

File Number: 240703
(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: **Geriatric Emergency Department Planning grant, Pilot Project 2020**

2. Department: **Department of Public Health
Zuckerberg San Francisco General**

3. Contact Person: **Angelica Journagin** Telephone: **(628) 206-2877**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$376,000**

6a. Matching Funds Required: **\$0**

b. Source(s) of matching funds (if applicable): **N.A.**

7a. Grant Source Agency: **San Francisco General Hospital Foundation**

b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary:

The funding was used to support Zuckerberg San Francisco General Hospital in planning for the development of a world class Geriatric Emergency Department, with a focus on geriatrics and dementia, which would eventually help facilitate the implementation of services that are geriatric specific through education and training that developed staff and provider geriatric champions, as well as create an environment with multi-disciplinary workflows focused on improving the health and well-being of the senior patients at ZSFG both while in the Emergency Department and after discharge.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: **January 1, 2020**

End-Date: **June 30, 2025**

10a. Amount budgeted for contractual services: **\$208,912.96**

b. Will contractual services be put out to bid? **No**

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? **One-time**

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? **5% of Direct Costs**

12. Any other significant grant requirements or comments:

The grant does not require an ASO amendment, does not create net new position, and partially reimburses the department for the existing position:

No.	Class	Job Title	FTE	Start Date	End Date
1	2556	Physical Therapist	0.10	01/01/2020	06/30/2025

We respectfully request for approval to accept and expend these funds retroactive to January 1, 2020. The Department received the memorandum on March 1, 2024.

The grantor is a Private entity.

Project Description: Geriatric Emeg Dept Planning

Project ID: 10037663

Proposal ID: CTR00002468

Fund ID: 21132

Authority ID: 10001

Activity ID: 0001

****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 type="checkbox"/> Existing Structure(s) | <input 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)

DPH ADA Coordinator
(Title)

Date Reviewed: 5/31/2024 | 3:09 PM PDT

DocuSigned by:
Toni Rucker
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(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 5/31/2024 | 6:02 PM PDT

DocuSigned by:
Jenny Louie
40CFE23DD8B4484...
(Signature Required)
Jenny Louie, COO for