

File No. 240268

Committee Item No. 2

Board Item No. 19

# COMMITTEE/BOARD OF SUPERVISORS

## AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee

Date April 3, 2024

Board of Supervisors Meeting

Date April 16, 2024

### 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)

- Donor Disclosure Form
- DPH Presentation 4/3/2024
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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- \_\_\_\_\_
- \_\_\_\_\_

Completed by: Brent Jalipa

Date March 28, 2024

Completed by: Brent Jalipa

Date April 4, 2024

1 [Accept and Expend Grant - Retroactive - San Francisco General Hospital Foundation -  
2 Transform Mental and Behavioral Health - \$909,095]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**  
4 **expend a grant in the amount of \$909,095 from the San Francisco General Hospital**  
5 **Foundation for participation in a program, entitled “Transform Mental and Behavioral**  
6 **Health,” for the period of September 30, 2023, through September 29, 2028.**

7

8 WHEREAS, The San Francisco General Hospital Foundation (SFGHF) has agreed to  
9 fund the Department of Public Health (DPH) in the amount of \$909,095 for participation in a  
10 program, entitled “Transform Mental and Behavioral Health,” for the period of September 30,  
11 2023, through September 29, 2028; and

12 WHEREAS, This grant will help fund EPIC Compass Rose Management support which  
13 will provide coordination efforts for the DPH's Transform Mental and Behavioral Health; and

14 WHEREAS, Program Navigator/ Behavioral Health Support will bridge gaps in linkage  
15 to care through communication, data tracking, and medical care plans; and

16 WHEREAS, This grant will also be used to supply patients at discharge with hygiene  
17 kits to promote support and provide items of need, as well as provide TracFones to patients,  
18 so when they are discharged from the hospital, they are able to access additional services or  
19 connect to the next stage of clinical care, allowing a way for providers to contact them; and

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

21 WHEREAS, A request for retroactive approval is being sought because DPH received  
22 the memorandum on December 5, 2023, for a project start date of September 30, 2023; and

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

25

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

3           FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and  
4 expend a grant in the amount of \$909,095 from the SFGHF; and, be it

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

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

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

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1 Recommended:

Approved: /s/\_\_\_\_\_

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Mayor

3 /s/\_\_\_\_\_

4 Dr. Grant Colfax

Approved: /s/\_\_\_\_\_

5 Director of Health

Controller

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**File Number:** 240268  
(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: **Transform Mental and Behavioral Health**
- 2. Department: **Department of Public Health  
Zuckerberg San Francisco General**
- 3. Contact Person: **Angelica Journagin** Telephone: **(628) 206-2877**

- 4. Grant Approval Status (check one):  
 Approved by funding agency                       Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$909,095**

- 6a. Matching Funds Required: **\$0**
- b. Source(s) of matching funds (if applicable): **N.A.**

- 7a. Grant Source Agency: **San Francisco General Hospital Foundation**
- b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary: **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 Transform Mental and Behavioral Health Fund (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 San Francisco Department of Public Health (DPH) 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.**

**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 patients who are discharged from the hospital to be able access additional services or connect to the next stage of clinical care, allowing a way for providers to contact them.**

- 9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: **September 30, 2023**    End-Date: **September 29, 2028**

- 10a. Amount budgeted for contractual services: **\$359,990**
- 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? **Ongoing**

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? **5% of Direct Costs**

12. Any other significant grant requirements or comments:

**The grant does not require an ASO amendment, does not create net new position, and partially reimburses the department for the existing positions:**

No.	Class	Job Title	FTE	Start Date	End Date
1	2587	Health Worker III	1.00	09/30/2023	09/29/2028
2	2586	Health Worker II	1.00	09/30/2023	09/29/2028
3	2924	Social Work Supervisor	1.00	09/30/2023	09/29/2028

**We respectfully request for approval to accept and expend these funds retroactive to September 30, 2023. The Department received the memorandum on December 5, 2023. The AL # for this grant is 93.493.**

