

File No. 241122

Committee Item No. 8

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date December 4, 2024

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 type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input 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 type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
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OTHER (Use back side if additional space is needed)

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>SFGH Disclosure Form 7/23/2024</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
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Completed by: Brent Jalipa Date November 26, 2024

Completed by: Brent Jalipa Date _____

1 [Accept and Expend Grant - Retroactive - San Francisco General Hospital Foundation -
2 MedSurg/ICU and the Family Birth Center - \$180,000]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**
4 **expend a grant in the amount of \$180,000 from the San Francisco General Hospital**
5 **Foundation for participation in a program, entitled “MedSurg/ICU and the Family Birth**
6 **Center,” for the period of September 1, 2024, through August 31, 2025.**

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 \$180,000 for participation in a
10 program, entitled “MedSurg/ICU and the Family Birth Center,” for the period of September 1,
11 2024, through August 31, 2025; and

12 WHEREAS, MedSurg provides inpatient acute care services to patients admitted to
13 Zuckerberg San Francisco General Hospital (ZSFG); and

14 WHEREAS, Grant funds would be used to purchase six electrocardiogram (ECG)
15 machines and trolleys which are in need of replacement in order to improve patient care; and

16 WHEREAS, The Family Birth Center at ZSFG cares for peripartum patients and their
17 newborns who are affected by maternal and infant health disparities. To close the health
18 disparity gap for our patient population, this grant will provide resources to mothers and their
19 babies; 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 September 3, 2024, for a project start date of September 1, 2024; 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 \$180,000 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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Mayor

Dr. Grant Colfax
Director of Health

Controller

File Number: 241122
(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: **MedSurg/ICU and the Family Birth Center**
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: **\$180,000**
- 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: **MedSurg provides inpatient acute care services to patients admitted to Zuckerberg San Francisco General Hospital (ZSFG). It has 179 inpatient medical-surgical (med-surg) beds to provide acute care services to patients. Grant funds would be used to purchase 6 electrocardiogram (ECG) machines and trolleys which are in need of replacement in order to improve patient care.**
The Family Birth Center at ZSFG cares for peripartum patients and their newborns who are affected by maternal and infant health disparities. To close the health disparity gap for our patient population, this grant will provide resources to mothers and their babies. These resources and their intended purpose include:

- 1) **Blood pressure cuffs for those unable to access them via health insurance or a pharmacy; access to home blood pressure monitoring will help patients know to access care at the early signs of preeclampsia or gestational hypertension.**
- 2) **A car seat, pack and play with a bassinet, and a stroller to allow for safe infant sleep and transportation.**
- 3) **Baby care packages, which will include diapers, wipes, butt paste, infant body wash, moisturizer, and baby clothes to promote good infant hygiene.**
- 4) **Maternal care items, such as sanitary pads, wearable breast pumps, and maternity belts to promote hygiene, support continued breastfeeding, and ease discomfort to promote continuation of activities of daily living while pregnant, respectively.**
- 5) **E-classes for the birthing person related to pregnancy, what to expect during labor and delivery, postpartum issues, and breastfeeding.**

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

Start-Date: **September 1, 2024**

End-Date: **August 31, 2025**

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 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 and does not create net new positions.

We respectfully request for approval to accept and expend these funds retroactive to September 1, 2024. The Department received the memorandum on September 3, 2024.

The grantor is a Private entity.

Equipment will require tracking per grantor and will need capitalization. Equipment will be owned by the Department.

Fund: 21132

Dept: 251667

Authority: 10001

Project Desc: HG MedSurg/ICU&Family Birth

Project: 10041793

Activity: 0001

Contract ID: CTR00004394

****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: 10/11/2024 | 11:03 AM PDT

DocuSigned by:
Toni Rucker
A64292E7331544D
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 10/22/2024 | 9:37 AM PDT

DocuSigned by:
Jenny Louie for Dr. Colfax
49CFF25DD8D4164...
(Signature Required)
Jenny Louie, COO for



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 September 3, 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: **MedSurg/ICU and the Family Birth Center**

B. ZSFG PROGRAM

The funds for MedSurg/ICU and the Family Birth Center were received by the Foundation as part of the donations provided by the William K. Bowes, Jr. Foundation.

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 1, 2024 and ends August 31, 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:** *MedSurg* provides inpatient acute care services to patients admitted to ZSFG. It has 179 inpatient med-surg beds to provide acute care services to patients. Grant funds would be used to purchase 6 ECG machines and trolleys which are in need of replacement in order to improve patient care.

The Family Birth Center at ZSFG cares for peripartum patients and their newborns who are affected by maternal and infant health disparities. To close the health disparity gap for our patient population this grant will provide resources to mothers and their babies. These resources and their intended purpose include: 1) Blood pressure cuffs for those unable to access them via health insurance or a pharmacy. Access to home blood pressure monitoring will help patients know to access care at the early signs of preeclampsia or gestational hypertension. 2) A car seat, pack and play with a bassinet, and a stroller to allow for safe infant sleep and transportation. 3) Baby care packages, which will include diapers, wipes, butt paste, infant body wash, moisturizer, and baby clothes to promote good infant hygiene. 4) Maternal care items, such as sanitary pads, wearable breast pumps, and maternity belts to promote hygiene, support continued breastfeeding, and ease discomfort to promote continuation of activities of daily living while pregnant, respectively. 5) E-classes for the birthing person related to pregnancy, what to expect during labor and delivery, postpartum issues, and breastfeeding.



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FOUNDATION

Through knowledge, these classes will empower our patient population to advocate for the best care for themselves and their babies. ("Grant Plan")

2. **Not-to-Exceed Grant Amount:** Total grant expenses are not to exceed **\$180,000.00** ("Grant Amount"), and will be disbursed as detailed in the Not-to-Exceed Grant Amount and Eligible Expenses table, below.
3. **Restricted Funds:** The grant is to support patient care at ZSFG. Any funds not used or committed for the specific purposes of the grant within the specified term must be returned to the foundation unless otherwise authorized in writing. On February 1, 2025, send the grant manager a one to two page letter that details how the grant funds were used and the results from these efforts, along with a financial statement including a balance sheet. Of note, the report deadline of February 1, 2025 aligns with the annual grant review process for the funder and is not a restriction or an indication of the end of the grant period.
4. **Unrestricted Funds:** Not applicable.



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Not-to-Exceed Grant Amount and Eligible Expenses

<i>Eligible Expenses</i>	<i>Total Budget Request</i>
<i>Non-Personnel (DPH)</i>	
MedSurg/ICU	
Printing	\$1,000.00
Equipment- ECG Machines, ECG Trolleys	\$74,664.00
Other- Price Escalation/Contingency	\$4,336.00
MedSurg/ICU Total	80,000.00
Family Birth Center	
Patient Supplies- Home blood pressure kits (medical); Car seats; Pack and plays with bassinet; Strollers; Baby care packages of diapers, wipes, butt paste, infant body wash, moisturizer, and clothes; Sanitary pads; Wearable breast pumps; Maternity Belts; bags; E- classes	\$100,000.00
Family Birth Center Total	\$100,000.00
Total Non-Personnel	\$180,000.00
Not-to-Exceed Grant Amount	\$180,000.00



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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]



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

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.

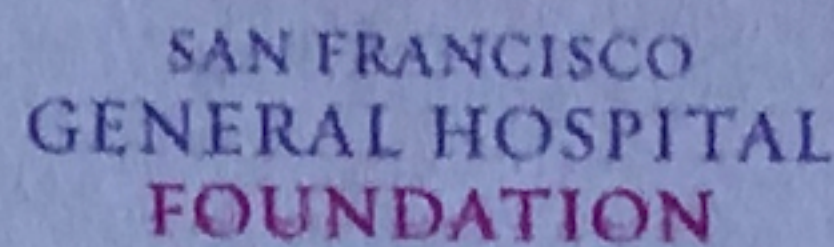
The Foundation recommends submitting authorized disbursement requests within 30 days of date of expenditure. All expenses must be submitted on or before July 15th in order to close the June 30 fiscal year.

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@sfgfhf.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.



Contributor & Contribution Information:

Date: June 17, 2024

Phone: (415) 561-6540

Money, Goods, Services (description):

Grant Money for Patient Care

Financial Interest:

☒ 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): _____

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 _____

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



London N. Breed
Mayor

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Dr. Grant Colfax
Director of Health

DATE: 11/20/2024

SUBJECT: Grant Accept and Expend

GRANT TITLE: MedSurg/ICU and the Family Birth Center - \$180,000

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 \(MYR\)](#); [Validzic, Ana \(DPH\)](#); [Wong, Greg \(DPH\)](#); [Chiong, Christina \(DPH\)](#)
Subject: Mayor -- Resolution -- MedSurg/ICU and the Family Birth Center A&E
Date: Tuesday, November 19, 2024 2:34:33 PM
Attachments: [1318 Board Cover Memo.docx](#)
[DPH A&E - MedSurgICU and the Family Birth Center - \\$180,000.pdf](#)
[DPH A&E Resolution - MedSurgICU and the Family Birth Center - \\$180,000.doc](#)
[1318 2024-07-23 Disclosure Form SFGHF WKB \(1\).pdf](#)
[1318 GRIF.docx](#)
[1318 MOU-Bowes -Patient Care Grant FY25 Final.pdf](#)
[RE New Proposed Legislation from DPH \(MedSurgICU and the Family Birth Center - \\$180000\).msg](#)

Hello Clerks,

Attached is a Resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of \$180,000 from the San Francisco General Hospital Foundation for participation in a program, entitled "MedSurg/ICU and the Family Birth Center," for the period of September 1, 2024, through August 31, 2025.

Best regards,

Sara Trejo

Legislative Aide

Office of the Mayor

City and County of San Francisco