

File No. 130046

Committee Item No. 1

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee

Date 02/27/2013

Board of Supervisors Meeting

Date \_\_\_\_\_

#### 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"/> | Legislative Analyst Report                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings)             |
| <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Form 126 – Ethics Commission                 |
| <input 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)

|                          |                          |       |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
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| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Victor Young

Date February 22, 2013

Completed by: Victor Young

Date \_\_\_\_\_

1 [Accept and Expend Gift - Knight Living Trust - \$500,000]

2  
3 **Resolution authorizing the Department of Public Health, Laguna Honda Hospital, and**  
4 **Rehabilitation Center to retroactively accept and expend a gift of \$500,000 to the**  
5 **Laguna Honda Gift Fund from the Knight Living Trust, for the period of July 1, 2012, to**  
6 **June 30, 2032.**

7  
8 WHEREAS, The Knight Living Trust, dated May 30, 1991, provides for a distribution of  
9 \$500,000 to the Laguna Honda Gift Fund, San Francisco, California; and

10 WHEREAS, The trustee of the Knight Living Trust notified Laguna Honda that  
11 proceeds from the trust are being issued; and

12 WHEREAS, The Gift Fund at Laguna Honda Hospital and Rehabilitation Center  
13 provides activities and experiences that enrich the lives of Laguna Honda residents that  
14 include expenditures for musical entertainment, cultural celebrations, holiday meals, and  
15 outings to parks, ballgames, concerns, and other civic events; and

16 WHEREAS, on October 16, 2012 the Health Commission approved acceptance by  
17 Laguna Honda Hospital and Rehabilitation Center of the proceeds from the Knight Living  
18 Trust, dated May 30, 1991; now, therefore, be it

19 RESOLVED, That Laguna Honda is hereby authorized to accept and expend a gift of  
20 unrestricted cash in the value of up to \$500,000 as distributed to the Laguna Honda Gift Fund  
21 through the Knight Living Trust; and be it

22 FURTHER RESOLVED, That proceeds from the Knight Living Trust, will be accepted  
23 and expended consistent with San Francisco ordinance and Laguna Honda's policy and  
24 procedure governing the Gift Fund for the general comfort and benefit of the Laguna Honda  
25 patients.

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RECOMMENDED:



Barbara A. Garcia, MPA  
Director of Health

APPROVED:



Office of the Mayor



Office of the Controller



Edwin M. Lee  
Mayor

Barbara A. Garcia, MPA  
Director of Health

**TO:** Mabel Lew, Controller's Office  
**FROM:** Barbara A. Garcia, MPA  
Director of Health  
**DATE:** December 7, 2012  
**SUBJECT:** Grant Accept and Expend  
**GRANT TITLE:** Dolorous Knight Bequest - \$500,000

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Attached please find the original of each of the following:

- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted. Asked to participate in the project.
- Agreement / Award Letter
- Other (Explain):

**Special Timeline Requirements:**

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: **Dolorous Knight Bequest**

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: **\$500,000**

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

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

7a. Grant Source Agency: **The Knight Living Trust**

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

8. Proposed Grant Project Summary: **As a donation to the Laguna Honda Hospital's patient gift fund, this gift will be used for the general comfort and benefit of Laguna Honda's patients. The uses of this gift can include, but are not limited to, expenditures for musical entertainment, cultural celebrations, holiday meals, and outings to parks, ball games, concerts and other civic events.**

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

Start-Date: **07/01/2012**

End-Date: **06/30/2032**

10a. Amount budgeted for contractual services: **No**

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? **\$0**

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):

To maximize use of grant funds on direct services

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: **Ms. Dolorous Knight, through The Knight Living (Marital) Trust, provided a gift to the Laguna Honda Gift Fund in the sum of \$500,000.**

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

**\*\*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:

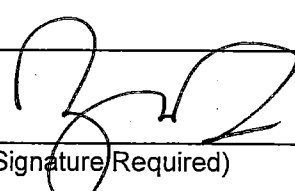
Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Jason Hashimoto  
(Name)

Director, EEO, and Cultural Competency Programs  
(Title)

Date Reviewed: 2/7/12

  
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA  
(Name)

Director of Health  
(Title)

Date Reviewed: 12/7/12

  
(Signature Required)

**Laguna Honda Hospital**  
**Dolorous Knight Bequest**  
**Multi-Year Budget**  
**Funded by the Knight Living Trust**

**July 1, 2012 – June 30, 2032**

| <b>DIRECT COSTS</b>  | <b>Each Year</b> | <b>All Years</b> | <b>Totals</b>    |
|--|------------------|------------------|------------------|
| <b>Materials &amp; Supplies</b><br>Special food and beverages, supplies and game prizes provided with resident activities.   | 17,000           | 340,000          | 340,000          |
| <b>Materials &amp; Supplies Sub-Total</b>  | <b>\$17,000</b>  | <b>\$340,000</b> | <b>\$340,000</b> |
| <b>Other Current Expenses</b><br>Musical entertainment, cultural celebrations, outings to parks, ball games, concerts, and other miscellaneous residents' benefits services. | 8,000            | 160,000          | 160,000          |
| <b>Other Current Expenses Sub-Total</b>  | <b>\$8,000</b>   | <b>\$160,000</b> | <b>\$160,000</b> |
| <b>TOTAL</b>   | <b>\$25,000</b>  | <b>\$500,000</b> | <b>\$500,000</b> |

**DEDA DIVINE, TRUSTEE**

P.O. Box 1724  
Blanco, TX 78606  
(512) 329-5811

June 27, 2012

Laguna Honda GIFT FUND  
375 Laguna Honda Boulevard  
San Francisco, CA 94116

Re: Trust Estate of Dolorous Knight

To whom it may concern:

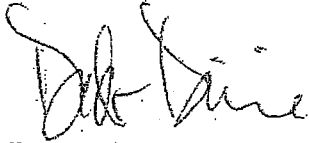
Pursuant to the terms of 16061.7 of the California Probate Code you are hereby informed of the following matters:

1. On June 5, 2012, Dolorous Knight, died. On May 30, 1991, she established a Revocable Living Trust. Said Trust has been amended by eight (8) Amendments.
2. The Trustee of the Trust is Deda Divine of P.O. Box 1724, Blanco, Texas 78606.
3. The address of the physical location where the principal place of administration of the trust is located is P.O. Box 1724, Blanco, Texas 78606.
4. Due to the death of Dolorous, you are entitled to an inheritance under the above Trust.
5. As a beneficiary you are entitled to receive from the Trustee a true and complete copy of the terms of the Trust. If you wish to receive this information, please send a letter directly to the Trustee at the address set forth in subparagraph 3. hereinabove.



6. You may not bring an action to contest the trust more than 120 days from the date this notification by the trustee is served upon you or 60 days from the day on which a copy of the terms of the trust is mailed or personally delivered to you in response to your request during that 120-day period, whichever is later.

Sincerely,

A handwritten signature in cursive script, appearing to read "Deda Divine".

Deda Divine, Trustee

**DAVID E. MILLER**

ATTORNEY-AT-LAW  
601 VAN NESS AVENUE  
SUITE 2050  
SAN FRANCISCO, CA 94102

TEL: (415) 776-5100  
FAX: (415) 776-5165  
demiller@sbcglobal.net

August 13, 2012

Administration Office  
ATTN: Adrienne Tong, DCA  
Laguna Honda Hospital and  
Rehabilitation Center  
375 Laguna Honda Boulevard  
San Francisco, CA 94116

Re: Dolorous Knight

Dear Ms. Tong,

Pursuant to your request, we enclose copies of the Revocable Living Trust and Eight Amendments thereto.

Sincerely,



David E. Miller

DEM:kah

Enclosures

cc: Deda Divine, Trustee

1999 South Bascom Avenue  
Suite 700  
Campbell, CA 95008  
(408) 297-7448

520 S. El Camino Real  
Suite 810  
San Mateo, CA 94402  
(650) 341-5515

1990 North California Boulevard  
Suite 830  
Walnut Creek, CA 94596  
(925) 689-7600

Please return all correspondence to San Francisco

EIGHTH AMENDMENT TO THE TRUST AGREEMENT ENTITLED  
THE KNIGHT LIVING TRUST  
DATED MAY 30, 1991

It is noted that KENNETH C. KNIGHT is deceased. DOLOROUS KNIGHT is acting as the sole Trustor.