**The grantor is a Private entity.**

**Project Description: HG TMBH SAMHSA**

**Project ID: 10040954**

**Contract ID: CTR00004033**

**Fund ID: 21132**

**Authority ID: 10001**

**Activity ID: 0001**

**\*\*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 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: 2/28/2024 | 5:02 PM PST

DocuSigned by:  
Toni Rucker  
A84292F7331E43D...  
(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 2/29/2024 | 7:27 AM PST

DocuSigned by:  
Jenny Louie  
48CFE25DD8B4404...  
(Signature Required)  
Jenny Louie, CFO for



## **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.





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.



SAN FRANCISCO  
GENERAL HOSPITAL  
FOUNDATION

**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>



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]**



**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



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:

	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.

# Grant Accept & Expend: San Francisco General Hospital Foundation Transform Mental and Behavioral Health

## BOS Budget & Finance Committee

Angelica Journagin  
Chief Administrative Officer, ZSFG  
April 3, 2024



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

# Overview of Funding



## Accept & Expend Grant:

- **Funder:** San Francisco General Hospital Foundation
- **Grant Summary:** Supports three Transform Mental and Behavioral Health Initiatives:
  1. EPIC Compass Rose Management module software transition
  2. Program Navigator staff to bridge gaps in care
  3. Hygiene kits and TracFones for patients at discharge
- **Amount:** \$909,095
- **Timeline:** September 30, 2023 – September 29, 2028

# Transforming Mental & Behavioral Health (TMBH) Program Services



- SFGHF launched the TMBH Fund in 2019 to develop innovative treatments, reinvent outdated approaches to care delivery, and **improve the mental health of patients at ZSFG**.
- This grant will support:
  - EPIC Compass Rose Management software transition and optimization
  - Program Navigator staff to bridge gaps in care through communication, data tracking, and medical care plans
  - Providing hygiene kits and TracFones to patients at discharge



# Retroactivity



We are seeking **retroactive authorization** for this item.

- DPH received notice of the award from SFGHF after the pre-determined project start date.
- DPH received notice of the award on December 5, 2023 for a project start date of September 30, 2023.
- The project start date was predetermined by the grantor.
- DPH brought this item to the BOS after going through the fiscal approvals process, including Controller's Office review and approval.

**DPH respectfully requests retroactive approval of this item.**

**Thank you!**

San Francisco Department of Public Health (SFDPH)  
Zuckerberg San Francisco General Hospital  
**Transform Mental and Behavioral Health**

**BUDGET JUSTIFICATION**  
September 30, 2023 to September 29, 2028

**A. PERSONNEL**

1. 1.00 2587 – Health Worker III  
Annual Salary \$78,571.43 x 1.00 FTE for 12 months = \$78,571.43
2. 2.00 2586 – Health Worker II  
Annual Salary \$90,953.57 x 2.00 FTE for 12 months = \$181,907.14
3. 1.00 2924 – Social Work Supervisor  
Annual Salary \$92,857.14 x 1.00 FTE for 12 months = \$92,857.14

**B. MANDATORY FRINGE**

2. Mandatory Fringe Benefits (@ 40%) = \$141,664.29

Total Salaries	\$353,335.71
Total Fringe	\$141,664.29

**TOTAL PERSONNEL: \$495,000**

**C. TRAVEL \$0**

**D. EQUIPMENT \$0**

**E. SUPPLIES \$54,105**

**F. CONTRACTUAL \$359,990**

**G. OTHER \$0**

**TOTAL DIRECT COSTS \$909,095**

**H. INDIRECT COSTS \$0**

**TOTAL BUDGET: \$909,095**



Thank you for your support of the San Francisco General Hospital Foundation. In order to comply with Mayor London Breed's September 2020 directive and San Francisco's voter-approved Sunshine Ordinance (listed below), which was crafted to ensure transparency when donations are made that benefit City institutions like Zuckerberg San Francisco General Hospital, San Francisco General Hospital Foundation is obligated by the City of San Francisco to request that you please complete and confirm the following information:

**Contributor & Contribution Information:**

Name: Substance Abuse and Mental Health Services Administration Date: 8/25/2023

Address: 5600 Fishers Lane Phone: 240-276-1400  
Rockville, MD 20857

Contribution Amount/Estimated Value: \$ 1,000,000.00 Money, Goods, Services (description): Grant money for Transform Mental and Behavioral Health

The above address is a:  Business  Residence

**Financial Interest:**

Please check the appropriate box(es) that describe your financial interest with the City.

- No Financial Interest
- Contract with the City (Please describe): \_\_\_\_\_
- Grant from the City (Please describe): \_\_\_\_\_
- Lease of Space to or from the City (Please describe): \_\_\_\_\_
- City License, Permit, or Entitlement for Use (Please describe): \_\_\_\_\_
- Other Financial Interest (Please describe): \_\_\_\_\_
- Pending Financial Interest (Please describe): \_\_\_\_\_

San Francisco Administrative Code Chapter 67 section 67.29-6 (Sources of Outside Funding) provides:

*No official or employee or agent of the City shall accept, allow to be collected, or direct or influence the spending of, any money, or any goods or services worth more than one hundred dollars in aggregate, for the purpose of carrying out or assisting any City function unless the amount and source of all such funds is disclosed as a public record and made available on the website for the department to which the funds are directed. When such funds are provided or managed by an entity, and not an individual, that entity must agree in writing to abide by this ordinance. The disclosure shall include the names of all individuals or organizations contributing such money and a statement as to any financial interest the contributor has involving the City.*

All funds originated from the federal government as stated in the attached Notice of Award provided by SAMHSA

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form at your earliest convenience to [bferreira@sghf.org](mailto:bferreira@sghf.org) or mail to San Francisco General Hospital Foundation, Attn: Gift Compliance, PO Box 410836, San Francisco, CA 94141-0836. Please contact [bferreira@sghf.org](mailto:bferreira@sghf.org) should you have any questions. Thank you once again for your generous support.



