

File No. 140329

Committee Item No. 3

Board Item No. 26

### COMMITTEE/BOARD OF SUPERVISORS

#### AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Sub-Committee

Date July 27, 2016

Board of Supervisors Meeting

Date 8/2/16

#### 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 checked="" 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)

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Completed by: Linda Wong Date July 22, 2016  
Completed by: Linda Wong Date \_\_\_\_\_

1 [Accept and Expend Gift - Molly Fleischner - Laguna Honda Hospital Gift Fund - \$100,000 –  
2 Assistive Technology Equipment and Services]

3 **Resolution authorizing the Department of Public Health to retroactively accept and**  
4 **expend a monetary gift in the amount of \$100,000 from Ms. Molly Fleischner to the**  
5 **Laguna Honda Hospital Gift Fund for the purchase of assistive technology equipment**  
6 **and services for residents at Laguna Honda who are otherwise unable to obtain them.**

7  
8 WHEREAS, Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) is part  
9 of the San Francisco Health Network operated by the Department of Public Health and is a  
10 safety net and community hospital, with a mission to provide a welcoming, therapeutic and  
11 healing environment that promotes the individual's health and well-being; and

12 WHEREAS, Ms. Molly Fleischner has made a monetary gift to the Laguna Honda  
13 Hospital Gift Fund in the amount of one hundred thousand dollars (\$100,000) to purchase  
14 assistive technology equipment and services for the residents at Laguna Honda who are  
15 otherwise unable to obtain them; and

16 WHEREAS, Assistive technology equipment and services enable a Laguna Honda  
17 resident with significant disability to increase their level of independence and quality of life by  
18 being able to control their environment; and

19 WHEREAS, The Laguna Honda Hospital Gift Fund is used to benefit the residents at  
20 Laguna Honda , including providing comfort and support for all Laguna Honda residents; and

21 WHEREAS, On January 19, 2016, the Health Commission voted to recommend that  
22 the Board of Supervisors approve the gift and authorize Laguna Honda to retroactively accept  
23 and expend this gift; now, therefore, be it

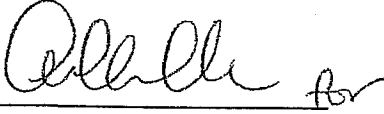
1 RESOLVED, That the Board of Supervisors approves the gift and authorizes the  
2 Department of Public Health to retroactively accept and expend a gift of cash in the value of  
3 up to \$100,000 donated by Ms. Molly Fleischner to the Laguna Honda Hospital Gift Fund for  
4 the purchase of assistive technology equipment and services for the residents at Laguna  
5 Honda who are otherwise unable to obtain them; and, be it

6 FURTHER RESOLVED, That the proceeds from Ms. Molly Fleischner's gift will be  
7 accepted and expended consistent with San Francisco Administrative Code Sections  
8 governing the acceptance of gifts to the City and County of San Francisco, including San  
9 Francisco Administrative Code Sections 10.100-305 and 10.100-201; and, be it

10 FURTHER RESOLVED, That the Board of Supervisors extends its gratitude to  
11 Ms. Molly Fleischner for the generous gift to the City and County of San Francisco in support  
12 of Laguna Honda Hospital and Rehabilitation Center.

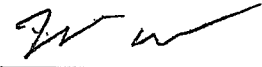
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RECOMMENDED:



Barbara A. Garcia, MPA  
Director of Health

APPROVED:



Office of the Mayor



Office of the Controller

for

File Number: \_\_\_\_\_  
(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: **Molly Fleischner Donation**
2. Department: **Department of Public Health, Laguna Honda Hospital**
3. Contact Person: **ChiaYu Ma** Telephone: **415-759-3325**
4. Grant Approval Status (check one):  
 Approved by funding agency  Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$100,000.00**
- 6a. Matching Funds Required: **\$0**  
b. Source(s) of matching funds (if applicable):
- 7a. Grant Source Agency: **Private Citizen, Molly Fleischner**  
b. Grant Pass-Through Agency (if applicable): **N/A**
8. Proposed Grant Project Summary: **As a donation to the Laguna Honda Hospital's resident gift fund, this gift will be used to purchase assistive technology services and equipment for Laguna Honda residents.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: **4/1/16** End-Date: **3/31/26**
- 10a. Amount budgeted for contractual services: **N/A**  
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? **In operating cost**

12. Any other significant grant requirements or comments: **Donated monies will be used to fund services and equipment directly benefiting Laguna Honda residents, and not be used to fund indirect services, i.e., administrative costs. Equipment provided to the resident may be retained by the resident so long as the resident is using the equipment for its intended purpose. If a Laguna Honda resident misuses the equipment or does not sufficiently use the equipment for its intended purpose, or expires, the equipment will be reallocated to another resident. Otherwise, once given, the resident may continue to take possession of and use the equipment, even if the resident is discharged from Laguna Honda, in which case, the equipment becomes the property of the discharged resident.**

**GRANT CODE (Please include Grant Code and Detail in FAMIS): HLTECH**

**\*\*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 checked="" type="checkbox"/> Existing Structure(s) | <input checked="" 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:

Matthew Valdez  
(Name)

EEO Programs Manager, Office of Equal Employment Opportunity and Cultural Competency  
(Title)

Date Reviewed: 6/15/16

[Signature]  
(Signature Required)

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

Barbara A. Garcia, MPA  
(Name)

Director of Health  
(Title)

Date Reviewed: 6/16/16

[Signature]  
(Signature Required)

