

File No. 160330

Committee Item No. 13

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Sub Committee

Date April 27, 2016

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 |
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| <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 April 22, 2016

Completed by: Linda Wong Date _____

1 [Accept and Expend Gift - Estate of Norma Parenti - Laguna Honda Hospital and
2 Rehabilitation Center Gift Fund - \$26,673.29]

3 **Resolution retroactively authorizing the Department of Public Health, Laguna Honda**
4 **Hospital and Rehabilitation Center, to accept and expend a gift of \$26,673.29 from the**
5 **Estate of Norma Parenti to the Laguna Honda Hospital and Rehabilitation Center Gift**
6 **Fund for the period of April 1, 2016, through March 31, 2026.**

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

12 WHEREAS, The Last Will and Testament of Norma Parenti, dated May 3, 1999,
13 provides that Norma Parenti, a resident of the City and County of San Francisco, made a
14 bequest of \$25,000.00 to Laguna Honda Hospital; and

15 WHEREAS, The purpose of this gift will be used for the general comfort and benefit of
16 the patients of Laguna Honda Hospital; and

17 WHEREAS, The uses of this gift can include, but are not limited to, expenditures for
18 musical entertainment, cultural celebrations, holiday meals, and outings to parks, ball games,
19 concerts and other civic events; and

20 WHEREAS, Norma Parenti died on February 16, 2014; and

21 WHEREAS, The last Will and Testament of Norma Parenti was duly probated in the
22 Superior Court of California, County of San Francisco; and

23 WHEREAS, The Order for Final Distribution in the Estate of Norma Parenti, Case
24 No. PES-14-29782 included the following asset distribution to Laguna Honda: \$25,000.00 plus
25

1 \$1,601.37 interest, plus additional interest if distribution is not made by January 15, 2016, in
2 the amount of \$4.79452 per day from January 15, 2016 until the date of distribution; and

3 WHEREAS, Pursuant to the Order for Final Distribution, the Executor issued Check
4 No. 142, dated January 30, 2016, made payable to Laguna Honda Hospital, in the amount of
5 \$26,673.29; and

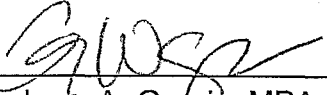
6 WHEREAS, A special fund, the "Laguna Honda Hospital Gift Fund", was established by
7 San Francisco Administrative Code Section 10.100-201(a) to receive cash for the general
8 benefit and comfort of patients of the Laguna Honda Hospital; now, therefore be it

9 RESOLVED, That on February 16, 2016, the Health Commission authorized the
10 Department of Public Health to recommend to the Board of Supervisors to retroactively accept
11 and expend a distribution in the sum of \$26,673.29, said distribution to be deposited in the
12 Laguna Honda Hospital Gift Fund to be used for the general benefit and comfort of residents
13 at Laguna Honda; and, be it

14 FURTHER RESOLVED, That the distribution from the Estate of Norma Parenti shall be
15 accepted and expended consistent with San Francisco Administrative Code Sections
16 governing the acceptance of gifts, donations, and contributions.

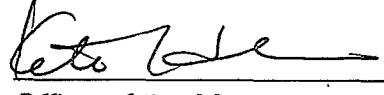
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RECOMMENDED:

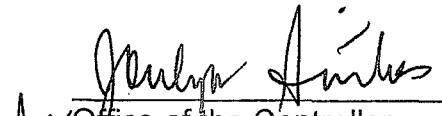


Barbara A. Garcia, MPA
Director of Health

APPROVED:



Office of the Mayor



Office of the Controller

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: **Bequest from the Estate of Norma Parenti**
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: **\$26,673.29**
- 6a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable):
- 7a. Grant Source Agency: **Estate of Norma Parenti**
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: **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? **No**
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:

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

****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:

Ron Weigelt
(Name)

Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs
(Title)

Date Reviewed: 3-3-16

Margene C. Daevu
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 3/4/16

BAG
(Signature Required)

Laguna Honda Hospital
Norma Parenti Bequest
Multi-Year Budget
April 1, 2016 – March 31, 2026

