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):

[X] Approved by funding agency [1] 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 activates 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 [X] 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
 [] Other (please explain):

 [X] To maximize use of grant funds on direct services
 - 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):		
[X] Existing Site(s)[] Rehabilitated Site(s)[] New Site(s)	[] Existing Structure(s) [] Rehabilitated Structure(s) [] New Structure(s)	[] Existing Program(s) or Service(s) [] New Program(s) or Service(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;		
 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		
DPH ADA Coordinator (Title)		DocuSigned by:
	10/11/2024 11:03 AM PDT	Toni Rucker
(Title)	10/11/2024 11:03 AM PDT	
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(Title)	10/11/2024 11:03 AM PDT	Toni Rucker
(Title) Date Reviewed:	10/11/2024 11:03 AM PDT gnee Approval of Grant Information	Toni Rukur (Sighature Required)
(Title) Date Reviewed: Department Head or Design		Toni Rukur (Sighature Required)
(Title) Date Reviewed: Department Head or Design Dr. Grant Colfax (Name)		Toni Rukur (Sighature Required)
Department Head or Design Dr. Grant Colfax (Name) Director of Health		Toni Rukur (Sighature Required)
(Title) Date Reviewed: Department Head or Design Dr. Grant Colfax (Name)		Tomi Rucer (Signature Required) n Form:
Department Head or Design Dr. Grant Colfax (Name) Director of Health		Tomi Rucker (Sighature Required) n Form: