



SAN FRANCISCO  
GENERAL HOSPITAL  
FOUNDATION

**Memorandum of Understanding re:**

**Support Disbursement of**

**Grant/Gift Donation**

This Memorandum of Understanding (MOU) between San Francisco General Hospital Foundation (Foundation) and the City and County of San Francisco, acting by and through its Department of Public Health, for Zuckerberg San Francisco General Hospital (City), is made and entered into as of November 1, 2023.

**A. PURPOSE AND SCOPE**

The purpose of this MOU is to identify the roles and responsibilities of each party as they relate to the disbursement of funds for expenses incurred in carrying out the purpose of the program: **Transform Mental and Behavioral Health**.

**B. ZSFG PROGRAM**

The funds for Transform Mental and Behavioral Health were received by the Foundation as part of the donations provided by Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA).

**C. MOU TERM**

The term of this MOU Agreement is the period within which the project responsibilities of this agreement shall be performed. The expected timeframe of the activities below commences on September 30, 2023 and ends five years later on September 29, 2028. Any extension of this duration requires a formal modification of this MOU executed and approved in the same manner as the original ("Term").

**D. GRANT PLAN AND NOT-TO-EXCEED GRANT AMOUNT, INCLUDING RESTRICTIONS, IF ANY**

- 1. Grant Plan:** ZSFG is on the front lines of the mental health crisis in San Francisco, providing a strong safety net and compassionate care, while leading the charge for innovations in mental health care.

This grant will help fund EPIC Compass Rose Management support which will provide coordination efforts for the department of public health's Transform Mental and Behavioral Health. Serving as lead project manager for TMBHF Programs EPIC transition with broad assessment of TMBHF Program needs related to EPIC transition. To fill gaps in understanding by translating between the different terminologies used by TMBHF Programs, EPIC software, and the SF department of public health IT team. Program Navigator/ Behavioral Health Support will bridge gaps in linkage to care through communication, data tracking, and medical care plans. Connecting with medical staff to bridge gaps in conversations with patients about care, develop expertise and knowledge based upon specialty areas and cross train with each other to provide shared information both in EPIC and across staff in patients care plans.



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This grant will also be used to supply patients at discharge with hygiene kits to promote support and provide items of need. As well as provide TracFones to patients, to allow patient who are discharged from the hospital to be able access additional services or connect the next stages of clinical care, allowing a way for providers to contact them. ("Grant Plan")

- 2. Not-to-Exceed Grant Amount:** Total grant expenses are not to exceed **\$909,095.00** ("Grant Amount"), and will be disbursed as detailed in the Not-to Exceed Grant Amount and Eligible Expenses table, below.
- 3. Restricted Funds:** This award is based on the application submitted to, and as approved by, SAMHSA for Transform Mental and Behavioral Health project and is subject to the terms and conditions incorporated either directly or by reference in the following: A) The grant program legislation and program regulation cited in this Notice of Award. B) The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award. C) 45 CFR Part 75 as applicable. D) The HHS Grants Policy Statement. E) The award notice, INCLUDING THE TERMS AND CONDITIONS.  
Budget and Project Period Start Date 9/30/2023- End Date 9/29/2024.
- 4. Unrestricted Funds:** Not applicable.



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**Not-to-Exceed Grant Amount and Eligible Expenses**

<i>Eligible Expenses</i>	<i>Total Budget Request</i>
<b><i>Personnel</i></b>	
<b>Program Navigation /Behavioral Health Support:</b>	
Patient Care Coordinator (1.0 FTE)	\$110,000.00
Patient Navigators (2.0 FTE)	\$255,000.00
Social Worker (1.0 FTE)	\$130,000.00
<b><i>Total Personnel</i></b>	<b><i>\$495,000.00</i></b>
<b><i>Non-Personnel</i></b>	
Supplies- TracFones (DX cell phones) Hygiene Kits	\$54,105.00
EPIC Compass Rose Change Management Support, Contract	\$212,000.00
Homeless Prenatal Program Coordination Contract	\$147,990.00
<b><i>Total Non-Personnel</i></b>	<b><i>\$414,095.00</i></b>
<b><i>Not-to-Exceed Grant Amount</i></b>	<b><i>\$909,095.00</i></b>



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ZSFG shall comply with the Foundation Disbursement Request Policies and Procedures (Exhibit A), namely, provide adequate payroll records documenting the personnel expenses and final purchased invoices/receipts. Any exceptions to the disbursement request procedures, including requests for advance payments, must be requested in advance and agreed upon in writing by the Foundation.