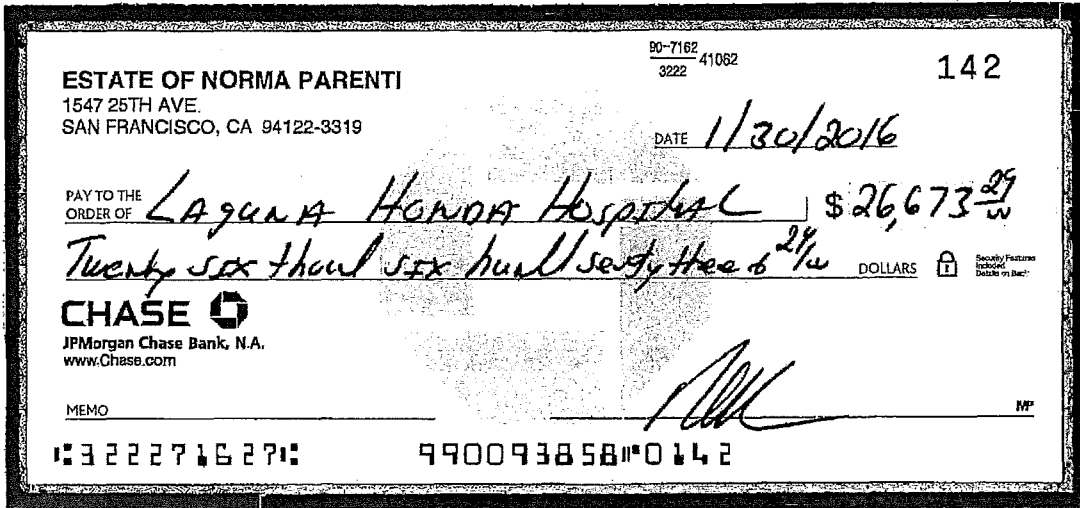
Laguna Honda Resident Gift Fund, Grant Code HLMISC

DIRECT COSTS	Each Year	All Years	Totals
Materials & Supplies			
Special food and beverages, supplies and game prizes provided with resident activities.	1,667.33	16,673.29	16,673.29
Materials & Supplies Sub-Total	\$17,000	\$16,673.29	\$16,673.29
Other Current Expenses			
Musical entertainment, cultural celebrations, outings to parks, ball games, concerts, and other miscellaneous residents' benefits services.	1,000	10,000	10,000
Other Current Expenses Sub-Total	\$1,000	\$10,000	\$10,000
TOTAL	\$2,667.33	\$26,673.29	\$26,673.29

**LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER
GIFT RECEIPT FORM**

DONOR CONTACT INFORMATION:

Name Estate of Norma Parenti
Richard Romano, Executor
 Address 1547 25th Avenue
 City, State Zip San Francisco, California 94122
 Phone _____
 E-mail _____



Approximate Value*

Proposed Use of Gift:

Amenities and services for residents in all hospital programs

Donor Signature (if available)

The donor is sent an acknowledgement letter unless the contact information is not known.

Date

* Donations of in-kind items do not have value placed upon them by hospital employees for purposes of donor tax obligation. Valuation is the responsibility of the donor.

- CASH DONATION _____
- CHECK # 142 AMOUNT \$ 26,673.29
Attach a copy of check(s) above
- ON-LINE DONATION AMOUNT _____

Accounting Use Only:

FAMIS Date: HLMISC
 Grant Code: _____
 Index Code: HLH050104
 Transaction Code: 718
 Sub Object: 78101

Volunteer Services Use Only:

- Date: _____ In-kind Gift, Fair Market Value (Documentation attached): \$ _____
- Donated items were left in front of office _____ (print name)
- Donated items were received in person by: _____ (print name)
- Acknowledgement letter and copy of Gift Receipt Form sent to donor (if address known)

January 30, 2016

Laguna Honda Hospital
ATTN: Chia Yu Ma, - Chief Financial Officer
Room A213
375 Laguna Honda Blvd.
San Francisco, CA 94116

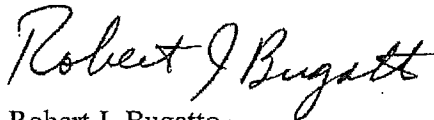
RE: *Estate of Norma Parenti*
San Francisco Superior Court Case No.: 297682

Dear Ms. Ma:

Laguna Honda Hospital was named as a beneficiary in the will of Norma Parenti. The estate proceedings are now in the process of closing as the distribution schedules have been approved by the Court. Enclosed please find a check in the amount of \$ 26,673.29. This is the amount (plus interest) bequeathed to you by Ms. Parenti. You are receiving the amount approved by the Court.

I have also enclosed a receipt. Please sign this and return in the enclosed envelope at your earliest convenience. This will be filed with the Court to reflect that the Executor has fulfilled his obligations in forwarding the amount promised to Laguna Honda by Ms. Parenti. I thank you for your patience while the estate was pending and, of course, if you have any questions, please contact me at (415) 378-5158.

Very truly yours,



Robert J. Bugatto
Attorney for Executor of the
Estate of Norma Parenti

Encls.

1 Robert J. Bugatto
State Bar No. 209418
2 1763 Mason Street
San Francisco, California 94133
3 Tel 415-378-5158
4 Attorney for Executor,
Richard Romano
5
6
7

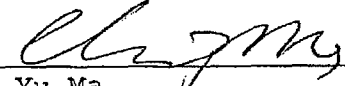
8 SUPERIOR COURT OF THE STATE OF CALIFORNIA
9 FOR THE COUNTY OF SAN FRANCISCO
10

11 Estate of) CASE NO. PES-14-297682
12)
NORMA PARENTI,) RECEIPT OF DISTRIBUTE
13)
Deceased.)
14)
15)

16
17 The undersigned hereby acknowledges receipt from Richard Romano,
18 as personal representative of the estate of the above-named
19 decedent, of cash in the sum of \$26,673.29.