The Trustor confirms the FIRST, SECOND, THIRD, FOURTH, FIFTH, SIXTH and SEVENTH AMENDMENTS and all provisions of the above dated Trust except as set forth hereinafter:

I. It is noted that DEDA DIVINE (Trustor's niece) is acting as a Co-Trustee with DOLOROUS KNIGHT.

II. Article FOURTH; D. subparagraph 4. of the Trust authorizes the surviving spouse (DOLOROUS KNIGHT) to exercise a general power of appointment over the Marital Trust assets. Accordingly, the Trustee is directed to disregard the previous distributions pertaining to the Marital Trust assets. After the demise of DOLOROUS KNIGHT, the Trustee is directed to distribute the net Marital Trust assets as follows:

1. The Trustee shall distribute the sum of five hundred thousand dollars (\$500,000.00) to SMILE TRAIN located at 41 Madison Avenue, 28<sup>th</sup> Floor, New York, New York 1001, telephone (877) 543-7645. Said gift shall be made free of any federal or state estate taxes. No interest shall be payable on said gift.
2. The Trustee shall distribute the sum of five hundred thousand dollars (\$500,000.00) to LAGUNA HONDA, <sup>GIFT FUNDS FX</sup> San Francisco, California. Said gift shall be made free of any federal or state estate taxes. No interest shall be payable on said gift.
3. That real estate known as 32 Gorham Street, San Francisco, California, subject to any encumbrances and if owned by the Trustor, shall be distributed to the SALVATION ARMY, San Francisco, California. The tangible personal property located at 32 Gorham Street, San Francisco, California, shall be distributed to the SALVATION ARMY except for any items given by a written memo signed by the Trustor.

*Dolorous Knight*

4. The Trustee shall distribute the sum of one hundred thousand dollars (\$100,000.00) to the DONALD KNIGHT LIVING TRUST dated August 30, 1994, if DONALD KNIGHT survives the Trustor (DONALD KNIGHT is the Trustor's brother-in-law). If he does not so survive, then said gift shall lapse and shall be added to the residue of the Marital Trust. Said gift shall be made free of any federal or state estate taxes. No interest shall be payable on said gift.
5. The sum of fifty thousand dollars (\$50,000.00) shall be distributed each to SANDEE MAC EACHERN and DEDA DIVINE (Trustor's nieces). If SANDEE MAC EACHERN is deceased, the gift to her shall lapse and shall be added to the Marital Trust residue. If DEDA DIVINE is deceased, the gift to her shall lapse and shall be distributed to her issue by right of representation. Said gifts shall be made free of any federal or state estate taxes. No interest shall be payable on said gifts.
6. The residue of the Marital Trust assets shall be distributed as follows:
  - a. Eighty percent (80%) to the YOSEMITE FUND.
  - b. Ten percent (10%) to SANDEE MAC EACHERN, or if she is deceased to DEDA DIVINE, or if she is deceased, to the issue by right of representation of DEDA DIVINE.
  - c. Ten percent (10%) to DEDA DIVINE, or if she is deceased to her issue by right of representation.

III. Article TWENTY-SIXTH: is amended in its entirety to read as follows:

TWENTY-SIXTH: NO-CONTEST CLAUSE

If any beneficiary under this instrument, singularly or in combination with any other person or persons, directly or indirectly does any of the following acts, then the right of that person to take any interest given to him or her by this instrument shall be void, and any gift or other interest in the trust property to which the beneficiary would otherwise have been entitled shall pass as if he or she had predeceased the grantors without issue.

(X) Dolores Knight



# Introduction Form

By a Member of the Board of Supervisors or the Mayor

RECEIVED  
BOARD OF SUPERVISOR  
SAN FRANCISCO

2013 JAN 15 PM 1:45  
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. Request for Closed Session (attach written motion).
- 10. Board to Sit as A Committee of the Whole.
- 11. 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 different form.**

**Sponsor(s):**

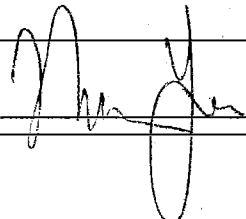
Supervisor Norman Yee

**Subject:**

Resolution authorizing the department of Public Health Laguna Honda Hospital and Rehabilitation Center to accept and expend retroactively a gift of \$500,000 to the Laguna Honda Gift Fund from the Knight Living Trust.

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

See attached.

Signature of Sponsoring Supervisor: 

For Clerk's Use Only:

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