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
	<u> </u>
Contractor Information (Please print clearly.)	
Name of contractor: 1950 Mission Housing Associates, LP	
Traine of contractor. 1950 tributing Hospitales, El	
Please list the names of (1) members of the contractor's board of directors;	
(1) 1950 Mission Housing Associates, LP is a limited partnership with no employees. Its members are 1950 Mission	
Housing Associates, LLC and BRIDGE Regional Partners, Inc.	
a. General Partner: 1950 Mission Housing Associates, LLC is comprised of two entities:	
i. MCB Family Housing, Inc. – Board of Directors list is attached.	
ii. Colosimo Apartments, Inc. – Board of Directors list is attached.	
b. Limited Partner: BRIDGE Regional Partners, Inc – Board of Directors list is attached.	
(2) None of these entities have any employees.	
(3) None of these organizations are owned by any individuals.(4) No subcontractors are listed in the contract.	
(4) No subcontractors are fisted in the contract. (5) No political committee is sponsored or controlled by the contractor.	
Contractor address:	
c/o BRIDGE Housing Corporation 600 California Street, Suite 900 San Francisco, CA 94108	
Date that contract was approved:	Amount of contracts: \$15,000,000
(By the SF Board of Supervisors)	Amount of contracts. \$15,000,000
Describe the nature of the contract that was approved: Resolution authorizing MOHCD to accept and expend an award of \$15	
million under the HCD Affordable Housing and Sustainable Communities Program (AHSC) as a joint applicant with 1950	
Mission Housing Associates, LP, a California limited partnership for 1950 Mission Street for the development of the project	
and related transit improvements.	
Comments:	
This contract was approved by (check applicable):	
□the City elective officer(s) identified on this form	
a board on which the City elective officer(s) serves: 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	
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, C.	
City Hair, Room 244, 1 Dr. Cariton B. Goodicti Fr., San Francisco, Cr	H 94102 Board.or.Supervisors@sigov.org
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Signature of City Elective Officer (if submitted by City elective officer	r) Date Signed
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Signature of Board Secretary or Clerk (if submitted by Board Secretary	y or Clerk) Date Signed