



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 March 1, 2024.

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: Geriatric Emergency Department Planning grant, Pilot Project 2020.

B. ZSFG PROGRAM

The funds for Geriatric Emergency Department Planning grant, Pilot Project 2020, were received by the Foundation as part of the Planning Grant from Hirsch Philanthropy provided by Ray and Dagmar Dolby Family Fund.

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 January 1, 2020 and ends on June 30, 2025. 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:** The program MOU has been revised to allow for a retroactive start date of January 1, 2020 to coincide with the grant agreement. This will allow for retroactive reimbursement of eligible expenses incurred during this time period. Attached is the original program MOU.

The grant plan for the remaining funds will be used to fund a physical therapist through June 30, 2025. ("Grant Plan")

- 2. Not-to-Exceed Grant Amount:** Total grant expenses are not to exceed **\$376,000.00**. ("Grant Amount"), and will be disbursed as detailed in the Not-to Exceed Grant Amount and Eligible Expenses table, below.



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- 3. Restricted Funds:** The original MOU was submitted for approval in 2021, with a start date of March 1, 2021 through March 1, 2022. The grant agreement is effective as of January 1, 2020 through September 30, 2020. Due to many challenges related to the pandemic and program staffing the grant has been extended multiple times. The donor has agreed to a final extension through June 30, 2025. The remaining approved grant balance is \$291,243.40.
- 4. Unrestricted Funds:** Not applicable.

Not-to-Exceed Grant Amount and Eligible Expenses

<i>Eligible Expenses</i>	<i>Total Budget Request</i>
Personnel	
Physical Therapist (DPH)	\$167,087.04
Total Personnel	\$167,087.04
Non-Personnel (UCSF)	
Medical Director	(Retro) \$78,487.35
Additional Physician support	(Retro) \$30,350.31
Clinical Research Coordinator	(Retro) \$15,318.70
UC Medical Services	(Reimbursed) \$84,756.60
Total Non-Personnel	\$208,912.96
Not-to-Exceed Remaining Grant Amount	\$376,000.00



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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
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.