<b>Recipient Information</b> <b>1. Recipient Name</b> THE SAN FRANCISCO GENERAL HOSPITAL FOUNDATION 2789 25TH ST STE 2028 SAN FRANCISCO, CA 94110  <b>2. Congressional District of Recipient</b> 11  <b>3. Payment System Identifier (ID)</b> 1943189424A1  <b>4. Employer Identification Number (EIN)</b> 943189424  <b>5. Data Universal Numbering System (DUNS)</b> 828418918  <b>6. Recipient's Unique Entity Identifier</b> TENTJEMKBE84  <b>7. Project Director or Principal Investigator</b> Paul Rose  prose@sfgfhf.org 415-601-1637  <b>8. Authorized Official</b> Paul Rose prose@sfgfhf.org 415-601-1637	<b>Federal Award Information</b>  <b>11. Award Number</b> 1H79FG001130-01  <b>12. Unique Federal Award Identification Number (FAIN)</b> H79FG001130  <b>13. Statutory Authority</b> Consolidated Appropriation Act, 2023 [P.L. 117-328]  <b>14. Federal Award Project Title</b> Transform Mental and Behavioral Health  <b>15. Assistance Listing Number</b> 93.493  <b>16. Assistance Listing Program Title</b> Community Funded Projects  <b>17. Award Action Type</b> New Competing  <b>18. Is the Award R&amp;D?</b> No																										
	<table border="1"> <thead> <tr> <th colspan="2" style="text-align: center;">Summary Federal Award Financial Information</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="background-color: #e6f2ff;"><b>19. Budget Period Start Date 09/30/2023 – End Date 09/29/2024</b></td> </tr> <tr> <td><b>20. Total Amount of Federal Funds Obligated by this Action</b></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>    20a. Direct Cost Amount</td> <td style="text-align: right;">\$909,095</td> </tr> <tr> <td>    20b. Indirect Cost Amount</td> <td style="text-align: right;">\$90,905</td> </tr> <tr> <td><b>21. Authorized Carryover</b></td> <td></td> </tr> <tr> <td><b>22. Offset</b></td> <td></td> </tr> <tr> <td><b>23. Total Amount of Federal Funds Obligated this budget period</b></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td><b>24. Total Approved Cost Sharing or Matching, where applicable</b></td> <td style="text-align: right;">\$0</td> </tr> <tr> <td><b>25. Total Federal and Non-Federal Approved this Budget Period</b></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td colspan="2" style="border-top: 1px dashed black;"></td> </tr> <tr> <td colspan="2" style="background-color: #e6f2ff;"><b>26. Project Period Start Date 09/30/2023 – End Date 09/29/2024</b></td> </tr> <tr> <td><b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b></td> <td style="text-align: right;">\$1,000,000</td> </tr> </tbody> </table>	Summary Federal Award Financial Information		<b>19. Budget Period Start Date 09/30/2023 – End Date 09/29/2024</b>		<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$1,000,000	20a. Direct Cost Amount	\$909,095	20b. Indirect Cost Amount	\$90,905	<b>21. Authorized Carryover</b>		<b>22. Offset</b>		<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$1,000,000	<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0	<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$1,000,000			<b>26. Project Period Start Date 09/30/2023 – End Date 09/29/2024</b>		<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	\$1,000,000
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<b>26. Project Period Start Date 09/30/2023 – End Date 09/29/2024</b>																											
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	\$1,000,000																										
<b>Federal Agency Information</b> <b>9. Awarding Agency Contact Information</b> Maegan Marcano Grants Specialist Maegan.Marcano@samhsa.hhs.gov 240-276-0421  <b>10. Program Official Contact Information</b> Michael Amoh Program Official Michael.Amoh@samhsa.hhs.gov (240) 276-1832	<b>28. Authorized Treatment of Program Income</b> Additional Costs  <b>29. Grants Management Officer - Signature</b> Odessa Crocker																										
<b>30. Remarks</b> Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.																											



Congressional Directed Spending Projects  
Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration

Notice of Award

**Issue Date:** 08/25/2023

Center for Flex Grants

**Award Number:** 1H79FG001130-01

**FAIN:** H79FG001130

**Program Director:** Paul Rose

**Project Title:** Transform Mental and Behavioral Health

**Organization Name:** THE SAN FRANCISCO GENERAL HOSPITAL FOUNDATION

**Authorized Official:** Paul Rose

**Authorized Official e-mail address:** prose@sfgfhf.org

**Budget Period:** 09/30/2023 – 09/29/2024

**Project Period:** 09/30/2023 – 09/29/2024

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$1,000,000 (see “Award Calculation” in Section I and “Terms and Conditions” in Section III) to THE SAN FRANCISCO GENERAL HOSPITAL FOUNDATION in support of the above referenced project. This award is pursuant to the authority of Consolidated Appropriation Act, 2023 [P.L. 117-328] and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at [www.samhsa.gov](http://www.samhsa.gov) (click on “Grants” then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the “Terms and Conditions” is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,  
Odessa Crocker  
Grants Management Officer  
Division of Grants Management

See additional information below

**SECTION I – AWARD DATA – 1H79FG001130-01**

**Award Calculation (U.S. Dollars)**

Supplies	\$54,105
Contractual	\$854,990
Direct Cost	\$909,095
Indirect Cost	\$90,905
Approved Budget	\$1,000,000
Federal Share	\$1,000,000
Cumulative Prior Awards for this Budget Period	\$0
<b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>	<b>\$1,000,000</b>

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$1,000,000

Note: Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

**Fiscal Information:**

<b>CFDA Number:</b>	93.493
<b>EIN:</b>	1943189424A1
<b>Document Number:</b>	23FG01130E
<b>Fiscal Year:</b>	2023

