

File No. 240703

Committee Item No. 5

Board Item No. 44

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date July 17, 2024

Board of Supervisors Meeting Date July 23, 2024

Cmte Board

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | MOU |
| | | • Draft MOU |
| | | • Draft Amended MOU |
| <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Form 126 – Ethics Commission |
| <input 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 checked="" type="checkbox"/> | <u>Amended MOU Support Document 4/24/2024</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Donor Disclosure 1/9/2023</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>DPH Presentation 7/17/2024</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>DPH Statement on Retroactivity 7/12/2024</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
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| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Brent Jalipa Date July 11, 2024

Completed by: Brent Jalipa Date July 19, 2024

1 [Accept and Expend Grant - Retroactive - San Francisco General Hospital Foundation -
2 Geriatric Emergency Department Planning Grant, Pilot Project 2020 - \$376,000]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**
4 **expend a grant in the amount of \$376,000 from the San Francisco General Hospital**
5 **Foundation for participation in a program, entitled “Geriatric Emergency Department**
6 **Planning grant, Pilot Project 2020,” for the period of January 1, 2020, through June 30,**
7 **2025.**

8
9 WHEREAS, The San Francisco General Hospital Foundation (SFGHF) has agreed to
10 fund the Department of Public Health (DPH) in the amount of \$376,000 for participation in a
11 program, entitled “Geriatric Emergency Department Planning grant, Pilot Project 2020,” for the
12 period of January 1, 2020, through June 30, 2025; and

13 WHEREAS, The funding was used to support Zuckerberg San Francisco General
14 Hospital (ZSFG) in planning for the development of a world class geriatric emergency
15 department, with a focus on geriatrics and dementia; and

16 WHEREAS, The department would help facilitate the implementation of services that
17 are geriatric-specific through education and training that developed staff and provide geriatric
18 champions, as well as create an environment with multi-disciplinary workflows focused on
19 improving the health and well-being of the senior patients at ZSFG both while in the
20 Emergency Department and after discharge; and

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

22 WHEREAS, A request for retroactive approval is being sought because DPH received
23 the memorandum on March 1, 2024, for a project start date of January 1, 2020; and

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

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 \$376,000 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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File Number: 240703
(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: **Geriatric Emergency Department Planning grant, Pilot Project 2020**

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: **\$376,000**

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:

The funding was used to support Zuckerberg San Francisco General Hospital in planning for the development of a world class Geriatric Emergency Department, with a focus on geriatrics and dementia, which would eventually help facilitate the implementation of services that are geriatric specific through education and training that developed staff and provider geriatric champions, as well as create an environment with multi-disciplinary workflows focused on improving the health and well-being of the senior patients at ZSFG both while in the Emergency Department and after discharge.

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

Start-Date: **January 1, 2020** End-Date: **June 30, 2025**

10a. Amount budgeted for contractual services: **\$208,912.96**

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? **One-time**

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 position:

No.	Class	Job Title	FTE	Start Date	End Date
1	2556	Physical Therapist	0.10	01/01/2020	06/30/2025

We respectfully request for approval to accept and expend these funds retroactive to January 1, 2020. The Department received the memorandum on March 1, 2024.

The grantor is a Private entity.

Project Description: Geriatric Emeg Dept Planning

Project ID: 10037663

Proposal ID: CTR00002468

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: 5/31/2024 | 3:09 PM PDT

DocuSigned by:
Toni Rucker
A04292F7351F44D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 5/31/2024 | 6:02 PM PDT

DocuSigned by:
Jenny Louie
40CFE23DD8B4484...
(Signature Required)
Jenny Louie, COO for



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

The Geriatric Emergency Department at Zuckerberg San Francisco General Hospital & Trauma Center

Memorandum of Understanding

This Memorandum of Understanding (MOU) between San Francisco General Hospital Foundation herein after called "Foundation" and Zuckerberg San Francisco General Hospital 3/1/ 2021:

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:

Geriatric Emergency Department planning grant led by Dr. Malini Singh and Dr. Eric Isaacs

The funds for which were received by the Foundation from Hirsch Philanthropy.

MOU TERMS

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 **Geriatric Emergency Department (GED) at Zuckerberg San Francisco General Hospital & Trauma Center**

begins March 1, 2021 and ends March 1, 2022.

PROGRAM RESPONSIBILITIES UNDER THIS MOU

This grant is to support Zuckerberg San Francisco General Hospital in planning for the development of a world-class GED with a focus on geriatric and dementia care.



