



Memorandum of Understanding re:

Support Disbursement of

Grant/Gift Donation Form

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 _____.

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:

B. ZSFG PROGRAM

The funds for _____
were received by the Foundation as part of the donations provided by the _____.

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 _____ and ends _____ years later on _____. 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:



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2. Not-to-Exceed Grant Amount: Total grant expenses are not to exceed (“Grant Amount”), and will be disbursed as detailed in the Not-to-Exceed Grant Amount and Eligible Expenses table, below.

3. Restricted Funds:

4. Unrestricted Funds:



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FOUNDATION

Not-to-Exceed Grant Amount and Eligible Expenses

Optimizing Epic to Drive True North: PROSPECT 1/1/2026-12/31/2028

<i>Eligible Expenses</i>	<i>Total Budget Request</i>
<i>Personnel</i>	
<i>Total Personnel</i>	
<i>Non-Personnel</i>	
<i>Total Non-Personnel</i>	
<i>Other Costs</i>	
<i>Total Other Costs</i>	
<i>Not-to-Exceed Grant Amount</i>	



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FOUNDATION

Not-to-Exceed Grant Amount and Eligible Expenses

Developing our people: The ZSFG Way 1/1/2026-12/31/2028

<i>Eligible Expenses</i>	<i>Total Budget Request</i>
<i>Personnel</i>	
<i>Total Personnel</i>	
<i>Non-Personnel</i>	
<i>Total Non-Personnel</i>	
<i>Other Costs</i>	
<i>Total Other Costs</i>	
<i>Not-to-Exceed Grant Amount</i>	



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

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: _____
David Chiu
Director of Health

APPROVED AS TO FORM:

David Chiu
City Attorney

By: _____
Henry Lifton
Deputy City Attorney

Exhibits:

Exhibit A: Disbursement Request Policy and Procedure

Exhibit B: Donor Disclosure Form

Exhibit C: Donor Donation Reconciliation Table

Exhibit D: ???



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
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.



Exhibit B: Donor Disclosure Form

SAN FRANCISCO GENERAL HOSPITAL FOUNDATION

Thank you for your support of the San Francisco General Hospital Foundation. In order to comply San Francisco's voter-approved Sunshine Ordinance (listed below), which was crafted to ensure transparency when donations are made that benefit City institutions like Zuckerberg San Francisco General Hospital, San Francisco General Hospital Foundation is obligated by the City of San Francisco to request that you please complete and confirm the following information:

Contributor & Contribution Information:

Name: <u>Priscilla Chan, MD and Mark Zuckerberg</u>	Date: <u>3/14/2016</u>
Address: <u>c/o Silicon Valley Community Foundation</u>	Phone: _____
<u>2440 West El Camino, Suite 300</u>	
<u>Mountain View, CA 94040</u>	Money, Goods, Services (description):
Contribution Amount/Estimated Value: \$: <u>28,000,000.00</u>	<u>Gift Money to establish Patient Care</u>
	<u>and Quality Improvement Fund (ZPCQI)</u>

The above address is a: ☒ Business _____ Residence _____

Financial Interest:

Please check the appropriate box(es) that describe your financial interest with the City.

<input type="checkbox"/> No Financial Interest	
<input type="checkbox"/> Contract with the City	(Please describe): _____
<input type="checkbox"/> Grant from the City	(Please describe): _____
<input type="checkbox"/> Lease of Space to or from the City	(Please describe): _____
<input type="checkbox"/> City License, Permit, or Entitlement for Use	(Please describe): _____
<input checked="" type="checkbox"/> Other Financial Interest	(Please describe): <u>Naming Recognition</u>
<input type="checkbox"/> Pending Financial Interest	(Please describe): _____

Additional details (optional): Refer to Gift Agreement with the SFGH Foundation dated February 6, 2025.

San Francisco Administrative Code Chapter 67 section 67.29-6 (Sources of Outside Funding) provides:

No official or employee or agent of the City shall accept, allow to be collected, or direct or influence the spending of, any money, or any goods or services worth more than one hundred dollars in aggregate, for the purpose of carrying out or assisting any City function unless the amount and source of all such funds is disclosed as a public record and made available on the website for the department to which the funds are directed. When such funds are provided or managed by an entity, and not an individual, that entity must agree in writing to abide by this ordinance. The disclosure shall include the names of all individuals or organizations contributing such money and a statement as to any financial interest the contributor has involving the City.

No donor disclosure on file. This gift was prior to the City MOU requirement in 2022.

Signature

Date

Please return this form at your earliest convenience to bferreira@sfgfh.org or mail to San Francisco General Hospital Foundation, Attn: Gift Compliance, PO Box 410836, San Francisco, CA 94141-0836. Please contact bferreira@sfgfh.org should you have any questions. Thank you once again for your generous support.

Exhibit C: Donor Donation Reconciliation Table

Project:	Donor	Dates	SFGHF Fund #	Total Donation Pledge	Total Donation Received	Round 1 and Round 2	Foundation Fee	Amount this MOU per AAO	Donation Remaining w/ SFGHF	Not Yet Received In Cash
Zuckerberg Patient Care QI Fund	Priscilla Chan, MD and Mark Zuckerberg c/o Silicon Valley Community Foundation	3/14/2016	279-001	\$28,000,000.00	\$28,000,000.00	\$19,306,708.67	\$ -		\$ 8,693,291.33	\$ -
Optimizing Epic to Drive True North (Prospect)			0792-020							
(allocated from ZPCQI- Patient Care and Quality Improvement Fund 279-001)							\$ -	\$ 2,294,046.75	\$ 6,399,244.58	\$ -
Developing our people: The ZSFG Way			0792-019				\$ -	\$ 4,461,439.51	\$ 1,837,805.07	\$ -
Total										
						Matches AAO amount	\$ 6,755,486.26			
Additional Gift Detail			Other MOU amount	Notes on Funds Remaining with SFGHF						
			\$100,000	BOOST grant approved through AAO FY26.						
BOOST/ZPCQI MOU				Donation total remaining with SFGHF does not include interest earned. Any interest earned will be used for the ZPCQI program,						
			\$ 100,000.00							
Reporting Requirement: Semi-Annually	Progress updates March	September								