

File No. 170302

Committee Item No. 2  
Board Item No. \_\_\_\_\_

### COMMITTEE/BOARD OF SUPERVISORS AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Sub-Committee      Date April 13, 2017

Board of Supervisors Meeting      Date \_\_\_\_\_

#### Cmte Board

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | Motion                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Budget and Legislative Analyst Report        |
| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | Introduction Form                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/> | MOU  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Subcontract Budget                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Form 126 – Ethics Commission                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Award Letter                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Public Correspondence                        |

#### OTHER (Use back side if additional space is needed)

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Completed by: Linda Wong      Date April 7, 2017  
Completed by: Linda Wong      Date \_\_\_\_\_

1 [Accept and Expend Gift - Molly Fleischner - Laguna Honda Hospital Gift Fund - Assistive  
2 Technology Equipment and Services - \$80,000]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**  
4 **expend a monetary gift in the amount of \$80,000 from Ms. Molly Fleischner to the**  
5 **Laguna Honda Hospital Gift Fund for the purchase of assistive technology equipment**  
6 **and services for residents at Laguna Honda who are otherwise unable to obtain them.**

7  
8 WHEREAS, Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) is part  
9 of the San Francisco Health Network operated by the Department of Public Health and is a  
10 safety net and community hospital, with a mission to provide a welcoming, therapeutic and  
11 healing environment that promotes the individual's health and well-being; and

12 WHEREAS, Ms. Molly Fleischner has made a monetary gift to the Laguna Honda  
13 Hospital Gift Fund in the amount of eighty thousand dollars (\$80,000) to purchase assistive  
14 technology equipment and services for the residents at Laguna Honda who are otherwise  
15 unable to obtain them; and

16 WHEREAS, Ms. Molly Fleischner made a significant monetary gift to the Laguna  
17 Honda Gift Fund in 2016 for the same purpose and named "Molly's Fund;" and

18 WHEREAS, Assistive technology equipment and services enable a Laguna Honda  
19 resident with significant disability to increase their level of independence and quality of life by  
20 being able to control their environment; and

21 WHEREAS, The Laguna Honda Hospital Gift Fund is used to benefit the residents at  
22 Laguna Honda, including providing comfort and support for all Laguna Honda residents; and

1           WHEREAS, On February 7, 2017, the Health Commission voted to recommend that  
2 the Board of Supervisors approve the gift and authorize Laguna Honda to retroactively accept  
3 and expend this gift; now, therefore, be it

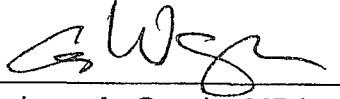
4           RESOLVED, That the Board of Supervisors approves the gift and authorizes the  
5 Department of Public Health to retroactively accept and expend a gift of cash in the value of  
6 up to \$80,000 donated by Ms. Molly Fleischner to the Laguna Honda Hospital Gift Fund for  
7 the purchase of assistive technology equipment and services for the residents at Laguna  
8 Honda who are otherwise unable to obtain them; and, be it

9           FURTHER RESOLVED, That the proceeds from Ms. Molly Fleischner's gift will be  
10 accepted and expended consistent with San Francisco Administrative Code Sections  
11 governing the acceptance of gifts to the City and County of San Francisco, including  
12 Administrative Code, Sections 10.100-305 and 10.100-201; and, be it

13           FURTHER RESOLVED, That the Board of Supervisors extends its gratitude to  
14 Ms. Molly Fleischner for the generous gift to the City and County of San Francisco in support  
15 of Laguna Honda Hospital and Rehabilitation Center.

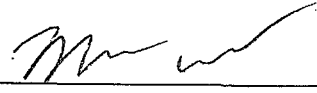
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RECOMMENDED:



Barbara A. Garcia, MPA  
Director of Health

APPROVED:



Office of the Mayor



Office of the Controller

File Number: \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Resolution Information Form**  
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **Molly Fleischner Donation**
2. Department: **Department of Public Health, Laguna Honda Hospital**
3. Contact Person: **ChiaYu Ma** Telephone: **759-3325**
4. Grant Approval Status (check one):  
 Approved by funding agency  Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$80,000**
- 6a. Matching Funds Required: **\$0**  
b. Source(s) of matching funds (if applicable):
- 7a. Grant Source Agency: **Private Citizen, Molly Fleischner**  
b. Grant Pass-Through Agency (if applicable): **N/A**
8. Proposed Grant Project Summary: **As a donation to the Laguna Honda Hospital's resident gift fund, this gift will be used to purchase assistive technology services and equipment for Laguna Honda residents.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: **4/1/17** End-Date: **3/31/27**
- 10a. Amount budgeted for contractual services: **N/A**  
b. Will contractual services be put out to bid? **N/A**  
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N/A**  
d. Is this likely to be a one-time or ongoing request for contracting out? **N/A**
- 11a. Does the budget include indirect costs?  Yes  No  
b1. If yes, how much? **N/A**  
b2. How was the amount calculated? **N/A**  
c1. If no, why are indirect costs not included?  
 Not allowed by granting agency  To maximize use of grant funds on direct services  
 Other (please explain):  
c2. If no indirect costs are included, what would have been the indirect costs? **In operating cost**
12. Any other significant grant requirements or comments: **Donated monies will be used to fund services and equipment directly benefiting Laguna Honda residents, and not be used to fund indirect services, i.e., administrative costs. Equipment provided to the resident may be retained by the resident so long as the resident is using the equipment for its intended purpose. If a Laguna Honda resident misuses the equipment or does not**

sufficiently use the equipment for its intended purpose, or expires, the equipment will be reallocated to another resident. Otherwise, once given, the resident may continue to take possession of and use the equipment, even if the resident is discharged from Laguna Honda, in which case, the equipment becomes the property of the discharged resident.

GRANT CODE (Please include Grant Code and Detail in FAMIS): HLTECH

**\*\*Disability Access Checklist\*\*\*(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Existing Site(s) | <input checked="" type="checkbox"/> Existing Structure(s) | <input checked="" type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s)       | <input type="checkbox"/> Rehabilitated Structure(s)       | <input type="checkbox"/> New Program(s) or Service(s)                 |
| <input type="checkbox"/> New Site(s)                 | <input type="checkbox"/> New Structure(s)                 |   |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

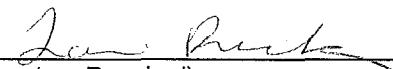
Comments:

**Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:**


Toni Rucker, PhD  
(Name)

Chief Cultural Competency and Workforce Development Officer, DPH ADA Coordinator  
(Title)

Date Reviewed: 2-21-17

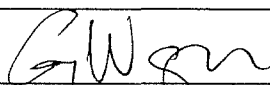
  
(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

 Barbara A. Garcia, MPA  
(Name)

Director of Health  
(Title)

Date Reviewed: 2/23/17

  
(Signature Required)

**Laguna Honda Hospital**

**The Molly Fleischner Donation  
Multi-Year Budget**

**April 1, 2017 – March 31, 2027**

<b>DIRECT COSTS</b>	<b>Each Year</b>	<b>All Years</b>	<b>Totals</b>
<b>Materials &amp; Supplies</b> Assistive technology equipment	8,000	80,000	80,000
<b>Materials &amp; Supplies Sub-Total</b>	<b>\$8,000</b>	<b>\$80,000</b>	<b>\$80,000</b>
<b>TOTAL</b>	<b>\$8,000</b>	<b>\$80,000</b>	<b>\$80,000</b>

**Mojica, Richelle-Lynn (DPH)**

---

**From:** Molly <mollyf24@juno.com>  
**Sent:** Tuesday, February 21, 2017 4:16 PM  
**To:** Mojica, Richelle-Lynn (DPH)  
**Cc:** Mollyf24@juno.com; Frazier, William (DPH)  
**Subject:** Donation to Laguna Honda Hospital

Dear Ms. Mojica,

On December 27, 2016, I sent a donation check in the amount of \$80,000 to Mr. William Frazier at Laguna Honda Hospital, designated to be used in a program for adaptive technology for patients at Laguna Honda Hospital. These funds are to be spent for assistive technology over the ten year period of April 1, 2016 to March 31, 2026.

Services and equipment funded through this donation are to be of direct benefit to Laguna Honda residents. Equipment provided to a resident become the property of the resident and retained by the resident upon discharge from Laguna Honda Hospital. If the resident expires while at Laguna Honda, the equipment will be reallocated to another resident.

It is my hope that these funds will be used in an assistive technology program to help patients at Laguna Honda Hospital to have more control over their environment, as well as more independence in their lives.

Thank you for your help in facilitating this program for the benefit of the patients & moving it forward in a timely manner.

Sincerely,  
Molly Fleischner



12/27/16

Hi Bill,

Enclosed is a check for \$80,000 to be  
put into Molly's Fund for assistive technology.

