

File No. 220042

Committee Item No. 4

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date February 16, 2022

Board of Supervisors Meeting Date _____

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

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Completed by: Brent Jalipa Date February 11, 2022

Completed by: Brent Jalipa Date _____

1 [Accept and Expend Grant - Retroactive - Gerson Bakar Foundation - San Francisco General
2 Hospital Foundation - Clinic-to-Clinic Access and Patient Technology Support - \$1,000,000]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**
4 **expend a grant in the amount of \$1,000,000 from the Gerson Bakar Foundation through**
5 **the San Francisco General Hospital Foundation for participation in a program, entitled**
6 **“Maximizing the Reach of Zuckerberg San Francisco General Hospital Telehealth:**
7 **Expanding Clinic-to-Clinic Access and Patient Technology Support for San Francisco**
8 **Department of Public Health Epic Video Visit Integration, ” for the period of October 1,**
9 **2021, through April 30, 2023.**

10
11 WHEREAS, The Gerson Bakar Foundation (GBF), through the San Francisco General
12 Hospital Foundation (SFGHF) as a pass-through entity, has agreed to fund the Department of
13 Public Health (DPH) in the amount of \$1,000,000 for participation in a program, entitled
14 “Maximizing the Reach of Zuckerberg San Francisco General Hospital (ZSFG) Telehealth:
15 Expanding Clinic-to-Clinic Access and Patient Technology Support for San Francisco
16 Department of Public Health Epic Video Visit Integration,” for the period of October 1, 2021,
17 through April 30, 2023; and

18 WHEREAS, This grant is to support ZSFG in providing Clinic-to-Clinic access and
19 Patient Technology support for DPH Epic video visit integration; and

20 WHEREAS, Telehealth allows low-income patients with limited English proficiency and
21 health literacy to be able to remotely access healthcare; and

22 WHEREAS, This proposal will extend the reach of telehealth by improving access and
23 patient experience in being able to access ZSFG clinical services throughout the city, and also
24 extending patient support desk service after our integrated telehealth implementation; and

25 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and

1 WHEREAS, A request for retroactive approval is being sought because DPH received
2 the memorandum of understanding on October 22, 2021, for a project start date of October 1,
3 2021; and

4 WHEREAS, The Department proposes to maximize use of available grant funds on
5 program expenditures by not including indirect costs in the grant budget; now, therefore, be it

6 RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in
7 the grant budget; and, be it

8 FURTHER RESOLVED, That DPH is hereby authorized to accept and expend a grant
9 in the amount of \$1,000,000 from the GBF through SFGHF; and, be it

10 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
11 expend the grant funds pursuant to Administrative Code, Section 10.170-1; and, be it

12 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
13 Agreement on behalf of the City; and, be it

14 FURTHER RESOLVED, That within thirty (30) days of the Grant Agreement being fully
15 executed by all parties, the Director of Health shall provide a copy to the Clerk of the Board of
16 Supervisors for inclusion in the official file.

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1 Recommended:

Approved: _____ /s/

2

Mayor

3 _____ /s/

4 Dr. Grant Colfax

Approved: _____ /s/

5 Director of Health

Controller

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File Number: 220042
(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: **Maximizing the Reach of ZSFG Telehealth: Expanding Clinic-to-Clinic Access and Patient Technology Support for SFDPH Epic Video Visit Integration**

2. Department: **Department of Public Health
Department of Information Technology**

3. Contact Person: **Jeff Scarafia** Telephone: **628-206-1236**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$ 1,000,000**

6a. Matching Funds Required: **\$ N/A**

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

7a. Grant Source Agency: **The Gerson Bakar Foundation**

b. Grant Pass-Through Agency (if applicable): **San Francisco General Hospital Foundation (SFGHF)**

8. Proposed Grant Project Summary: Given the recent pandemic and the obvious need for digital access and skills in order to complete many basic life functions during this time of shelter-in-place, patients' needs to be able to remotely access healthcare via telehealth are paramount. Patients who are low-income, from racial/ethnic minority backgrounds, and those with limited English proficiency and health literacy face greater barriers to using health technologies. This proposal will extend the **reach** of telehealth in the following ways:

- **Improving access and patient experience in accessing ZSFG clinical services via telehealth throughout the city:** For services like dermatology, ophthalmology, and pulmonary function testing, telehealth technologies have allowed ZSFG specialty care to serve patients through primary care across the San Francisco Health Network. With the implementation of Epic video visit integration, we can extend other ZSFG specialty care, diagnostic, and behavioral health services throughout the city through affiliated ambulatory care sites. These will also assist the SF Health Network primary care sites (ZSFG referral base) to connect more effectively with their primary care populations.
 - **Request:** With additional devices and optimization of the WiFi infrastructure, we could optimize telehealth consultation rooms in existing ambulatory care clinics throughout the city to allow them to render clinic-to-clinic consultation, with the patients visiting with specialty care services from their primary care sites (in addition to their homes). The requested budget would support telehealth equipment and telehealth infrastructure upgrades to allow this expanded access.
- **Extending patient support desk:** Remote phone or online support to SFDPH's Epic MyChart patient portal is growing with both increasing telehealth and with the onboarding city-wide of populations for COVID testing and vaccination (see graph below). This growth was not anticipated in the original electronic health record budget for a contracted external vendor to provide these services, and we project that we will run out of budget for this service in September 2021. This would mean no patient

support help desk outside of clinic staff after our integrated telehealth implementation, which would compromise both clinic staff and patient experience, as well as digital equity in telehealth access.