**Laguna Honda Hospital and Rehabilitation Center**

**The Molly Fleischner Donation  
Multi-Year Budget**

**April 1, 2016 – March 31, 2026**

<b>DIRECT COSTS</b>	<b>Each Year</b>	<b>All Years</b>	<b>Totals</b>
<b>Materials &amp; Supplies</b> Assistive technology equipment			
	8,500	85,000	85,000
<b>Materials &amp; Supplies Sub-Total</b>	<b>\$8,500</b>	<b>\$85,000</b>	<b>\$85,000</b>
<b>Other Current Expenses</b> Assistive technology resident evaluation and consultation			
	1,500	15,000	15,000
<b>Other Current Expenses Sub-Total</b>	<b>\$1,500</b>	<b>\$15,000</b>	<b>\$15,000</b>
<b>TOTAL</b>	<b>\$10,000</b>	<b>\$100,000</b>	<b>\$100,000</b>

**Health Commission  
City and County of San Francisco  
Resolution No. 16-1**

**RESOLUTION AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO RECOMMEND TO THE BOARD OF SUPERVISORS TO ACCEPT AND EXPEND RETROACTIVELY A GIFT OF \$100,000.00 TO THE LAGUNA HONDA HOSPITAL GIFT FUND FROM MS. MOLLY FLEISCHNER.**

WHEREAS, Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) is part of the San Francisco Health Network operated by the Department of Public Health and is a safety net and community hospital, with a mission to provide a welcoming, therapeutic and healing environment that promotes the individual's health and well-being; and

WHEREAS, Ms. Molly Fleischner has made a gift to the Laguna Honda Hospital Gift Fund in the amount of one hundred thousand dollars (\$100,000.00) for the purchase of assistive technology equipment and services for residents at Laguna Honda who are otherwise unable to obtain them; and

WHEREAS, assistive technology equipment and services enables a Laguna Honda resident to increase their independence and quality of life by being able to control their environment through assistive technology; and


WHEREAS, the Laguna Honda Hospital Gift Fund is used to benefit the residents at Laguna Honda, including providing comfort and support for all hospital residents; therefore be it

RESOLVED, That the Health Commission recommends that the Board of Supervisors accept and expend retroactively a gift of cash in accordance with the intent of Ms. Molly Fleischner – a gift in the value of up to one hundred thousand dollars (\$100,000.00) donated to the Laguna Honda Hospital Gift Fund for the purchase of assistive technology equipment and services for residents at Laguna Honda who are otherwise unable to obtain them; and be it

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FURTHER RESOLVED, That the donation 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 Sections 10.100-305 and 10.100-201.

I hereby certify that the San Francisco Health Commission at its meeting on January 19, 2016, adopted the foregoing resolution

  
\_\_\_\_\_  
Mark Morewitz, MSW  
Health Commission Executive Secretary



**Mojica, Richelle-Lynn (DPH)**

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**From:** Molly <mollyf24@juno.com>  
**Sent:** Tuesday, February 23, 2016 4:20 PM  
**To:** Mojica, Richelle-Lynn (DPH)  
**Cc:** Frazier, William (DPH); Mollyf24@juno.com  
**Subject:** Grant Program

Dear Ms. Mojica,

On December 26, 2015, I sent a donation check in the amount of \$100,000 to Mr. William Frazier at Laguna Honda Hospital, designated to be used in a program for adaptive technology for patients at Laguna Honda Hospital. These funds are to be spent for assistive technology over the ten year period of April 1, 2016 to March 31, 2026.

Services and equipment funded through this donation are to be of direct benefit to Laguna Honda residents. Equipment provided to a resident become the property of the resident and retained by the resident upon discharge from Laguna Honda Hospital. If the resident expires while at Laguna Honda, the equipment will be reallocated to another resident.

It is my hope that these funds will be used in an assistive technology program to help patients at Laguna Honda Hospital to have more control over their environment, as well as more independence in their lives.

Thank you for your help in facilitating this program for the benefit of the patients & moving it forward in a timely manner.

Sincerely,  
Molly Fleischner



Edwin M. Lee  
Mayor

TO: Cherie Wan, Controller's Office  
FROM: Richelle-Lynn Mojica  
Grants Manager  
DATE: June 16, 2016  
SUBJECT: Grant Accept and Expend

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Gift

Attached, please find the original and 2 copies of the following Accept and Expend:

- Accept and Expend Gift- Molly Fleischner Donation- \$100,000

Please contact me at [richelle-lynn.mojica@sfdph.org](mailto:richelle-lynn.mojica@sfdph.org) when this has been processed and approved.

Thank You.

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# Introduction Form

By a Member of the Board of Supervisors or the Mayor

Time stamp  
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee. (An Ordinance, Resolution, Motion, or Charter Amendment)
- 2. Request for next printed agenda Without Reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning "Supervisor [ ] inquires"
- 5. City Attorney request.
- 6. Call File No. [ ] from Committee.
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File No. [ ]
- 9. Reactivate File No. [ ]
- 10. Question(s) submitted for Mayoral Appearance before the BOS on [ ]

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission     Youth Commission     Ethics Commission
- Planning Commission     Building Inspection Commission

**Note: For the Imperative Agenda (a resolution not on the printed agenda), use a Imperative Form.**

**Sponsor(s):**

Yee

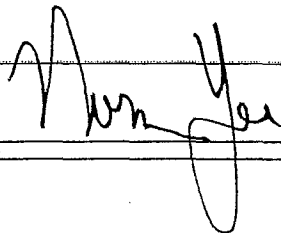
**Subject:**

Accept and Expend Gift- \$100,000 to Laguna Honda Hospital and Rehabilitation Center from Gift Fund from the Estate of Molly Fleischner

**The text is listed below or attached:**

[ ]

Signature of Sponsoring Supervisor:



For Clerk's Use Only:

