

File No. 150797

Committee Item No. 2

Board Item No. 21

### COMMITTEE/BOARD OF SUPERVISORS

#### AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date September 9, 2015

Board of Supervisors Meeting

Date 9/15/15

#### Cmte Board

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>            | Motion                                       |
| <input checked="" type="checkbox"/> | <input checked="" 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"/>            | Youth Commission Report                      |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Introduction Form                            |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/>            | MOU  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form                       |
| <input checked="" type="checkbox"/> | <input checked="" 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 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"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Linda Wong Date September 4, 2015  
 Completed by: Linda Wong Date 9/10/15

1 [Accept and Expend Gifts - Dr. Milka Rols - Laguna Honda Hospital and Rehabilitation Center  
2 - \$400,000 to Resident Gift Fund - \$100,000 to Employee Development Fund for Quality  
3 Improvement, Education, and Training]

4 **Resolution retroactively authorizing the Department of Public Health to accept and**  
5 **expend gifts from Dr. Milka Rols to Laguna Honda Hospital and Rehabilitation Center**  
6 **Resident Gift Fund in the amount of \$400,000 for the period of July 1, 2015, through**  
7 **June 30, 2035, and \$100,000 to the Development Fund for Quality Improvement,**  
8 **Education, and Training for the period of July 1, 2015, through June 30, 2025.**

9  
10 WHEREAS, Laguna Honda Hospital and Rehabilitation Center (Laguna Honda  
11 Hospital) is part of the San Francisco Health Network operated by the Department of Public  
12 Health and is a safety net and community hospital, with a mission to provide high quality,  
13 culturally competent long term care and rehabilitation services to the diverse population of  
14 San Francisco; and

15 WHEREAS, Dr. Milka Rols worked at Laguna Honda Hospital from 1980 to 1996 as a  
16 staff physician, observing the special needs of patients at end-of-life care and the dedication  
17 of hospital staffs; and

18 WHEREAS, Dr. Milka Rols has donated two gifts to Laguna Honda Hospital in the  
19 amount of \$400,000 to Laguna Honda Hospital Resident Gift Fund and \$100,000 to Laguna  
20 Honda Hospital Employee Development Fund for Quality Improvement, Education, and  
21 Training; and

22 WHEREAS, The Laguna Honda Hospital Resident Gift Fund is used to benefit hospital  
23 patients, including providing comfort and support for all hospital patients at end-of-life care;  
24 and WHEREAS, the Laguna Honda Hospital Employee Development Fund is used to provide  
25

1 training and development of hospital employees, including staff quality improvement,  
2 education, and training; and

3 WHEREAS, On May 5, 2015, the Health Commission voted to recommended that the  
4 Board of Supervisors approve the gift and authorize Laguna Honda to retroactively accept and  
5 expend these gifts; now, therefore, be it


6 RESOLVED, That the Board of Supervisors approves the gifts from Dr. Milka Rols and  
7 authorizes the Department of Public Health to retroactively accept and expend gifts of  
8 unrestricted cash value in the amount of \$400,000 to Laguna Honda Hospital and  
9 Rehabilitation Center Resident Gift Fund and \$100,000 to Laguna Honda Hospital and  
10 Rehabilitation Center Employee Development Fund for Quality Improvement, Education, and  
11 Training; and, be it

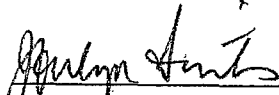
12 FURTHER RESOLVED, That the proceeds from Dr. Milka Rols gifts will be accepted  
3 and expended consistent with San Francisco Administrative Code Sections governing the  
14 acceptance of gifts to the City and County of San Francisco, including San Francisco  
15 Administrative Code Sections 10.100-305 and 10.100-201; and, be it

16 FURTHER RESOLVED, That the Board of Supervisors extends its gratitude to  
17 Dr. Milka Rols for the generous gift to the City and County of San Francisco in support of  
18 Laguna Honda Hospital and Rehabilitation Center.