**E. MODIFICATION AND TERMINATION IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT** this MOU may be

terminated with or without cause by either party upon 30 days prior written notice to the other party. Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment invoicing instructions/requirements.

Any and all amendments to this MOU must be made in writing and must be executed and approved in the same manner as the original before becoming effective.

Either party may terminate this MOU immediately on written notice if the other party has committed a material breach of this MOU and has not cured the breach within thirty (30) days after receiving written notice of the breach by the non-breaching party, or the parties cannot reach an agreement to amend this MOU.

If the Program covered under this agreement does not have sufficient funds for the program, this Agreement shall be of no further force and effect. In that event, the Foundation will have no liability to pay any funds whatsoever to ZSFG and ZSFG shall not be obligated to perform any element of the Grant Plan for which it is not reimbursed.

**F. CONTACT INFORMATION**

All notices hereunder shall be in writing, personally delivered, sent by certified mail, return receipt requested, addressed to the other party as follows:

Gerry Chow  
Chief Financial Officer  
San Francisco General Hospital Foundation  
2789 25th Street, Suite 2028  
San Francisco, CA 94110

**[SIGNATURES ON FOLLOWING PAGE]**



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**RECOMMENDED:**

San Francisco Department of Public Health

By: \_\_\_\_\_  
Susan Ehrlich, CEO  
Zuckerberg San Francisco General Hospital

**AGREED:**

San Francisco General Hospital Foundation

San Francisco Department of Public Health

By: \_\_\_\_\_  
Kim Meredith  
Chief Executive Officer

By: \_\_\_\_\_  
Grant Colfax, MD  
Director of Health

**APPROVED AS TO FORM:**

David Chiu  
City Attorney

By: \_\_\_\_\_  
Louise Simpson  
Deputy City Attorney



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**EXHIBIT A Disbursement Request**

**Policy and Procedure**

For each disbursement requested, a disbursement request form must be completed and authorized by the individual named on the Establishment of Restricted Funds document. Valid documents, such as vendor invoices, receipts, \* payroll reports etc., verifying the expense, must be submitted along with the disbursement request form.

The cost categories allowed for use in identifying expenses are as follows:

	Acct #		Acct #
Salaries & benefits**	7500	Installation/Maintenance	7531
Consultants	7510	Permits/Fees/Inspection	7532
Graphic Design	7511	Bank Service Charges	7533
Translation Services	7512	Meals/Refreshment	7540
Supplies	7520	Rent	7550
Incentives	7521	Transportation & Lodging	7560
Stipend	7522	Conference & Training Fee	7570
Printing	7523	Training	7571
Software	7524	Patient Assistance	7580
Equipment/Remodeling	7530		

**\*Reimbursements:** the receipt must show the following information: name of the person who paid it, item purchased, amount and date of purchase. Estimates are not accepted.

**\*\*Salaries and benefits:** the report provided as part of the disbursement request must clearly list the name of the individual, the period or periods covered. The compensation and benefit amounts must be also listed separately.

*The Foundation recommends submitting authorized disbursement requests within 30 days of date of expenditure. All expenses must be submitted on or before July 15th in order to close the June 30 fiscal year.*

**Expenses that do not fall within the open fiscal year will not be reimbursed.**

The disbursement form can be submitted several ways:

1. Email to [accounting@sfgfh.org](mailto:accounting@sfgfh.org)
2. Interoffice mail
3. Dropped off at Foundation office location
4. Mailed to PO Box 410836, SF CA 94141.

Once the completed form is received, the disbursement check will be issued within 5 to 10 business days.