

File Number: 220265
(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: **Zuckerberg San Francisco General Serious Illness Care Program**
2. Department: **Department of Public Health
Nursing Department**
3. Contact Person: **Terry Dentoni** Telephone: **628-206-3670**
4. Grant Approval Status (check one):

☒ Approved by funding agency☐ Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$248,924**
- 6a. Matching Funds Required: **N/A**
b. Source(s) of matching funds (if applicable): **N/A**
- 7a. Grant Source Agency: **Stupski Foundation**
b. Grant Pass-Through Agency (if applicable): **San Francisco General Hospital Foundation**
8. Proposed Grant Project Summary:

The ZSFG Serious Illness Care Program is developing and implementing a range of interventions that are focusing predominantly on cancer patients within the last year of life, with a plan to scale to patients with other diseases in the future.
These interventions will capitalize on current staffing and resources, create new high-impact positions within the program, and leverage established and respected partners both locally and nationally to implement proven solutions and adapt others to the unique setting.
The City and County of San Francisco is providing personnel resources to assist with carrying out the purpose of this grant.
Total grant expenses for Year 3 (September 1, 2021 – August 31, 2022) are not to exceed the total amount of \$248,924.

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

Start-Date: **9/1/21** End-Date: **8/31/22**

- 10a. Amount budgeted for contractual services: **\$129,415**
 - 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? **Ongoing**

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? **10% of Direct Costs**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to September 1, 2021. The Department received the award on October 1, 2021. The grant does not require an ASO amendment.

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

Fund	21132
Dept	251667
Authority	10001
Customer Contract	CTR00002850
Project Description	HG Serious Illness Care Program
Project code	10038458
Activity code	0001

****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 type="checkbox"/> Existing Structure(s)	<input 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:

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 2/18/2022 | 3:41 PM PST

DocuSigned by:
Toni Rucker
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 2/28/2022 | 9:40 AM PST

DocuSigned by:
Greg Wagner
(Signature Required)
Greg Wagner, COO for