

File No. 160329

Committee Item No. 12
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Sub Committee Date April 27, 2016

Board of Supervisors Meeting Date _____

Cmte Board

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|-------------------------------------|--------------------------|----------------------------------------------|
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

- | | | |
|-------------------------------------|--------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Health Commission Resolutions</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
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Completed by: Linda Wong Date April 22, 2016
Completed by: Linda Wong Date _____

1 [Accept and Expend Gift - Molly Fleischner - Laguna Honda Hospital Gift Fund - \$100,000]

2
3 **Resolution authorizing the Department of Public Health, Laguna Honda Hospital and**
4 **Rehabilitation Center, to accept and expend a gift of \$100,000 from Ms. Molly**
5 **Fleischner to the Laguna Honda Hospital and Rehabilitation Center Gift Fund.**

6
7 WHEREAS, Laguna Honda Hospital and Rehabilitation Center (Laguna Honda
8 Hospital) is part of the San Francisco Health Network operated by the Department of Public
9 Health and is a safety net and community hospital, with a mission to provide a welcoming,
10 therapeutic and healing environment that promotes the individual's health and well-being; and

11 WHEREAS, Ms. Molly Fleischner has made a monetary gift to the Laguna Honda
12 Hospital Gift Fund in the amount of \$100,000 to purchase assistive technology equipment and
13 services for the residents at Laguna Honda Hospital who are otherwise unable to obtain them;
14 and

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

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

21 WHEREAS, On January 19, 2016, the Health Commission voted to recommend that
22 the Board of Supervisors approve the gift and authorize Laguna Honda Hospital to accept and
23 expend this gift; now, therefore, be it

24 RESOLVED, That the Board of Supervisors approves the gift and authorizes the
25 Department of Public Health to accept and expend a gift of cash in the value of \$100,000

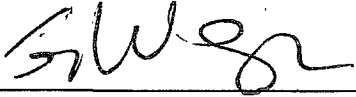
1 donated by Ms. Molly Fleischner to the Laguna Honda Hospital Gift Fund for the purchase of
2 assistive technology equipment and services for the residents at Laguna Honda who are
3 otherwise unable to obtain them; and, be it

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

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

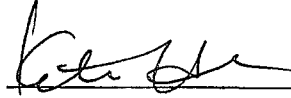
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RECOMMENDED:

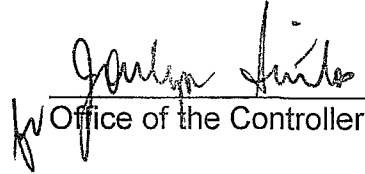


Barbara A. Garcia, MPA
Director of Health

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: **\$100,000**
- 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: **April 1, 2016** End-Date: **March 31, 2026**
- 10a. Amount budgeted for contractual services: **N/A**
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? **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: **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.**

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:

Ron Weigelt
(Name)

Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs
(Title)

Date Reviewed: 2-18-16

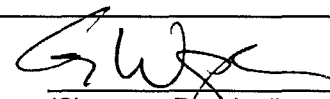

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 2/22/16


(Signature Required)

Laguna Honda Hospital

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

April 1, 2016 – March 31, 2026

DIRECT COSTS	Each Year	All Years	Totals
Materials & Supplies Assistive technology equipment	8,500	85,000	85,000
Materials & Supplies Sub-Total	\$8,500	\$85,000	\$85,000
Other Current Expenses Assistive technology resident evaluation and consultation	1,500	15,000	15,000
Other Current Expenses Sub-Total	\$1,500	\$15,000	\$15,000
TOTAL	\$10,000	\$100,000	\$100,000

**Health Commission
City and County of San Francisco
Resolution No. 16-1**

RESOLUTION AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO RECOMMEND TO THE BOARD OF SUPERVISORS TO ACCEPT AND EXPEND RETROACTIVELY A GIFT OF \$100,000.00 TO THE LAGUNA HONDA HOSPITAL GIFT FUND FROM MS. 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, Ms. Molly Fleischner has made a gift to the Laguna Honda Hospital Gift Fund in the amount of one hundred thousand dollars (\$100,000.00) for the purchase of assistive technology equipment and services for residents at Laguna Honda who are otherwise unable to obtain them; and


WHEREAS, assistive technology equipment and services enables a Laguna Honda resident to increase their independence and quality of life by being able to control their environment through assistive technology; 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 Supervisors accept and expend retroactively a gift of cash in accordance with the intent of Ms. Molly Fleischner – a gift in the value of up to one hundred thousand dollars (\$100,000.00) 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.

I hereby certify that the San Francisco Health Commission at its meeting on January 19, 2016, adopted the foregoing resolution



Mark Morewitz, MSW
Health Commission Executive Secretary

Mojica, Richelle-Lynn (DPH)

From: Molly <mollyf24@juno.com>
Sent: Tuesday, February 23, 2016 4:20 PM
To: Mojica, Richelle-Lynn (DPH)
Cc: Frazier, William (DPH); Mollyf24@juno.com
Subject: Grant Program

Dear Ms. Mojica,

On December 26, 2015, I sent a donation check in the amount of \$100,000 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

Print Form

Introduction Form

By a Member of the Board of Supervisors or the Mayor

Time stamp
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee. (An Ordinance, Resolution, Motion, or Charter Amendment)
- 2. Request for next printed agenda Without Reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning "Supervisor [] inquires"
- 5. City Attorney request.
- 6. Call File No. [] from Committee.
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File No. []
- 9. Reactivate File No. []
- 10. Question(s) submitted for Mayoral Appearance before the BOS on []

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission Youth Commission Ethics Commission
- Planning Commission Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a Imperative Form.

Sponsor(s):

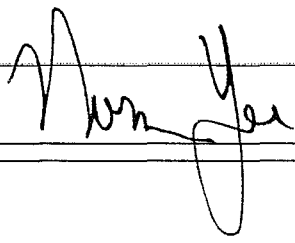
Yee

Subject:

Accept and Expend Gift- \$100,000 to Laguna Honda Hospital and Rehabilitation Center from Gift Fund from the Estate of Molly Fleischer

The text is listed below or attached:

[]

Signature of Sponsoring Supervisor: 

For Clerk's Use Only:



Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Barbara A. Garcia, MPA
Director of Health *BAG*

DATE: February 18, 2016

SUBJECT: Grant Accept and Expend

GRANT TITLE: Accept and Expend Gift- Molly Fleischner Donation-
\$100,000

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

