

**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: **Friends of Laguna Honda**

2. Department: **Department of Public Health, Laguna Honda Hospital**

3. Contact Person: **ChiaYu Ma** Telephone: **759-3325**

4. Grant Approval Status (check one):

☒ Approved by funding agency

☐ Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$141,000**

**The Friends of Laguna Honda have made four donations in the total amount of \$141,000 to the Laguna Honda Gift Fund: 1) \$50,000 to support the Centers of Excellence Wish List; 2) \$41,000 to support the Art with Elders program; 3) \$30,000 to support Technology Programs; and 4) \$20,000 to support Music Programs.**

6a. Matching Funds Required: **\$0**

b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: **Friends of Laguna Honda**

b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary:

**The purpose of this gift will provide the following:**

- **The Centers of Excellence Wish List will allow staff to purchase equipment, supplies, and materials that will directly benefit Laguna Honda residents within the hospital's program concentrations including Behavioral Health, End-of-Life, General Skilled Nursing, Geriatrics, Memory Care, Positive Care, Rehabilitation, and Respite Care.**
- **The Art With Elders Program will Laguna Honda residents in art classes to acquire art skills and foster positive artistic experiences.**
- **The Technology Programs will enhance Laguna Honda resident entertainment, independence, and social contact through emerging technology applications.**
- **The Music Programs will utilize music to stimulate memory and cognitive function for Laguna Honda residents with Alzheimer's Disease and other dementias.**

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

Start-Date: **7/1/18**

End-Date: **6/30/19**

10a. Amount budgeted for contractual services: **\$41,000**

b. Will contractual services be put out to bid? **The amount budgeted for contractual services will pay for one year of art classes provided by Eldergivers/Art with Elders within their current contract with the City and County of San Francisco.**

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? **On-going**

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 costs**

12. Any other significant grant requirements or comments:

**We respectfully request for approval to accept and expend these funds retroactive to July 1, 2018.**

**The Department received the award on October 13, 2018 for a project start date of July 1, 2018.**

**The equipment, materials, supplies, and services funded through this gift shall be of direct benefit and contribute to the comfort, happiness, and well-being of the residents of Laguna Honda Hospital. Funds must support the projects identified, and project funded through this gift must be branded or co-branded as being provided by the Friends of Laguna Honda. Items procured through the Centers of Excellence Wish List have been reviewed in advance by the Friends of Laguna. Procurement of those items shall not significantly deviate from the approved list.**

**GRANT CODE: Fund: 22150 Dept: 207690 Project 10000329**

**\*\*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:

Toni Rucker, PhD  
(Name)

DPH ADA Coordinator  
(Title)

Date Reviewed: 01/24/2019

  
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

For Greg Wagner  
(Name)

Acting Director of Health  
(Title)

Date Reviewed: 1/24/19

  
(Signature Required)