



ZSFG Serious Illness Care Program

Memorandum of Understanding

This Memorandum of Understanding (MOU) between San Francisco General Hospital Foundation herein after called "Foundation" and Zuckerberg San Francisco General Hospital is made and entered into as of September 1, 2021.

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:

ZSFG Serious Illness Care Program

The funds for which were received by the Foundation as part of the donations provided by the Stupski Foundation in 2019 to the ZSFG Serious Illness Care Program.

MOU TERMS

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 within the ZSFG Serious Illness Care Program commences September 1, 2021 and terminates August 31, 2022.

PROGRAM RESPONSIBILITIES UNDER THIS MOU

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 (September 1, 2021 – August 31, 2022) are not to exceed the total amount of \$248,924.



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**ZSFG Palliative Care Program
Stupski Foundation grant budget**

	Budget Request
<i>Personnel</i>	
Palliative Care Chaplain (Sojourner)	\$ 54,106
Serious Illness Care -- Program Coordinator	\$ 26,499
Clinical lead for caregiver -- Social Worker	\$ 70,810
Finance analyst	\$ 7,407
<i>Total Personnel</i>	\$ 158,822
<i>Non-Personnel</i>	
Production of 4 videos	\$ 4,000
Printing costs caregiver/FIT materials	\$ 2,000
FIT and Faculty (ZSFG/ZHP) parking	\$ 400
Misc ongoing office support costs	\$ 1,599
Membership fee for PCQN	\$ 4,000
Honoraria for caregiver group facilitation	\$ 4,800
Food for caregiver support sessions	\$ 14,400
Bus token/taxi for caregiver attendees	\$ 15,000
<i>Total Non-Personnel</i>	\$ 46,199
<i>Other Costs</i>	
<i>Consultants</i>	
Zen Hospice Project Team	\$ 31,403
Heather Harris, MD	\$ 10,000
ZSFG CARE Program team	\$ 2,500
<i>Total Other Costs</i>	\$ 43,903
<i>Grand Total</i>	\$ 248,924



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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.

MODIFICATION AND TERMINATION

IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

This agreement 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 must be made in writing and must be agreed to and executed by the parties before becoming effective.

Either party may terminate this agreement 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 ZSFG Serious Illness Care Program covered under this agreement does not have sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the Foundation shall have no liability to pay any funds whatsoever to ZSFG and ZSFG shall not be obligated to perform any provisions for which they are not reimbursed.

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

SIGNATURE

Date: 10/1/21

Kim Meredith
Chief Executive Officer
San Francisco General Hospital Foundation
2789 25th Street, Suite 2028
San Francisco, CA 94110



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

DocuSigned by:
Susan Ehrlich
4FFA51F30ABA481...

11/22/2021 | 7:47 PM PST
Date: _____

ZSFG Authorized Signer

Susan Ehrlich
Chief Executive Officer
Zuckerberg San Francisco General Hospital

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:

Salaries & benefits**Acc#	7500	Equipment/Remodeling	7530
Consultants	7510	Permits/Fees/Inspection	7532
Graphic Design	7511	Meals/Refreshment	7540
Translation Services	7512	Transportation & Lodging	7560
Supplies	7520	Conference & Training Fee	7570
Incentives	7521	Patient Assistance	7580
Stipend	7522	Other (please specify):	7590
Printing	7523		
Software	7524		

*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.