<b>IC</b>	<b>CAN</b>	<b>Amount</b>
FG	C96CF01	\$1,000,000

IC	CAN	2023
FG	C96CF01	\$1,000,000

**FG Administrative Data:**

**PCC:** CDS-TI23 / **OC:** 4145

**SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79FG001130-01**

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

**SECTION III – TERMS AND CONDITIONS – 1H79FG001130-01**

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title

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. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

**Treatment of Program Income:**

Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

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**SECTION IV – FG SPECIAL TERMS AND CONDITIONS – 1H79FG001130-01**

**REMARKS**

**New Award**

**This Notice of Award (NoA) is issued to inform your organization that the application submitted to Notice of Funding Opportunity Announcement (NOFO) Number *FG-23-099 (FY 2023 Congressional Directive Spending Projects)*, has been selected for funding.**

**The FY 2023 Congressional Directive Spending Projects are authorized under the Consolidated Appropriation Act, 2023 [P.L. 117-328]**

SAMHSA’s mission is to reduce the impact of substance use and mental illness on America's communities. SAMHSA works in partnership with states, communities, and private organizations to advance mental and substance use disorder prevention, treatment, and recovery services to improve individual, community, and public health. Funds approved for this award must be used in support of the SAMHSA mission.

**Policies and Regulations** – Accepting a grant award or cooperative agreement requires the recipient organization to comply with the terms and conditions of the NoA, as well as all applicable Federal Policies and Regulations. This award is governed by the Uniform Guidance [2 Code of Federal Regulations \(CFR\) § 200](#) as codified by HHS at [45 CFR § 75](#); Department of Health and Human Services (HHS) [Grants Policy Statement](#); SAMHSA [Additional Directives](#); and the [Standard Terms and Conditions](#) for the fiscal year in which

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the grant was awarded.

**Key Personnel** – Key personnel are organization staff members or consultants/subrecipients who must be part of the project regardless of whether they receive a salary or compensation from the project. These individuals must make a substantial contribution to the execution of the project. *The key staff for this program will be the Project Director.*

The identified PD for this program is listed in item #7 “Project Director or Principal Investigator” on the cover page of the NoA. If the individual identified on the NoA is incorrect, you must notify your assigned Government Project Officer (GPO) and Grants Management Specialist (GMS) via email immediately and plan to submit a post award amendment for a change in key personnel via eRA Commons.

Key personnel or other grant-supported staff may not exceed 100% level of effort across all federal and non-federal funding sources.

Any changes to key staff, including level of effort involving separation from the project for more than three months or a 25 percent reduction in time dedicated to the project, requires prior approval, and must be submitted as a post-award amendment in eRA Commons. Refer to SAMHSA’s website for more information on submitting a [key personnel change](#). See [SAMHSA PD Account Creation Instructions](#) for a quick step-by-step guide and [SAMHSA Grantee PD Account Creation Slides](#) for additional information on the eRA Commons registration process for the PD.

**Funding Limitations** – Award recipients are responsible for ensuring that costs allocated to the grant award are reasonable and allowable in accordance with the Notice of Funding Opportunity and all applicable Policies & Regulations. The Cost Principles that delineate the allowable and unallowable expenditures for HHS recipients are described in the [Code of Federal Regulations](#). Funding Limitations and Restrictions are listed in the Notice [of Funding Opportunity and in the](#) SAMHSA grantee guidelines on [Financial Management Requirements](#).

**Unallowable Costs** – Recipients must exercise proper stewardship over Federal funds and ensure that costs charged to awards are allowable, allocable, reasonable, necessary, and consistently applied regardless of the source of funds according to the “Factors affecting allowability of costs” per [2 CFR § 200.403](#) and the “Reasonable costs” considerations per [2 CFR § 200.404](#). A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

**Supplanting** – “Supplement Not Supplant” grant funds may be used to supplement existing activities. Grant funds may not be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal grant.