- o **Request:** The requested budget would support the remaining months on the external vendor contract, with a planned transition to internal DPH staffing after this is complete.

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

Start-Date: **10/01/21**

End-Date: **4/30/23**

10a. Amount budgeted for contractual services: **\$564,642**

b. Will contractual services be put out to bid? **No. For the patient support desk, SFDPH already has an active contract with Stoltenberg Consulting Inc. (original RFP # CAT-2-P1-39-2018). This additional grant money allows us to increase the amount under that contract.**

c. If so, will contract services help to further the goals of the Department’s Local Business Enterprise (LBE) requirements?

d. Is this likely to be a one-time or ongoing request for contracting out?

11a. Does the budget include indirect costs? Yes No

b1. If yes, how much?

b2. How was the amount calculated?

c1. If no, why are indirect costs not included? **N/A**

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:

We respectfully request for approval to accept and expend these funds retroactive to October 1, 2021. The Department received the award on October 22, 2021

Grant Contract #	CTR00002740
Project Description	Improvement of Telehealth at ZSFG.
Project Code	10038265
Activity Code	0001
Fund	21132
Authority	10001
Dept.	251667

****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 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)

DPH ADA Coordinator
(Title)

Date Reviewed: 11/24/2021 | 11:37 AM PST

DocuSigned by:
Toni Rucker
Ab2292F7331F44D
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 12/1/2021 | 10:29 AM PST

DocuSigned by:
Greg Wagner
26347524753009F
(Signature Required)

Greg wagner, COO for

Budget for Telehealth Proposal

Hardware and Infrastructure Equipment

<u>Telehealth Equipment</u>	\$100,000
e.g., Dual monitors, HD webcams, microphones, tablets, mounts	
<hr/>	
<u>Telehealth Infrastructure Upgrades</u>	
e.g. WiFi upgrades, patient telehealth consultation room set-up	\$335,358
Total Estimate for Hardware and Infrastructure	\$435,358

Patient Support Program

<u>Subcontract</u>	
External vendor: \$29,718 per month (\$16.51 per call * 1800 calls, 10/1/21 - 4/30/22 under original contract)	\$208,026
External vendor: \$29,718 per month (\$16.51 per call X 1800 calls, 5/1/22 - 4/30/23 under contract extension)	\$356,616
<hr/>	
Total Estimate for Patient Support Program	\$564,642

<u>Total Requested Grant Amount</u>	\$1,000,000
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Telehealth
Recipient: ZSFG
Fiscal Year 2021 - 2022

Category	FY 22	FY 23	Amount
Telehealth Equipment	\$ 50,000.00	\$ 50,000.00	\$ 100,000
Telehealth Infrastructure Upgrades	\$ 235,358.00	\$ 100,000.00	\$ 335,358
Patient Support Program (Subcontract)	\$ 208,026.00	\$ 356,616.00	\$ 564,642
Total			\$ 1,000,000

Budget for Telehealth Proposal

Hardware and Infrastructure Equipment

<u>Telehealth Equipment</u>	\$100,000
e.g., Dual monitors, HD webcams, microphones, tablets, mounts	
<u>Telehealth Infrastructure Upgrades</u>	
e.g. WiFi upgrades, patient telehealth consultation room set-up	\$335,358
Total Estimate for Hardware and Infrastructure	\$435,358

Patient Support Program

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Total Estimate for Patient Support Program	\$564,642

Total Requested Grant Amount \$1,000,000



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

Zuckerberg San Francisco General Hospital & Trauma Center Memorandum of Understanding

This Memorandum of Understanding (MOU) between San Francisco General Hospital Foundation herein after called "Foundation" and Zuckerberg San Francisco General Hospital 10/01/2021 to 4/30/2023:

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:

Telehealth services

The funds for which were received by the Foundation from The Gerson Bakar Foundation.

MOU TERMS

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 **improvement of telehealth at Zuckerberg San Francisco General Hospital & Trauma Center** begins and ends.

PROGRAM RESPONSIBILITIES UNDER THIS MOU

This grant is to support Zuckerberg San Francisco General Hospital in providing expanding Clinic-to-Clinic Access and Patient Technology Support for SFDPH Epic Video Visit Integration.