20 The undersigned acknowledges that this sum constitutes all of
21 the property to which the undersigned is entitled pursuant to the
22 Order of Final Distribution made in the above estate on January 13,
23 2016.

24 DATED: Feb. 2, 2016



Chia Yu Ma
Chief Financial Officer
LAGUNA HONDA HOSPITAL

my estate.

g. I give the sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00) to SAINT PETER & PAUL CHURCH of San Francisco, California.

h. I give the sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00) to SAINT VINCENT DE PAUL CHURCH of San Francisco, California.

i. I give the sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00) to LAGUNA HONDA HOSPITAL of San Francisco, California.

j. I give the sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00) to SAINT ANNE'S HOME, 300 Lake Street, San Francisco, California.

FOURTH: I give the residue of my estate in equal shares as follows:

a. A one half interest to BILL BECKER and his wife, DORTHA BECKER, if they survive me for sixty days. If either beneficiary named in this paragraph does not survive me for sixty days, then their interest shall pass to the survivor of them. If neither beneficiary survives me for sixty days, then their interest shall pass in equal shares to their children MICHAEL D. BECKER and BEVERLY J. STOUDEER, or the survivor of them.

b. A one half interest to RICHARD ROMANO and his wife, ANNETTE ROMANO. If either beneficiary named in this section does not survive me for sixty days, then their interest shall pass to the survivor of them. If neither beneficiary survives me for sixty days, then their interest shall pass in equal shares to their issue, or the survivor of this issue.

c. If any of the beneficiaries named in this section do not survive me by sixty days, or fail for any reason to take the portion of the residue of my estate to which he or she would be entitled under the provisions of this section, then the share of the residue of my estate that he or she would have taken shall be divided in equal shares among the surviving beneficiaries named in this section.

Arma Parenti *my*
PS

**Health Commission
City and County of San Francisco
Resolution No. 16-4**

**RESOLUTION AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO RECOMMEND TO THE
BOARD OF SUPERVISORS TO ACCEPT AND EXPEND RETROACTIVELY A BEQUEST FROM
NORMA PARENTI AND ACCUMULATED INTEREST IN THE SUM OF \$26,673.29
TO THE LAGUNA HONDA GIFT FUND**

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, The Last Will and Testament of Norma Parenti, dated May 3, 1999, provides that Ms. Norma Parenti, a resident of the City and County of San Francisco, made a bequest of \$25,000.00 to Laguna Honda; and

WHEREAS, Ms. Norma Parenti died on February 16, 2014; and

WHEREAS, The Last Will and Testament of Norma Parenti was duly probated in the Superior Court of California, County of San Francisco; and

WHEREAS The Order for Final Distribution in Estate of Norma Parenti, Case No. PES-14-29782 included the following asset distribution to Laguna Honda: \$25,000.00 plus \$1,601.37 interest, plus additional interest if distribution is not made by January 15, 2016, in the amount of \$4.79452 per day from January 15, 2016 until the date of distribution; and

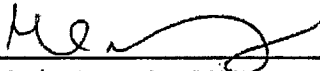
WHEREAS, Pursuant to the Order for Final Distribution, the Executor issued Check No. 142, dated January 30, 2016, made payable to Laguna Honda Hospital, in the amount of \$26,673.29; and

WHEREAS, A special fund, the "Laguna Honda Hospital Gift Fund", was established by San Francisco Administrative Code Section 10.100-201(a) to receive cash for the general benefit and comfort of patients of the Laguna Honda Hospital; therefore be it

RESOLVED, That the Health Commission authorizes the Department of Public Health to recommend to the Board of Supervisors to accept and expend retroactively a distribution in the sum of \$26,673.29, said distribution to be deposited in the Laguna Honda Hospital Gift Fund to be used for the general benefit and comfort of residents at Laguna Honda; and be it

FURTHER RESOLVED, That the distribution from the Estate of Norma Parenti shall be accepted and expended consistent with San Francisco Administrative Code Sections governing the acceptance of gifts, donations, and contributions.

I hereby certify that the San Francisco Health Commission at its meeting of February 16, 2016 adopted the foregoing resolution



Mark Morewitz, MSW
Health Commission Executive Secretary

Print Form

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:

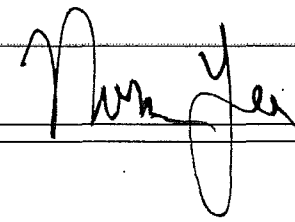
- Small Business Commission Youth Commission Ethics Commission
- Planning Commission Building Inspection Commission

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

Sponsor(s):

Subject:

The text is listed below or attached:

Signature of Sponsoring Supervisor: 

For Clerk's Use Only:



Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Barbara A. Garcia, MPA
Director of Health

DATE: March 4, 2016

SUBJECT: Grant Accept and Expend

GRANT TITLE: Accept and Expend Gift- Bequest from the Estate of Norma Parenti- \$26,673.29

Attached please find the original and 2 copies of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application
- Agreement / Award Letter
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Grants Administration for Community Programs, 1380 Howard St.

Certified copy required Yes No