**Award Payments** – Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). First time PMS users must obtain access to view available funds, request funds, or submit reports. Users will need to request permission and be approved by PSC. Inquiries regarding payments should be directed to PMS by emailing the helpdesk at [PMSSupport@psc.hhs.gov](mailto:PMSSupport@psc.hhs.gov) or call 1-877-614-553. You should also visit



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the PSC website for more information about their services - <https://pms.psc.gov/>  
**Special Terms & Conditions of Award** – There may be special terms and conditions associated with your grant award. Recipients must address all special terms and conditions by the reflected due date. See the **Special Terms of Award** and **Special Conditions of Award** sections below for the specific terms and conditions associated with your grant award. A recipient's failure to comply with the terms and conditions of award, may cause SAMHSA to take one or more actions, depending on the severity and duration of the non-compliance. SAMHSA will undertake any such action in accordance with applicable statutes, regulations, and policies.

Responding to Award Terms & Conditions – **All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons.** For more information on how to respond to tracked terms and conditions or how to submit a post award amendment request please refer to [SAMHSA Trainings](#) under the heading “Grant Management Reference Materials for Grantees.”

**Prior Approval Requirements** – Prior approval is required for the following changes to your grant award: Changes in the status of the Project Director, or other key personnel named in the NoA; Changes in scope; Significant re-budgeting and Transfer of substantive programmatic work; Carryover of unobligated balances; Change of grantee organization; Deviation from award terms and conditions; No-cost extension and Transfer of substantive programmatic work. A full list of actions requiring prior approval can be found on page II-49 of the HHS [Grants Policy Statement](#) Exhibit 5 (Summary of Actions Requiring OPDIV Prior Approval). **All prior approval actions must be submitted as post award amendment requests in eRA Commons.**

Post Award Amendments – If information on the NoA needs to be changed, it will require approval from the federal agency before the grant recipient can implement the modification. Please refer to the SAMHSA website for specific SAMHSA guidance on how to submit a post-award amendment in eRA Commons:

<https://www.samhsa.gov/grants/grants-management/post-award-amendments>

#### **Primary Contacts**

- For technical support, contact [eRA Service Desk](#) at 866-504-9552 (Press 6 for SAMHSA Grantees).
- For budget and grants management related questions, contact your assigned GMS.
- For programmatic questions, contact your assigned GPO.

*Contact information for the GMS and GPO are listed on the last page of this NoA.*

**Training & Resources** – Visit the following pages on our website for more information on implementation, monitoring and reporting on your new grant award:

- [Grants Management](#)
- [Training & Resources for recipients](#)
- [eRA Commons](#)

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## **SPECIAL TERMS**

### **Risk Assessment**

The Office of Financial Advisory Services (OFAS), SAMHSA may perform an administrative review of your organization's financial management system. If the review discloses material weaknesses or other financial management concerns, grant funding may be restricted in accordance with 45 CFR 75/2 CFR 200, as applicable. The restriction will affect your organization's ability to withdraw funds from the Payment Management System account, until the concerns are addressed.

### **Funding Limitations/Restrictions**

Recipients must comply with SAMHSA's standard funding restrictions, which are included in Appendix F (Standard Funding Restrictions) of the Notice of Funding Opportunity Announcement.

## **SPECIAL CONDITIONS**

### **Revised Budget**

By October 31, 2023, submit a revised budget utilizing the SAMHSA budget template. An excel spreadsheet is not an allowed format.

