CA 94102	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	
Signature of Journ Secretary of Clerk (If submitted by Bound Secretary of Clerk)	Date digned	