

File No. 220455

Committee Item No. 3

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date May 25, 2022

Board of Supervisors Meeting Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <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 type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" 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 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 Resolution No. 22-07 3/1/2022</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Gift Disclosure</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
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Completed by: Brent Jalipa Date May 20, 2022

Completed by: Brent Jalipa Date _____

1 [Accept and Expend Gift - Retroactive - Epic Systems Corporation - Low Income and At-Risk
2 Populations - Safety Net Gift - \$115,000]

2

3 **Resolution retroactively authorizing the Department of Public Health to accept and**
4 **expend a monetary gift in the amount of \$115,000 from Epic Systems Corporation to**
5 **help low-income and at-risk populations, for the period of December 22, 2021, through**
6 **December 21, 2022.**

7

8 WHEREAS, The Epic Systems Corporation (ESC) has donated to the Department of
9 Public Health (DPH) in the amount of \$115,000 for the department's role as a safety net
10 provider; and

11 WHEREAS, DPH Safety Net is comprised of DPH hospitals, DPH clinics, DPH civil
12 service providers, Emergency Medical Service Treatment providers, Department of Aging and
13 Adult Services Case Management programs, and DPH affiliate and contract treatment
14 providers; and

15 WHEREAS, The ESC provides gifts to entities that help low income and at-risk
16 populations; now, therefore, be it

17 RESOLVED, That the Board of Supervisors approves the gift and authorizes DPH to
18 accept and expend a gift of cash in the value of \$115,000 donated by ESC; and, be it

19 FURTHER RESOLVED, That the proceeds of the gift by ESC will be accepted and
20 expended consistent with the Administrative Code Sections governing the acceptance of gifts
21 to the City and County of San Francisco, including the Administrative Code, Section 10.100-
22 305; and, be it

23 FURTHER RESOLVED, That the Board of Supervisors extends its gratitude to ESC for
24 the generous gift to the City and County of San Francisco in support of DPH.

25

1 Recommended:
2
3 _____ /s/ _____

Approved: _____ /s/ _____
Mayor

4 Dr. Grant Colfax
5 Director of Health

Approved: _____ /s/ _____
Controller

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File Number: 220455
(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: **Safety Net Gift**
- 2. Department: **Department of Public Health**
- 3. Contact Person: **Eric Raffin** Telephone: **(916) 258-7288**
- 4. Gift Approval Status (check one):
 - Approved by funding agency
 - Not yet approved
- 5. Amount of Gift Funding Approved or Applied for: **\$115,000**
- 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: **12/22/2021** End-Date: **12/21/2022**
- 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? **N/A.**

12. Any other significant gift requirements or comments:

Fund ID: 14820
Department ID: 162643
Project Desc: HN Safety Net
Project ID: 10035431
Authority ID: 10001
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):

- | | | |
|--|---|--|
| <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: 3/10/2022 | 2:16 PM PST

DocuSigned by:
Toni Rucker
A64282F7331F34D...
(Signature Required)

Department Head or Designee Approval of Gift Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 3/16/2022 | 7:35 PM PDT

DocuSigned by:
Greg Wagner
28627524753040F...
(Signature Required)

Greg wagner, COO for



December 22, 2021

Dear Dr. Colfax,

Congratulations on your work to help your patients get well and stay well. We appreciate the opportunity to support your mission through the enclosed charitable gift of \$115,000 issued under Epic's Safety Net Program.

Your grant comes from Epic Systems Corporation and you may have obligations to report this contribution to Medicare, Medicaid, and other government and private payers. Please give me a call if you have any questions or need any additional information.

A handwritten signature in blue ink, appearing to read 'Jenna Timm', is positioned above the typed name.

Jenna Timm
Epic

608-271-9000
Jenna@epic.com

**Health Commission
City and County of San Francisco
Resolution No. 22-07**

RESOLUTION TO RECOMMEND TO THE BOARD OF SUPERVISORS TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH TO ACCEPT AND EXPEND A GIFT OF \$115,000 FROM THE EPIC SYSTEMS CORPORATION

WHEREAS, The Epic Systems Corporation has donated to the Department of Public Health in the amount of \$115,000 for the department's role as a Safety Net provider; and

WHEREAS, The Epic Systems Corporation has notified the Department of Public Health that proceeds from the gift will be distributed; and

WHEREAS, The Epic Safety Net Program comprises hospitals, clinics, emergency medical service treatment providers, and affiliate and contract treatment providers, all of which are under the Department of Public Health; and

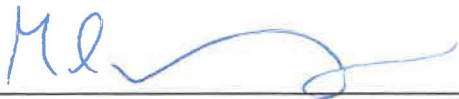
WHEREAS, The Epic Systems Corporation provides gifts to entities that help low income and at-risk populations; and

WHEREAS, The DPH will use the funds to help with computer equipment, upgrades and training relating to the care and health of patients; therefore be it

RESOLVED, That the Health Commission recommends that the Board of Supervisor authorize the Department of Public Health to accept and expend a gift of cash of up to one hundred and fifteen thousand dollars (\$115,000) to support the goal of helping low income and at-risk populations; and be it

FURTHER RESOLVED, That the gift 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 Section 10.100-305.

I hereby certify that the San Francisco Health Commission at its meeting on March 1, 2022, adopted the foregoing resolution.



Mark Morewitz, MSW
Health Commission Executive Secretary



San Francisco Department of Public Health

Grant Colfax, MD
Director of Health

City and County of San Francisco
London N. Breed
Mayor



Department of
PUBLIC HEALTH

1/13/2022

Epic Systems Corporation
1979 Milky Way
Verona, WI
53593

To Whom it may Concern,

Thank you for your generous contribution to the San Francisco Department of Public Health (DPH). In order to help DPH comply with the San Francisco Sunshine Ordinance,* we ask that you please complete this form and return it as soon as possible to: Department of Public Health, 101 Grove St #110, San Francisco CA 94102.

Contributor & Contribution Information:

| | |
|---|----------------------------------|
| Name: Epic Systems Corporation_____ | Date: 12/16/2021_____ |
| Phone: (608) 271-9000_____ | Address: 1979 Milky Way,_____ |
| Money, Goods, or Services (description): _Money_____ | _____Verona, WI 53593_____ |
| | Estimated Value: _\$115,000_____ |

The above address is a: Business _____ Residence

Financial Interest:

The San Francisco Sunshine Ordinance requires that a department that receives a gift of money, goods, or services worth more than \$100 in the aggregate to report any financial interest that the contributor has involving the City and County of San Francisco (the City). Please check the appropriate box or boxes that describe your financial interest in the City.

| | |
|---|---|
| <input checked="" type="checkbox"/> Contract with City | (Please describe): Software & Services through subsidiary |
| <input type="checkbox"/> Grant from the City | (Please describe): _____ |
| <input type="checkbox"/> Lease of Space to or from the City | (Please describe): _____ |
| <input type="checkbox"/> City License, Permit, or Entitlement for Use | (Please describe): _____ |
| <input type="checkbox"/> Other Financial Interest | (Please describe): _____ |
| <input type="checkbox"/> Pending Financial Interest | (Please describe): _____ |
| <input type="checkbox"/> No Financial Interest | |

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

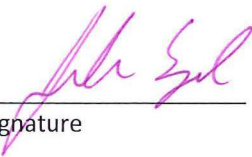


San Francisco Department of Public Health


Grant Colfax, MD
Director of Health

City and County of San Francisco
London N. Breed
Mayor

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.



Signature



Date



London N. Breed
Mayor

Dr. Grant Colfax
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Dr. Grant Colfax
Director of Health
DATE: Tuesday, April 5, 2022
SUBJECT: Gift Accept and Expend
GIFT TITLE: Accept and Expend Gift – Safety Net Gift- \$115,000

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

- Proposed Gift resolution, original signed by Department
- Gift information form, including disability checklist -
- Budget and Budget Justification
- Gift 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

Phone: 554-2868

Interoffice Mail Address: Dept. of Public Health, Fiscal Unit, 101 Grove St #106

Certified copy required Yes

No

Epic

**Epic Systems Corporation
One-Year Budget
December 22, 2021 – December 21,2022
Epic Gift Fund Project Code 10035431**

| DIRECT COSTS | Fiscal Year 21-22 | Fiscal Year 22-23 | Totals |
|---|------------------------------|------------------------------|------------------|
| Non-personnel services - Computer equipment | 10,000 | 15,000 | 25,000 |
| Training - Udemy | 5,000 | 5,000 | 10,000 |
| Travel Costs - Airport Travel Agency, Clement Travel Services Inc., Orientex Travel, Inc. | 20,000 | 60,000 | 80,000 |
| Non-professional services Sub-Total | \$35,000 | \$80,000 | \$115,000 |
| TOTAL | \$35,000 | \$80,000 | \$115,000 |