**All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons.** For more information on how to respond to tracked terms and conditions please refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading **How to Respond to Terms and Conditions.**

## **STANDARD TERMS AND CONDITIONS**

### **Closeout**

Recipients must complete all actions required for closeout to include:

- Liquidate all obligations incurred under the award. All payment requests must be submitted before the end of the one hundred-twenty (120) days post-award reconciliation/liquidation period.
- Reconcile financial expenditures to the reported total disbursements and charges in PMS.
- Return any funds due to PMS as a result of refunds, corrections, or audits. Refer the following link for additional guidance <https://pms.psc.gov/grant-recipients/returning-funds-interest.html>

Recipients must close the award in accordance with 2 CFR 200.344 Closeout and the terms and conditions listed in the grant notice of award. Recipients must liquidate all obligations incurred under an award not later than one hundred-twenty (120) days after the end of awards obligation and project period. After one hundred-twenty (120) days, PMS account is automatically - locked. SAMHSA does not approve payment requests after one hundred-twenty (120) days post-award reconciliation/liquidation period. Therefore, recipients are expected to complete all

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expenditure requests within the approved project period and the aforementioned 120-day post-award reconciliation/liquidation period. Recipients' late withdrawal requests occurring after the aforementioned periods will be denied. Final reports are due to SAMHSA no later than 120 days after the end of the project period. Final reports include:

- Submit via PMS the Final Federal Financial Report (Final FFR, SF-425) (PDF | 1.2 MB).
- Submit in eRA Commons the Final Progress Report (FPR) or other reports required by the terms and conditions of the award.
- Submit in eRA Commons a Tangible Personal Property Report (TPPR SF-428, SF428B & if needed additional forms from SF428 series) to certify no acquisition of property or acquisition of property. Account the property acquired with federal funds and indicate on the form that you the disposition and handling of the property going forward.

Failure to complete the closeout actions in 120 days after the project period end may result in a unilateral closeout of the grant by SAMHSA. This may affect future funding of federal programs and result in the reimbursement of funding to SAMHSA. If the recipient does not submit all reports satisfactorily in accordance with 2 CFR 200.344 SAMHSA will report the recipient's material failure to comply with the terms and conditions of the award with the OMB-designated integrity and performance system (currently FAPIIS). Federal awarding agencies may also pursue other enforcement actions per 2 CFR 200.339. Refer to the following SAMHSA for Closeout Standard Terms and Conditions <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>. Additional information on closeout is available at <https://www.samhsa.gov/grants/grants-management/grant-closeout>

## Standard Terms for Awards

Your organization must comply with the Standard Terms and Conditions for the Fiscal Year in which your grant was awarded. The Fiscal Year for your award is identified on Page 3 of your Notice of Award. SAMHSA's Terms and Conditions Webpage is located at: <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

### Reasonable Costs for consideration

Recipients must exercise proper stewardship over Federal funds and ensure that costs charged to awards are allowable, allocable, reasonable, necessary, and consistently applied regardless of the source of funds according to "Reasonable Costs" consideration per 2 CFR § 200.404 and the "Factors affecting allowability of costs" per 2 CFR § 200.403. A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

### Consistent Treatment of Costs

Recipients must treat costs consistently across all federal and non-federal grants, projects and cost centers. Recipients may not direct-charge federal grants for costs typically considered indirect in nature, unless done consistently. If part of the indirect cost rate, then it may not also be charged as a direct cost. *Examples of indirect costs include (administrative salaries, rent, accounting fees, utilities, office supplies, etc.).* If typical indirect cost categories are included in the budget as direct costs, it is SAMHSA's understanding that your organization has developed a cost accounting system adequate to justify the direct charges and to avoid an unfair allocation of these costs to the federal government. Also, note that all awards are subject to later review in accordance with the requirements of [45 CFR 75.364](#), [45 CFR 75.371](#), [45 CFR 75.386](#) and [45 CFR Part 75, Subpart F](#), *Audit Requirements*.

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**Compliance with Award Terms and Conditions**

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH [45 CFR 75.371](#), REMEDIES FOR NON-COMPLIANCE AND [45 CFR 75.372](#) TERMINATION. THIS MAY INCLUDE WITHHOLDING PAYMENT, DISALLOWANCE OF COSTS, SUSPENSION AND DEBARMENT, TERMINATION OF THIS AWARD, OR DENIAL OF FUTURE FUNDING.