Hope you had a wonderful Christmas  
and that the New Year will be really  
special for you and your family.

Keep the program moving forward! I hope  
to see lots more progress being made in 2017!

Take care,

Sincerely,  
Molly Fleischer

Just a note

**LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER  
GIFT RECEIPT FORM**

**DONOR CONTACT INFORMATION:**

Name Molly Fleischer  
 Address 3015 Castro Street  
 City, State Zip San Francisco, California 94131  
 Phone 415-608-8701  
 E-mail mollyf24@juno.com

**MOLLY FLEISCHNER**  
 3015 CASTRO ST.  
 SAN FRANCISCO, CA 94131-3025


90-7118 /51  
3211

**431**

**Approximate  
Value\***

Date 12/27/16

Pay to the order of Laguna Honda Hospital + Rehab. Center \$ 80,000 ~~100~~

Eighty thousand dollars only Dollars  

**CITIBANK, N.A. BR #51**  
 4638 MISSION ST  
 SAN FRANCISCO, CA 94112

For MOLLY'S FUND Molly F. Fleischer

**Proposed Use of Gift:**

Resident related expenses to enhance independence through assistive technology

**Donor Signature (if available)**

The donor is sent an acknowledgement letter unless the contact information is not known.

**Date**

\* Donations of in-kind items do not have value placed upon them by hospital employees for purposes of donor tax obligation. Valuation is the responsibility of the donor.

- CASH DONATION
- CHECK # 431 AMOUNT \$ 80,000.00  
*Attach a copy of check(s) above*
- ON-LINE DONATION AMOUNT \_\_\_\_\_

Accounting Use Only:	
FAMIS Date:	_____
Grant Code:	<u>HLTECH</u>
Index Code:	<u>HLH050104</u>
Transaction Code:	<u>718</u>
Sub Object:	<u>78101</u>

*Volunteer Services Use Only:*

- Date: \_\_\_\_\_
- Donated items were left in front of office
  - Donated items were received in person by \_\_\_\_\_ (print name)
  - Acknowledgement letter and copy of Gift Receipt Form sent to donor (if address known)
- In-kind Gift, Fair Market  
Value (Documentation attached): \$ \_\_\_\_\_

Department of Public Health  
Barbara A. Garcia, MPA, Director of Health

San Francisco Health Network  
Roland Pickens, MHA, FACHE, Director



Edwin M. Lee  
Mayor

Laguna Honda Hospital and Rehabilitation Center  
Mivic Hirose, RN, MS, CNS, Executive Administrator

January 17, 2017

Ms. Molly Fleischner  
3015 Castro Street  
San Francisco, CA 94131

Dear Ms. Fleischner,

On behalf of all the residents, staff, and volunteers of Laguna Honda, I want to express my deepest appreciation and thanks for your generous donation to the Laguna Honda Hospital Assistive Technology Gift Fund, also known as Molly's Fund. The check donation dated 12/27/2016, in the amount of \$80,000.00, has been deposited in that fund to pay for equipment and services needed to enhance independence for related residents.

Your contribution will further our efforts to provide staff with the skills, knowledge, and compassion to provide excellent care to our residents. Our goal is to make sure all residents get the individual care they need, and with your personal commitment you help us reach that goal. Through generous gifts such as yours, we are able complement the health care services we have the privilege of providing.

Thank you again for your considerate and generous gift.

Sincerely,

A handwritten signature in cursive script that reads "Mivic Hirose".

Mivic Hirose, RN, MS, CNS  
Executive Administrator

*Thank you so much.  
we are very grateful.*

MH:aa

Health Commission  
City and County of San Francisco  
Resolution No. 17-3

**RESOLUTION AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO RECOMMEND TO THE BOARD OF SUPERVISORS TO ACCEPT AND EXPEND RETROACTIVELY A GIFT OF \$80,000.00 TO THE LAGUNA HONDA GIFT FUND FROM MOLLY FLEISCHNER.**

WHEREAS, Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) is part of the San Francisco Health Network operated by the Department of Public Health and is a safety net and community hospital, with a mission to provide a welcoming, therapeutic, and healing environment that promotes the individual's health and well-being; and

WHEREAS, Molly Fleischner has made a gift to the Laguna Honda Hospital Gift Fund in the amount of eighty thousand dollars (\$80,000.00) for the purchase of assistive technology equipment and services for residents at Laguna Honda who are otherwise unable to obtain them; and

WHEREAS, this is the second major donation from Ms. Fleischner in as many years to the Laguna Honda Gift Fund for this purpose.

