

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 July 1, 2023.

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: **Behavioral Emergency Response Team (BERT)**, **HIV (HIV patients experiencing homelessness)**, and the Women's **Options Clinic**.

B. ZSFG PROGRAM

The funds for BERT, HIV, and Women's Options Clinic 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 July 1, 2023 and ends June 30, 2024. 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 Behavioral Emergency Response Team (BERT) plan to purchase patient care items for the BERT Care Kit for patients at discharge. These items will include; socks, personal hygiene supplies and tote bags. Sweatpants and sweatshirts will also be provided at discharge to patients without personal clothing. To promote comfort during hospitalization, the BERT program will provide patients; reading glasses, eyes masks and ear plugs. Stuffed animals are provided to help patients cope with stress. Food Baskets will promote food security. To help patients cope with stress patients will be provided MP3 player, playing cards, puzzles, coloring books and coloring supplies, and tablets. The BERT program will utilize laminating machines to develop patient resources such as coping skill cards and communication tools to use with the patients at bedside. Sticker and label maker machine will be used to develop easy identification labels for patients to recognize BERT staff and language capabilities.

HIV (HIV Patients Experiencing Homelessness) program will use this funding to provide medication starter packs and food baskets for patients. Along with supporting staff training and other program needs.

The Women's Options Clinic will use the funds for medical supplies and food baskets for patients. ("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. 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 December 31, 2023, 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 December 31, 2023 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.



Not-to-Exceed Grant Amount and Eligible Expenses

| Eligible Expenses | Total Budget Request |
|---|-------------------------|
| Non-Personnel (DPH) | |
| BERT | |
| Supplies | \$34,460.00 |
| | |
| HIV (HIV patients experiencing homelessness) | |
| Supplies | \$7,000.00 |
| Antiretroviral Medication RAPID Starter Packs | \$40,000.00 |
| Laboratory Processing Fees | \$15,000.00 |
| Food Baskets (patients) | \$8,000.00 |
| Staff Training | \$1,000.00 |
| General Auto & Employment | \$5,000.00 |
| Liability Insurance Mobile Care | |
| HIV Total | \$76,000.00 |
| Women's Options Clinic | |
| Supplies | \$36,040.00 |
| Food Baskets (Patients) | \$33,500.00 |
| Women's Options Total | \$69,540.00 |
| Total Non-Personnel | \$180,000.00 |
| Not-to-Exceed Grant Amount | \$180,000.00 |



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]



| San Francisco General Hospital Foundation | San Francisco Department of Public Health |
|---|---|
| By: Kim Meredith | By: Grant Colfax, MD |
| Chief Executive Officer | Director of Health |
| APPROVED AS TO FORM: | |
| David Chiu City Attorney | |
| By: XXXXXXXXXXXXXXXX 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.

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@sfghf.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.

^{**}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.