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

**Staff Contacts:**

Michael Amoh, Program Official

**Phone:** (240) 276-1832 **Email:** Michael.Amoh@samhsa.hhs.gov

Maegan Marcano, Grants Specialist

**Phone:** 240-276-0421 **Email:** Maegan.Marcano@samhsa.hhs.gov



# San Francisco Department of Public Health

Grant Colfax, MD  
Director of Health

City and County of San Francisco  
London N. Breed  
Mayor

## Memorandum

**To:** Honorable Members of the Board of Supervisors

**From:** San Francisco Department of Public Health

**Date:** Wednesday, March 20, 2024

**Re:** Accept and Expend California Department of Public Health – Transform Mental and Behavioral Health - \$909,095

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This Resolution seeks authorization for the Department of Public Health to retroactively accept and expend funds in the amount of \$909,095 from the San Francisco General Hospital Foundation (SFGHF).

This item is retroactive because DPH received notice of the award from SFGHF after the pre-determined project start date. We received the notice of award from SFGHF on December 5, 2023, for a project start date of September 30, 2023. The project start date was predetermined by the grantor. Upon receiving the grant, DPH put together the accept and expend packet and forwarded it to the Controller's Office for review on January 24, 2024. After discussing funding details for positions, the Controller's Office approved the accept and expend and forwarded the signed package to the Mayor's Office on March 5, 2024 for introduction on \_\_\_\_\_. We humbly request retroactive authorization for this item.

Please contact Greg Wong, grants analyst, at [greg.wong@sfdph.org](mailto:greg.wong@sfdph.org) for any questions about this request for retroactive authorization.

**City and County of San Francisco**

**Department of Public Health**



**London N. Breed  
Mayor**

**TO: Angela Calvillo, Clerk of the Board of Supervisors**  
**FROM: Dr. Grant Colfax  
Director of Health**  
**DATE: 3/1/2024**  
**SUBJECT: Grant Accept and Expend**  
**GRANT TITLE: Transform Mental and Behavioral Health - \$909,095**

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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

**From:** [Trejo, Sara \(MYR\)](#)  
**To:** [BOS Legislation, \(BOS\)](#)  
**Cc:** [Paulino, Tom \(MYR\)](#); [Wong, Greg \(DPH\)](#); [Validzic, Ana \(DPH\)](#); [English, Jack \(MYR\)](#); [Hajee, Zahra \(BOS\)](#); [Prager, Jackie \(BOS\)](#)  
**Subject:** Mayor -- Resolution -- Transform Mental and Behavioral Health Grant  
**Date:** Tuesday, March 19, 2024 2:38:09 PM  
**Attachments:** [1270 Board Cover Memo.docx](#)  
[1270 Resolution.doc](#)  
[DPH A&E - Transform Mental and Behavioral Health - \\$909,095.pdf](#)  
[1270 Sample Budget Justification.doc](#)  
[1270 SFGHF Donor Disclosure Form \(SAMHSA\) \(1\).pdf](#)  
[1270 1H79FG001130-01-Noa \(1\).pdf](#)  
[1270 Budget Justification.doc](#)  
[1270 GRIF \(002\).docx](#)  
[1270 MOU TMBH SAMHSA Final.pdf](#)  
[RE New Proposed Legislation from DPH \(Transform Mental and Behavioral Health\) - \\$909095.msg](#)

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Hello Clerks,

Attached is a Resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of \$909,095 from the San Francisco General Hospital Foundation for participation in a program, entitled "Transform Mental and Behavioral Health," for the period of September 30, 2023, through September 29, 2028.

Please note, Supervisor Mandelman and Supervisor Ronen are cosponsors of this item.

Best regards,

**Sara Trejo**

Legislative Aide

Office of the Mayor

City and County of San Francisco

415.554.6141 | [sara.trejo@sfgov.org](mailto:sara.trejo@sfgov.org)