Hardware and Infrastructure Equipment

Telehealth Equipment

\$100,000

e.g., Dual monitors, HD webcams, microphones, tablets, mounts

Telehealth Infrastructure Upgrades

e.g. WiFi upgrades, patient telehealth consultation room set-up

\$335,358



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

Total Estimate for Hardware and Infrastructure	\$435,358
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Patient Support Program	
<u>Subcontract</u>	
External vendor: \$29,718 per month (\$16.51 per call * 1800 calls, 10/1/21 - 4/30/22 under original contract)	\$208,026
External vendor: \$29,718 per month (\$16.51 per call X 1800 calls, 5/1/22 - 4/30/23 under contract extension)	\$356,616
Total Estimate for Patient Support Program	\$564,642

SFGHF Indirect	
5%	\$50,000

<u>Total Requested Grant Amount</u>	\$1,000,000
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Expenses allowed are up to the maximum spend not to exceed the amounts in \$1,000,000.

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.

MODIFICATION AND TERMINATION

IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

This agreement 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.



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

Any and all amendments must be made in writing and must be agreed to and executed by the parties before becoming effective.

Either party may terminate this agreement 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 budget covered under this agreement does not have sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the Foundation shall have no liability to pay any funds whatsoever to ZSFG and ZSFG shall not be obligated to perform any provisions for which they are not reimbursed.

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

SIGNATURE

Kim Meredith

Date: 10.18.2021

Kim Meredith
Chief Executive Officer
San Francisco General Hospital Foundation
2789 25th Street, Suite 2028
San Francisco, CA 94110



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

DocuSigned by:

Susan Ehrlich

4FFA51F30ABA481...

Date: 10/22/2021 | 9:02 AM PDT

ZSFG Authorized Signer

Susan Ehrlich
Chief Executive Officer
Zuckerberg San Francisco General Hospital



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

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:

Salaries & benefits**Acc#	7500	Equipment/Remodeling	7530
Consultants	7510	Permits/Fees/Inspection	7532
Graphic Design	7511	Meals/Refreshment	7540
Translation Services	7512	Transportation & Lodging	7560
Supplies	7520	Conference & Training Fee	7570
Incentives	7521	Patient Assistance	7580
Stipend	7522	Other (please specify):	7590
Printing	7523		
Software	7524		

*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@sfgfhf.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.



London N. Breed
Mayor

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Dr. Grant Colfax
Director of Health

DATE: 10/28/2021

SUBJECT: Grant Accept and Expend

GRANT TITLE: Accept and Expend Grant: Maximizing the Reach of ZSFG
Telehealth: Expanding Clinic-to-Clinic Access and Patient
Technology Support for SFDPH Epic Video Visit Integration -
\$1,000,000

Attached please find the original and 1 copy of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted.
- Agreement / Award Letter
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes

No



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 #: 220042

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	
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 TELEPHONE NUMBER
Jeff Scarafia	628-206-1236
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	jeff.scarafia@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Stoltenberg Consulting Inc.	TELEPHONE NUMBER (412) 854-5688
STREET ADDRESS (including City, State and Zip Code) 5815 Library Road, Bethel Park, PA 15102	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220042
DESCRIPTION OF AMOUNT OF CONTRACT \$564,642		
NATURE OF THE CONTRACT (Please describe) Stoltenberg Consulting provides patient-facing Service Desk functions for our SFDPH MyChart Patient Portal. Services including answering calls, troubleshooting patient login issues, answering patient questions, and documenting patient concerns/issues for resolution and follow up.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	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	TYPE
1	Stoltenberg	Sheri	CEO
2	Delta Computer Solutions		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	TYPE
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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
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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.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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From: [Conine-Nakano, Susanna \(MYR\)](#)
To: [BOS Legislation, \(BOS\)](#)
Cc: [Paulino, Tom \(MYR\)](#); [Wong, Greg \(DPH\)](#); [Owens, Morgan \(MYR\)](#)
Subject: Mayor -- Resolution -- Gerson Bakar Foundation
Date: Tuesday, January 11, 2022 3:44:17 PM
Attachments: [Mayor -- Resolution -- Gerson Bakar Foundation.zip](#)

Hello Clerks,

Attached for introduction to the Board of Supervisors is a resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of \$1,000,000 from the Gerson Bakar Foundation through the San Francisco General Hospital Foundation for participation in a program, entitled “Maximizing the Reach of Zuckerberg San Francisco General Hospital Telehealth: Expanding Clinic-to-Clinic Access and Patient Technology Support for San Francisco Department of Public Health Epic Video Visit Integration, ” for the period of October 1, 2021 through April 30, 2023.

Please let me know if you have any questions.

Sincerely,
Susanna

Susanna Conine-Nakano
Office of Mayor London N. Breed
City & County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 200
San Francisco, CA 94102
415-554-6147