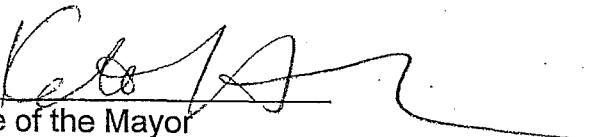
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

RECOMMENDED:

  
\_\_\_\_\_  
Barbara A. Garcia, MPA  
Director of Health

  
\_\_\_\_\_  
Office of the Controller

APPROVED:

  
\_\_\_\_\_  
Office of the Mayor

**City and County of San Francisco**

**Department of Public Health**



**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:** May 13, 2015

**SUBJECT:** Grant Accept and Expend

**GRANT TITLE:** Accept and Expend Gift- Milka Rols Gifts - \$400,000 to Laguna Honda Hospital and Rehabilitation Center Resident Gift Fund and \$100,000 to Laguna Honda Hospital and Rehabilitation Center Employee Development Fund for Quality Improvement, Education, and Training

---

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

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: **Milka Rols Gifts**
2. Department: **Department of Public Health, Laguna Honda Hospital**
3. Contact Person: **ChiaYu Ma** Telephone: **(415) 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 TOTAL**  
**[Laguna Honda Hospital Resident Gift Fund (HLROLS) - \$400,000; Laguna Honda Hospital Employee Development Fund for Quality Improvement, Education, and Training Fund (HLRLSE) - \$100,000]**

6a. Matching Funds Required: **\$0**  
b. Source(s) of matching funds (if applicable): **N/A**

7a. Grant Source Agency: **Private Citizen, Milka Rols**  
b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary: **A donation was made to Laguna Honda Hospital by former Laguna Honda physician, Milka Rols. The donor intends that \$400,000 be distributed to the Laguna Honda Hospital Resident Gift Fund to benefit end-of-life residents and programs and \$100,000 be distributed to the Laguna Honda Hospital Employee Development Fund for Quality Improvement, Education, and Training Fund for staff training programs.**

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

HLROLS	Start-Date: <b>7/1/15</b>	End-Date: <b>6/30/35</b>
HLRLSE	Start-Date: <b>7/1/15</b>	End-Date: <b>6/30/25</b>

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?

12. Any other significant grant requirements or comments:

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

Yuna Honda Resident Gift Fund- HLROLS  
Yuna Honda Hospital Employee Development Fund for Quality Improvement, Education, and Training Fund- HLRLSE

**\*\*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:

OR  
Ron Weigelt  
(Name)

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

Date Reviewed: 5-12-15

Barlene C. Arem  
(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Barbara A. Garcia, MPA  
(Name)

Director of Health  
(Title)

Date Reviewed: 5/14/15

[Signature]  
(Signature Required)

**Laguna Honda Hospital**

**Milka Rols Donation**

**Multi-Year Budget**

**July 1, 2015 – June 30, 2035**

**Laguna Honda Resident Gift Fund, Grant Code HLROLS**

<b>DIRECT COSTS</b>	<b>Each Year</b>	<b>All Years</b>	<b>Totals</b>
<b>Materials &amp; Supplies</b> Special food and beverages, flowers, décor, and equipment for, memorials, celebrations, ceremonies and rituals. Sundries.	15,000	300,000	300,000
<b>Materials &amp; Supplies Sub-Total</b>	<b>\$15,000</b>	<b>\$300,000</b>	<b>\$300,000</b>
<b>Other Current Expenses</b> Musical entertainment, memorials, celebrations, ceremonies, and rituals. Transportation and admission fees for life enhancing experiences.	5,000	100,000	100,000
<b>Other Current Expenses Sub-Total</b>	<b>\$5,000</b>	<b>\$100,000</b>	<b>\$100,000</b>
<b>TOTAL</b>	<b>\$20,00</b>	<b>\$400,000</b>	<b>\$400,000</b>



**Milka Rols Donation**  
**Multi-Year Budget**  
**July 1, 2015 – June 30, 2025**  
**Laguna Honda Quality Improvement, Education and Training Fund**  
**Grant Code HLRLSE**

<b>DIRECT COSTS</b>	<b>Each Year</b>	<b>All Years</b>	<b>Totals</b>
<b>Training</b>			
Tuition, fees, and related costs to individual and group training opportunities	10,000	100,000	100,000
<b>TOTAL</b>	<b>\$10,000</b>	<b>\$100,000</b>	<b>\$100,000</b>

CITY AND COUNTY OF SAN FRANCISCO



DENNIS J. HERRERA  
City Attorney

OFFICE OF THE CITY ATTORNEY

ADRIANNE TONG  
Deputy City Attorney

Direct Dial: (415) 554-4230  
Email: adrienne.tong@sfgov.org

April 30, 2015

Ms. Sue Colliver  
Vice President, Office Manager  
Boston Private Bank & Trust Company  
San Francisco Office  
433 California Street  
San Francisco, CA 94104

Re: Gifts from Dr. Milka Rols to Laguna Honda.

