File No. 180533

FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

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

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

Contractor Information (Please print clearly.)

Name of contractor: The Salvation Army Turk Street, L.P., a California limited partnership

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.

The Grantee for the LOSP Grant Agreement is The Salvation Army Turk Street, L.P., a California limited partnership. The Salvation Army Turk Street, L.P. has no employees and decisions are made by its managing general partner, The Salvation Army Turk Street, Inc.

The Salvation Army is the Managing General Partner

(1) Board of Directors:
DAVE HUDSON

CHAIRMAN OF THE BOARD 615 SLATERS LANE

ALEXANDRIA, VA 22313

KENNETH G. HODDER 180 E OCEAN BLVD LONG BEACH, CA 90802

DOUGLAS RILEY 180 E OCEAN BLVD LONG BEACH, CA 90802

VICTOR R. DOUGHTY 180 E OCEAN BLVD LONG BEACH, CA 90802

STEPHEN C. SMITH 180 E OCEAN BLVD LONG BEACH, CA 90802

LEE LESCANO 180 E OCEAN BLVD LONG BEACH, CA 90802

JOLENE K. HODDER 180 E OCEAN BLVD LONG BEACH, CA 90802

(2) Chief Executive Officer: TOM MELOTT 180 E OCEAN BLVD LONG BEACH, CA 90802

Contractor address: 180 E Ocean Blvd. Long Beach, CA 90802	4
Date that contract was approved: 6/26/2018	Amount of contract: \$5,561,543
Describe the nature of the contract that was approved: Local Operating Subsidy Grant Agreement – 15.5 year agreement sub-	eject to annual appropriations
Comments:	
This contract was approved by (check applicable):	
☐ the City elective officer(s) identified on this form (Mayor Mar	k Farrell)
☑ a board on which the City elective officer(s) serves	
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Print Name of Board	
□ the board of a state agency (Health Authority, Housing Author	•
Board, Parking Authority, Redevelopment Agency Commission Development Authority) on which an appointee of the City elec	* * *
Development Authority) on which an appointee of the City elec	tive 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 200	Board.of.supervisors@sfgov.org
Signature of City Elective Officer (if submitted by City elective office	r) Date Signed
A	Date digned
A Calvedo	6/29/18
Signature of Board Secretary or Clerk (if submitted by Board Secretary	y or Clerk) Date Signed
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