

File Number: _____
(Provided by Clerk of Board of Supervisors)

Gift Resolution Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend gift funds.

The following describes the gift referred to in the accompanying resolution:

1. Gift Title: **2025 Unrestricted Gift**

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

3. Contact Person: **Natasha Lalani** Telephone: **628-206-1142**

4. Gift Approval Status (check one):

☒ Approved by funding agency

☐ Not yet approved

5. Amount of Gift Funding Approved or Applied for: **\$37,500**

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

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

7a. Gift Source Agency: **Epic Systems Corporation**

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

8. Proposed Gift Project Summary: **Epic Systems provides gifts to entities that serve the underserved as we do in the Safety Net. We will be receiving the gift honoring our support, and our role as a safety net provider.**

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

Start-Date: **07/01/2025**

End-Date: **06/30/2026**

10a. Amount budgeted for contractual services: **\$0**

b. Will contractual services be put out to bid? **N/A**

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 Gifting agency

☒ To maximize use of gift 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 gift requirements or comments:

The gift does not require an ASO amendment and does not create net new positions.

We respectfully request for approval to accept and expend these funds retroactive to July 1, 2025. The Department received the award on December 9, 2025.

Fund ID:	14820
Dept ID:	162643
Authority ID:	10001
Project ID:	10042236
Project Description:	EPIC Unrestricted Gift
Activity ID:	0001

****Disability Access Checklist** (Department must forward a copy of all completed Gift Information Forms to the Mayor's Office of Disability)**

13. This Gift is intended for activities at (check all that apply):

- | | | |
|--|---|--|
| ☒ Existing Site(s) | ☐ Existing Structure(s) | ☐ Existing Program(s) or Service(s) |
| ☐ Rehabilitated Site(s) | ☐ Rehabilitated Structure(s) | ☐ New Program(s) or Service(s) |
| ☐ New Site(s) | ☐ 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:

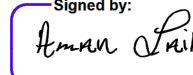
Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 5/14/2026 | 2:22 PM PDT

Signed by:

9A066BBF6D5243C...
(Signature Required)

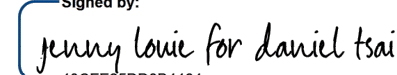
Aman Lail, CAO, Ambulatory Services Division for Toni Rucker, PhD

Department Head or Designee Approval of Gift Information Form:

Daniel Tsai
(Name)

Director of Health
(Title)

Date Reviewed: 5/27/2026 | 2:34 PM PDT

Signed by:

40CFE25DD8B4404...
(Signature Required)