Dear Ms. Colliver:

This letter serves to acknowledge the generous donation by Dr. Milka Rols of cash gifts totaling five-hundred thousand dollars (\$500,000.00):

- Check #117921, dated April 14, 2015, in the amount of four-hundred thousand dollars (\$400,000.00), to Laguna Honda Hospital's Resident Gift Fund to benefit all end-of-life, hospice patients;
- Check #117922, dated April 14, 2015, in the amount of one-hundred thousand dollars (\$100,000.00), to Laguna Honda Hospital's Employee Development Fund for the quality improvement, education, and training of hospital staff.

The Resolution requesting that the Health Commission make a recommendation to the Board of Supervisors to retroactively accept and expend Dr. Rols' gifts will be scheduled for May 5, 2015. We anticipate that the Board of Supervisors will move forward on the Health Commission's recommendation to final approval, after which Laguna Honda will use the gifts consistent with Dr. Rols' intentions.

Thank you for coming to Laguna Honda on April 15, 2015 to deliver Dr. Rols' gift and tour the hospital campus. I hope that Dr. Rols enjoyed hearing about your time at Laguna Honda, especially your meeting with hospital staff – some of whom had worked with Dr. Rols, and that photographs taken during your tour helped to personalize the experience for all.

Very truly yours,

DENNIS J. HERRERA  
City Attorney

Handwritten signature of Adrienne Tong in black ink.

Adrienne Tong  
Deputy City Attorney

cc: Harry Maring, Esq.  
Mivic Hirose, Laguna Honda CEO

---

FOX PLAZA • 1390 MARKET STREET, FLOOR #5 • SAN FRANCISCO, CALIFORNIA 94102-5408  
RECEPTION: (415) 554-3800 • FACSIMILE: (415) 557-6747

n:\health team\atong\data 15\glff fund\milka rols\drafts\colliver\_letter\_april 21.docx

**BOSTON PRIVATE BANK  
& TRUST COMPANY**

5-234

117921

**CASHIERS CHECK**

2015 APR 15 AM 9:07

April 14, 2015

DATE:

FOUR HUNDRED THOUSAND DOLLARS AND NO CENTS

\*\*\*\$400,000.00\*\*\*

ACCOUNTING OFFICE  
LAGUNA HONDA HOSPITAL

PAY TO THE ORDER OF LAGUNA HONDA HOSPITAL

AUTHORIZED SIGNATURE

REMITTER RESIDENT GIFT FUND donated by: Dr. M Rols  
All end-of-life/hospice patients

*Victor*

⑈ 117921 ⑈ +⑈ 011002343⑈ 0001000118 ⑈

**BOSTON PRIVATE BANK  
& TRUST COMPANY**

5-234/110

117922

**CASHIERS CHECK**

April 14, 2015

DATE:

ONE HUNDRED THOUSAND DOLLARS AND NO CENTS

\*\*\*\$100,000.00\*\*\*

PAY TO THE ORDER OF LAGUNA HONDA HOSPITAL

AUTHORIZED SIGNATURE

REMITTER EMPLOYEE DEVELOPMENT FUND donated by: Dr. M Rols  
Quality Imp/Education Training

*Victor*

⑈ 117922 ⑈ +⑈ 011002343⑈ 0001000118 ⑈

# 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):**

Supervisor Norman Yee

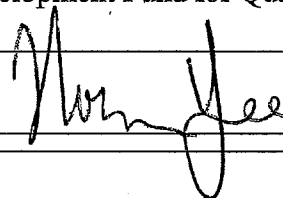
**Subject:**

Accept and Expend Gift.

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

Resolution authorizing the Department of Public Health to retroactively accept and expend gifts from Dr. Milka Rols in the amount of \$400,000 to Laguna Honda Hospital and Rehabilitation Center Resident Gift Fund and \$100,000 to Laguna Honda Hospital and Rehabilitation Center Employee Development Fund for Quality Improvement, Education, and Training.

Signature of Sponsoring Supervisor: \_\_\_\_\_



For Clerk's Use Only: