

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: 12-18-2020 | 13:37:45 PST

File #: 201267

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: https://sfethics.org/compliance/city-officers

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		DEPARTMENT CONTACT TELEPHONE NUMBER	
Sandi Levine		415.361.1555	
FULL DEPART	IMENT NAME	DEPARTMENT CONTACT EMAIL	
ADM	RED	sandi.levine@sfgov.org	

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
LE NAIN SF, LLC	408-592-3180	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
55 Old Tully Rd. San Jose, Ca 95112	dhpanchal001@gmail.com	

6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (<i>If applicable</i>)		
12/15/2020		201267		
DESCRIPTION OF AMOUNT OF CONTRACT				
\$896,923 Annual Base Rent				
NATURE OF THE CONTRACT (Please describe)				
730 Eddy - Exercise of first of two 10 year extended terms with annual CPI increases between 3.5 and 6 %.				

7. COMMENTS

Supportive housing-Dhaval H. Panchal, Managing Member & only office holder (> 10% ownership); Tevin D. Panchal as Trustee for Tevin D. Panchal Irrevocable Trust, only other Member (>10% ownership)

8. C	ONTRACT APPROVAL
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	ТҮРЕ
1	Panchal	Dhaval H.	Other Principal Officer
2	Panchal	Tevin D.	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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9. AFFILIATES AND SUBCONTRACTORS

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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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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

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: 988C8F42C3084B5 Angela Calvillo	12-18-2020 13:37:45 PST