



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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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><b>Eligible Expenses</b></i>	<i><b>Total Budget Request</b></i>
<b><i>Non-Personnel (DPH)</i></b>	
<b>MedSurg/ICU</b>	
Printing	\$1,000.00
Equipment- ECG Machines, ECG Trolleys	\$74,664.00
Other- Price Escalation/Contingency	\$4,336.00
<b>MedSurg/ICU Total</b>	<b>80,000.00</b>
<b>Family Birth Center</b>	
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
<b>Family Birth Center Total</b>	<b>\$100,000.00</b>
<b><i>Total Non-Personnel</i></b>	<b><i>\$180,000.00</i></b>
<b><i>Not-to-Exceed Grant Amount</i></b>	<b><i>\$180,000.00</i></b>



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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]**



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**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](mailto: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.