

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:

File #: 210383

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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/contract-approval-city-officers

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	' O
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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 DE	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Cindy Heavens		415-554-5581	
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL	
MYR	Mayor's Office of Housing & Comm. Dev.	cindy.heavens@sfgov.org	

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
4840 Mission Housing Associates LP	415-321-4074
STREET ADDRESS (including City, State and Zip Code)	EMAIL
600 California St., Ste. 900, San Francisco, CA 94108	swhite@bridgehousing.com

6. C	ONTRACT			
DATI	E CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/I	RFP NUMBER	FILE NUMBER (If applicable)
	♦			210383
DESC	CRIPTION OF AMOUNT OF CONTRACT			
\$2	8,751,450			
NAT	URE OF THE CONTRACT (Please describe)			
Construction and permanent loan financing for construction of 4840 Mission, a 100% affordable housing development containing 135-units, 2 onsite staff units, 40 parking spaces, 4,407 square foot commercial space and 9,977 square foot community clinic. 4840 Mission is located at 4840 Mission Street, San Francisco, CA 94112.				
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7. C	DMMENTS			
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8. CO	ONTRACT APPROVAL			
This	contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
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	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 ELECTIV	F OFFICER(S) II	DENTIFIED ON THIS FORM SITS
	THE BOARD OF A STATE AGENCY ON WHICH AN AFFORVIEE OF	CITT LLLCTIV	L OI I ICEN(3) II	

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.

con	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Johnson	Susan	CEO	
2	Novack	Ken	Board of Directors	
3	Moore	Connie	Board of Directors	
4	Freed	Robert	Board of Directors	
5	Hemmenway	Nancy	Board of Directors	
6	Abbey	Doug	Board of Directors	
7	McNamara	Ed	Board of Directors	
8	Quinn	Adrienne	Board of Directors	
9	McAfee	Michael	Board of Directors	
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9. AFFILIATES AND SUBCONTRACTORS

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#	ract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
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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** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 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 CLERK	DATE SIGNED	
BOS Clerk of the Board		