WHEREAS, assistive technology equipment and services enables Laguna Honda residents to increase their independence and quality of life by being able to control their environment and interact more freely with others; and

WHEREAS, the Laguna Honda Hospital Gift Fund is used to benefit the residents at Laguna Honda, including providing comfort and support for all hospital residents; therefore be it

RESOLVED, That the Health Commission recommends that the Board of Supervisor accept and expend retroactively a gift of cash in accordance with the intent of Molly Fleischner – a gift in the value of up to eighty thousand dollars (\$80,000.00) donated to the Laguna Honda Hospital Gift Fund for the purchase of assistive technology equipment and services for residents at Laguna Honda who are otherwise unable to obtain them; and be it

FURTHER RESOLVED, That the donation will be accepted and expended consistent with San Francisco Administrative Code Sections governing the acceptance of gifts to the City and County of San Francisco, including San Francisco Administrative Code Sections 10.100-305 and 10.100-201.

FURTHER RESOLVED That the San Francisco Health Commission is deeply grateful to Ms. Fleischner for her generous donation to Laguna Honda in support of its mission within our community.

I hereby certify that the San Francisco Health Commission at its meeting on February 7, 2017, adopted the foregoing resolution



Mark Morewitz, MSW  
Health Commission Executive Secretary

**INSTRUCTIONS FOR SENDING E-MAIL TO THE BOARD OF SUPERVISORS REGARDING PROPOSED LEGISLATION**

As of Sept. 20, 2000, all legislation and attachments to be introduced to the Board of Supervisors are to be sent to the Board as attachment(s) to an e-mail message.

Please use the e-mail format between the double underlines below these messages. You must use it EXACTLY as shown (i.e., complete the fields, copy the entire area between the double underlines, start a new message in cc:Mail, and then paste the copy into the message area).

**NOTE:** all typeface is in Courier 12 pt so that, when copied/pasted, it will translate correctly in cc:Mail area, line up correctly, etc. Do not convert to any other typeface. Do not change tabs or spacing. Do NOT copy the double underlines.

**ADDITIONAL VITAL NOTE:** New Proposed Legislation **MUST** be e-mailed to BOS Legislation no later than **9:00 a.m. Wednesday** in order to be included in the regular Board Agenda at the following week's regular Board meeting or for referral to Committee.

Remember to add the attachment(s) to the cc:Mail before you send it to BOS Legislation.

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CITY & COUNTY OF SAN FRANCISCO

DEPARTMENT NAME: Public Health

**BOARD OF SUPERVISOR LEGISLATION**

To: BOS Legislation

Date: February 21, 2017

RE: New Proposed Resolution from Department of Health

Attached is proposed legislation concerning Laguna Honda Hospital and Rehabilitation Center Gift Fund from Ms. Molly Fleischner. This proposed legislation will be introduced by the Mayor or his designee shortly.

The attachments are listed below.

Attachment

# 1 File Name: Resolution authorizing the Department of Public Health to retroactively accept and expend a monetary gift in the amount of \$100,000 from Ms. Molly Fleischner to the Laguna Honda Hospital Gift Fund for the purchase of assistive technology equipment and services for residents at Laguna Honda who are otherwise unable to obtain them.

Description: Accept and Expend Gift - Molly Fleischner - Laguna Honda Hospital Gift Fund - \$100,000 – Assistive Technology Equipment and Services

List Exhibits/documents not included in electronic form (i.e., confidential letters) but delivered in hard copy instead.

1. Grant Information Form, including disability checklist
2. Budget & Budget Justification
3. Agreement/ Award Letter
4. Grant Application

Contacts:

Name: Richelle-Lynn Mojica

Phone: 255-3555

City and County of San Francisco

Department of Public Health



Edwin M. Lee  
Mayor

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO

Barbara A. Garcia, MPA  
Director of Health

2017 MAR 21 PM 4:15

BY \_\_\_\_\_

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Barbara A. Garcia, MPA  
Director of Health *[Signature]*

DATE: February 21, 2017

SUBJECT: Grant Accept and Expend

GRANT TITLE: Accept and Expend Gift- Molly Fleischner Donation-  
\$80,000

Attached please find the original and 2 copies of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application
- Agreement / Award Letter
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Grants Administration for  
Community Programs, 1380 Howard St.

Certified copy required Yes

No

*[Signature]*

