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 (Plane	ease print clearly.)		
Name of contractor:			
Mason Street Housing Associ	ciates, L.P.		
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 borrower entity for the 149 Mason Street project is a limited partnership, Mason Street Housing Associates, LP. The General Partner is Mason Street Housing, LLC whose sole member/manager is Glide Economic Development Corporation, Inc.			
Please see the lists below in response to Items (1) and (2).			
Board of Directors	Mel Carriere Dion Griffin Tom Bechard Sean Jeffries Brad Paul Andrew Woodard		
Executive Director	President, Mel Carriere		
Chief Financial Officer	Financial Manager, Dion Griffin		
Chief Operating Officer	Mel Carriere		
Contractor address: Glide Economic Development Corporation Mason Street Housing Associates, L.P (Grantee) 333 Taylor Street San Francisco, CA 94102			
Date that contract was approved:		Amount of contracts:	
(By the SF Board of Supervisors)		Not to exceed \$18,135,164	
Describe the nature of the contract that was approved:			
Local Operating Subsidy Program (LOSP) 15 ½- year funding renewal for 56-unit permanent supportive housing project located at 149 Mason Street.			
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 Print Name of	
□ the board of a state agency (Health Authority, Housing Authority Commiss Board, Parking Authority, Redevelopment Agency Commission, Relocation Development Authority) on which an appointee of the City elective officer(s	Appeals Board, Treasure Island
Print Name of Board	
Filer Information (Please print clearly.)	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: 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