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

GED Pilot Budget

Category	Line Item	Unit (s)/ FTE	Cost	Total
Staff (Per Year)	Medical Director/Site Champion	0.3	\$ 80,953.00	\$ 80,953.00
	GED Additional Physician Support GED Geriatric MD	0.1	\$ 30,151.00	\$ 30,151.00
	Geriatric Emergency Department Nurse Lead GED RN	0.1	\$ 21,582.00	\$ 21,582.00
	GED RN	0.2	\$ 35,345.00	\$ 35,345.00
	GED RN	0.1	\$ 16,440.19	\$ 16,440.19
	GED RN	0.1	\$ 16,440.19	\$ 16,440.19
	GED MEA - Day Shift	0.1	\$ 16,440.19	\$ 16,440.19
	GED MEA - Night Shift GED NP	0.1	\$ 11,977.00	\$ 11,977.00
	Geriatric ED Care Coordinator Pharmacist **	0.1	\$ 35,345.00	\$ 35,345.00
	EHR Modification Support ** Data Analyst**	0.5	\$ 47,927.84	\$ 47,927.84
		In Kind	\$ -	\$ -
		In Kind	\$ -	\$ -
		In Kind	\$ -	\$ -
Travel	Travel to Other GED Sites - UCSD and Mt. Sinai	6.00	\$ 4,166.67	\$ 25,000.02
	Travel to ACEP Conference - Medical Director	1.00	\$ 4,000.00	\$ 4,000.00
	Travel to NICHE National Conference	4.00	\$ 3,000.00	\$ 12,000.00
Other Costs	Niche Onsite Training (Education) **	In Kind	\$ -	\$ -
	Niche Onsite Training (Food - Breakfast and Lunch)** NICHE ED RN Training Compensation **	In Kind	\$ -	\$ -
	NICHE Medical Assistant Training Compensation ** GENE Training Course	In Kind	\$ -	\$ -
	GED ED Kick Off Event	6.00	\$ -	\$ -
	GED ED Kick Off Event	1.00	\$ 250.00	\$ 1,500.00
	GED Bootcamp Travel and Registration for Medical Director GED	1.00	\$ 3,000.00	\$ 3,000.00
	Advisory Committee Meetings	9.00	\$ -	\$ -
	American Geriatric Society Member Fees (for Medical Director - 2 years)	2.00	\$ 500.00	\$ 4,500.00
			\$ 415.00	\$ 830.00
** Services Provided In-Kind				\$ 375,408.43

Amount Requested: \$376,000
 Indirect Fee (5%): \$18,800
 Total Amount Awarded: \$394,800



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

Expenses allowed are up to the maximum spend not to exceed the amounts in \$394,800.

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.

MODIFICATION AND TERMINATION

IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

This agreement 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 must be made in writing and must be agreed to and executed by the parties before becoming effective.

Either party may terminate this agreement 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 budget covered under this agreement does not have sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the Foundation shall have no liability to pay any funds whatsoever to ZSFG and ZSFG shall not be obligated to perform any provisions for which they are not reimbursed.

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



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

SIGNATURE

Kim Meredith

Date: 4/1/2021

Kim Meredith
Chief Executive Officer
San Francisco General Hospital Foundation
2789 25th Street, Suite 2028
San Francisco, CA 94110

Date: _____

ZSFG Authorized Signer

Susan Ehrlich
Chief Executive Officer
Zuckerberg San Francisco General Hospital



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:

Salaries & benefits**Acc#	7500	Equipment/Remodeling	7530
Consultants	7510	Permits/Fees/Inspection	7532
Graphic Design	7511	Meals/Refreshment	7540
Translation Services	7512	Transportation & Lodging	7560
Supplies	7520	Conference & Training Fee	7570
Incentives	7521	Patient Assistance	7580
Stipend	7522	Other (please specify):	7590
Printing	7523		
Software	7524		

*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@sfg hf.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.



Memorandum of Understanding re:

Support Disbursement of

Grant/Gift Donation

This Memorandum of Understanding (MOU) between San Francisco General Hospital Foundation (Foundation) and the City and County of San Francisco, acting by and through its Department of Public Health, for Zuckerberg San Francisco General Hospital (City), is made and entered into as of March 1, 2024.

A. PURPOSE AND SCOPE

The purpose of this MOU is to identify the roles and responsibilities of each party as they relate to the disbursement of funds for expenses incurred in carrying out the purpose of the program: Geriatric Emergency Department Planning grant, Pilot Project 2020.

B. ZSFG PROGRAM

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

C. MOU TERM

The term of this MOU Agreement is the period within which the project responsibilities of this agreement shall be performed. The expected timeframe of the activities below commences on January 1, 2020 and ends on June 30, 2025. Any extension of this duration requires a formal modification of this MOU executed and approved in the same manner as the original ("Term").

D. GRANT PLAN AND NOT-TO-EXCEED GRANT AMOUNT, INCLUDING RESTRICTIONS, IF ANY

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

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

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



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

Not-to-Exceed Grant Amount and Eligible Expenses

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



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



EXHIBIT A Disbursement Request Policy and Procedure

For each disbursement requested, a disbursement request form must be completed and authorized by the individual named on the Establishment of Restricted Funds document. Valid documents, such as vendor invoices, receipts, * payroll reports etc., verifying the expense, must be submitted along with the disbursement request form.

The cost categories allowed for use in identifying expenses are as follows:

	Acct #		Acct #
Salaries & benefits**	7500	Installation/Maintenance	7531
Consultants	7510	Permits/Fees/Inspection	7532
Graphic Design	7511	Bank Service Charges	7533
Translation Services	7512	Meals/Refreshment	7540
Supplies	7520	Rent	7550
Incentives	7521	Transportation & Lodging	7560
Stipend	7522	Conference & Training Fee	7570
Printing	7523	Training	7571
Software	7524	Patient Assistance	7580
Equipment/Remodeling	7530		

***Reimbursements:** the receipt must show the following information: name of the person who paid it, item purchased, amount and date of purchase. Estimates are not accepted.

****Salaries and benefits:** the report provided as part of the disbursement request must clearly list the name of the individual, the period or periods covered. The compensation and benefit amounts must be also listed separately.

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

Expenses that do not fall within the open fiscal year will not be reimbursed.

The disbursement form can be submitted several ways:

1. Email to accounting@sfgfh.org
2. Interoffice mail
3. Dropped off at Foundation office location
4. Mailed to PO Box 410836, SF CA 94141.

Once the completed form is received, the disbursement check will be issued within 5 to 10 business days.

San Francisco General Hospital Foundation Geriatric Emergency Department Planning Grant

BOS Budget & Finance Committee
July 17, 2024

David Staconis, Nursing Director, ZSFG Emergency Department



Overview of Grant



Geriatric Emergency Department Planning Grant, Pilot Project 2020

- **Grant Summary (Services, Projects):** To support ZSFG in planning for development of world-class geriatric emergency department with focus on geriatric and dementia care
- **Funder:** San Francisco General Hospital Foundation with funds received from Hirsch Philanthropy
- **Amount:** \$376,000
- **Timeline:** January 1, 2020, through June 30, 2025

Purpose of Grant



Purpose

- Decrease Geriatric Syndromes & Increase Thriving in the Community
- Specifically:
 - Training
 - All staff receive GENE training (Geriatric Emergency Nurse Education)
 - Best Practices for Emergency Nurses to care for older adults
 - 8 Nursing Champions trained in NICHE (RN Improving Care for Healthsystem Elders)
 - Nurse initiated interventions and Geriatric Syndrome Prevention
 - Staffing: Patient navigator; Dedicated social worker; Physical therapy; Volunteers
 - Supplies: Activity cart; Communication Devices;
 - Grant Outcomes: Culture change to emphasize mobility while in the ED, engagement for cognitive function, interventions to decrease sedating medications, improved post-discharge connection with community resources

Conclusion



We are seeking **retroactive authorization** to accept this grant.

- SFDPH received MOU for this grant on March 1, 2024.
- The project period for this grant began January 1, 2020, and continues through June 30, 2025.
- Due to multiple challenges related to the pandemic and program staffing, the grant has been extended multiple times.
- The donor has agreed to a final extension through June 30, 2025.

DPH respectfully requests approval of this item.

Thank you!

Wong, Greg (DPH)

From: Beth Ferreira <BFerreira@sfgfh.org>
Sent: Wednesday, April 24, 2024 1:28 PM
To: Wong, Greg (DPH)
Cc: Lew, Sarah (DPH); Chiong, Christina (DPH); Journagin, Angelica (DPH)
Subject: Re: Amended MOU for GED Planning grant
Attachments: Amended MOU_GED Planning.docx; MOU -Hirsch Philanthropy GED Planning grant (2).pdf; Donor Disclosure- Dolby_Hirsch (1).pdf

Hi Greg,

I've made the changes to the MOU that we discussed and also reviewed with Demissies. Please move forward with the retro A&E submission for this grant along with CAT review of the MOU.

Thanks,
Beth

Beth Ferreira

Gift Compliance Manager
work: 628-206-5935 (T-W)
cell: 650-703-4377 (M, Th, F)

SAN FRANCISCO GENERAL HOSPITAL FOUNDATION
MAILING: PO Box 410836, San Francisco, CA 94141
WEBSITE: www.sfgfh.org



From: Beth Ferreira <BFerreira@sfgfh.org>
Sent: Tuesday, April 23, 2024 4:57 PM
To: Wong, Greg (DPH) <greg.wong@sfdph.org>
Cc: Lew, Sarah (DPH) <sarah.lew@sfdph.org>; Chiong, Christina (DPH) <Christina.Chiong@sfdph.org>; Journagin, Angelica (DPH) <angelica.journagin@sfdph.org>
Subject: Re: Amended MOU for GED Planning grant

Hi Greg,

Thanks for catching that. The start date is correct but the end date was wrong. Please see the updated document.

Thanks,
Beth

Beth Ferreira

Gift Compliance Manager
work: 628-206-5935 (T-W)
cell: 650-703-4377 (M, Th, F)

SAN FRANCISCO GENERAL HOSPITAL FOUNDATION
MAILING: PO Box 410836, San Francisco, CA 94141
WEBSITE: www.sfgfh.org



From: Wong, Greg (DPH) <greg.wong@sfdph.org>
Sent: Tuesday, April 23, 2024 4:29 PM
To: Beth Ferreira <BFerreira@sfgfh.org>
Cc: Lew, Sarah (DPH) <sarah.lew@sfdph.org>; Chiong, Christina (DPH) <Christina.Chiong@sfdph.org>; Journagin, Angelica (DPH) <angelica.journagin@sfdph.org>
Subject: RE: Amended MOU for GED Planning grant

Hi Beth,

Is the date correct below?

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

Sincerely,

Greg

From: Beth Ferreira <BFerreira@sfgfh.org>
Sent: Tuesday, April 23, 2024 11:39 AM
To: Wong, Greg (DPH) <greg.wong@sfdph.org>
Cc: Lew, Sarah (DPH) <sarah.lew@sfdph.org>; Chiong, Christina (DPH) <Christina.Chiong@sfdph.org>; Journagin, Angelica (DPH) <angelica.journagin@sfdph.org>
Subject: Amended MOU for GED Planning grant

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hi Greg,

Attached is the amended MOU for the GED planning grant that has already been approved through the budget cycle in 2021. The issue we have is that the MOU was submitted after the grant agreement start date, which was delayed due to the pandemic. When it was submitted through the approval process, it was the first time going through it as the mayor's directive regarding A&E was just being implemented. So, the process was new to everyone and it was not known that the start date should retroactively include the grant agreement start date.

UCSF had expenses during 2020 for salaries that account for a portion of what remains on this grant and they are not able to submit through the Affiliation Agreement because the MOU did not include the retro start date. Demissie thinks this will need full A&E approval, but you mentioned that it may only need CAT approval. Can you please review with CAT and the Controller's Office to see what approvals are needed. We can discuss this further when we meet tomorrow.

Thanks,
Beth

Beth Ferreira
Gift Compliance Manager
work: 628-206-5935 (T-W)
cell: 650-703-4377 (M, Th, F)

SAN FRANCISCO GENERAL HOSPITAL FOUNDATION
MAILING: PO Box 410836, San Francisco, CA 94141
WEBSITE: www.sfgfh.org





SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

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: <u>Ray and Dagmar Dolby Family Fund</u>	Phone: <u>(415) 563-7403</u>
Address: <u>3340 Jackson Street</u>	Money, Goods, Services (description):
<u>San Francisco, CA 94118-2019</u>	<u>Money for Geriatric Emergency</u>
Value and Date: <u>\$4,510,483 pledged on 12/30/2021</u>	<u>Department Implementation</u>
<u>and \$394,800 on 3/30/2020</u>	<u>Money for Geriatric Emergency</u>
	<u>Department Pilot</u>

The above address is a: Business Residence

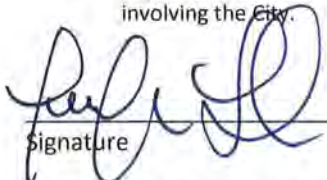
Financial Interest:

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.


Signature

9 January 2023
Date

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



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: Friday, July 12, 2024

Re: Accept and Expend San Francisco General Hospital Foundation – Geriatric
Emergency Department Planning grant, Pilot Project 2020 - \$376,000

This Resolution seeks authorization for the SF Department of Public Health to retroactively accept and expend funds in the amount of \$376,000 from the San Francisco General Hospital Foundation (SFGHF).

This item is retroactive because there was an error made in the original Memorandum of Understanding (MOU). The project start date was January 1, 2020, set by the grantor and in the original grant agreement. However, the start date listed in the MOU was March 1, 2021, an error due to the fact that was the date the MOU was drafted. The grant and the MOU with the incorrect date were then submitted through the annual budget and appropriation ordinance File # 210641 in fiscal year 2022-2023.

However, the University of California, San Francisco (UCSF) informed us that 2020 expenses were unable to be reimbursed as the MOU start date was March 1, 2021. An amended MOU was then prepared with the project start date of January 1, 2020. Upon receiving the grant, DPH put together the accept and expend packet and forwarded to the Controller's Office for review on May 23, 2024. After discussion, the Controller's Office approved the accept and expend and forwarded the signed package to the Mayor's Office on June 12, 2024, for introduction on June 18, 2024. We humbly request retroactive authorization for this item.

Please contact Greg Wong, grants analyst, at 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: 6/2/2024
SUBJECT: Grant Accept and Expend
**GRANT TITLE: Geriatric Emergency Department Planning grant, Pilot
Project 2020 - \$376,000**

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



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 240703

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Gregory Wong	628-217-7608
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR UCSF Department of Emergency Medicine at ZSFG	TELEPHONE NUMBER (628) 206-8000
STREET ADDRESS (including City, State and Zip Code) 1001 Potrero Avenue Building 25, 1st floor SF CA 94110	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240703
DESCRIPTION OF AMOUNT OF CONTRACT \$208,912.96		
NATURE OF THE CONTRACT (Please describe) Funding will be used for UCSF personnel for the Geriatric Emergency Department (now Age-Friend Emergency Department) Program at ZSFG.		

7. COMMENTS
This contract will go through the Affiliation Agreement with UCSF and ZSFG.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	King	Talmdage	Other Principal Officer
2	Fuentes-Afflick	Elena	Other Principal Officer
3	Chen	Esther	Other Principal Officer
4	Knight	Starr	Other Principal Officer
5	Damiano	Margaret	Other Principal Officer
6	Mohamed	Roger	Other Principal Officer
7	Campbell	Ron	Other Principal Officer
8	Blackshear	Jake	Other Principal Officer
9	Fernandez	Grace	Other Principal Officer
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
---	---------------------------

From: [Trejo, Sara \(MYR\)](#)
To: [BOS Legislation, \(BOS\)](#)
Cc: [Paulino, Tom \(MYR\)](#); [Wong, Greg \(DPH\)](#)
Subject: Mayor -- Resolution -- Geriatric Emergency Department Planning Grant
Date: Tuesday, June 18, 2024 2:37:40 PM
Attachments: [DPH A&E - Geriatric Emergency Department Planning grant, Pilot Project 2020- \\$376,000.pdf](#)
[1298 Board Cover Memo.docx](#)
[DPH A&E Resolution - Geriatric Emergency Department Planning grant, Pilot Project 2020- \\$376,000.doc](#)
[1298 Amended MOU_GED Planning.docx](#)
[1298 Donor Disclosure- Dolby_Hirsch \(1\).pdf](#)
[1298 GED GRIF.docx](#)
[1298 MOU -Hirsch Philanthropy GED Planning grant \(2\).pdf](#)
[RE New Proposed Legislation from DPH \(Geriatric Emergency Department Planning grant Pilot Project 2020\) - \\$376000.msg](#)
[Re Amended MOU for GED Planning grant.msg](#)

Hello Clerks,

Attached is a Resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of \$376,000 from the San Francisco General Hospital Foundation for participation in a program, entitled "Geriatric Emergency Department Planning grant, Pilot Project 2020," for the period of January 1, 2020, through June 30, 2025.

Best regards,

Sara Trejo

Legislative Aide

Office of the Mayor

City and County of San Francisco

415.554.6141 | sara.trejo@sfgov.org