

File No. 220265

Committee Item No. 8

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date May 4, 2022

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
<input type="checkbox"/>	<input type="checkbox"/>	Budget and Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Youth Commission Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input checked="" 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 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"/>	_____

Completed by: Brent Jalipa Date April 29, 2022

Completed by: Brent Jalipa Date _____

1 [Accept and Expend Grant - Retroactive - Stupski Foundation - San Francisco General
2 Hospital Foundation - Zuckerberg San Francisco General Serious Illness Care Program -
3 \$248,924]

4 **Resolution retroactively authorizing the Department of Public Health to accept and**
5 **expend a grant in the amount of \$248,924 from the Stupski Foundation through the San**
6 **Francisco General Hospital Foundation for participation in a program, entitled**
7 **“Zuckerberg San Francisco General Serious Illness Care Program,” for the period of**
8 **September 1, 2021, through August 31, 2022.**

9
10 WHEREAS, The Stupski Foundation (SF), through the San Francisco General Hospital
11 Foundation (SFGHF) as a pass-through entity, has agreed to fund the Department of Public
12 Health (DPH) in the amount of \$248,924 for participation in a program, entitled “Zuckerberg
13 San Francisco General Serious Illness Care Program,” for the period of September 1, 2021,
14 through August 31, 2022; and

15 WHEREAS, The Zuckerberg San Francisco General (ZSFG) Serious Illness Care
16 Program is developing and implementing a range of interventions that are focusing
17 predominantly on cancer patients within the last year of life, with a plan to scale to patients
18 with other diseases in the future; and

19 WHEREAS, These interventions will capitalize on current staffing and resources,
20 create new high-impact positions within the program, and leverage established and respected
21 partners both locally and nationally to implement proven solutions and adapt others to the
22 unique setting; and

23 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and
24
25

1 WHEREAS, A request for retroactive approval is being sought because DPH received
2 the memorandum of understanding on October 1, 2021, for a project start date of
3 September 1, 2021; and

4 WHEREAS, The Department proposes to maximize use of available grant funds on
5 program expenditures by not including indirect costs in the grant budget; now, therefore, be it

6 RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in
7 the grant budget; and, be it

8 FURTHER RESOLVED, That DPH is hereby authorized to accept and expend a grant
9 in the amount of \$248,924 from the SF through SFGHF; and, be it

10 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
11 expend the grant funds pursuant to Administrative Code, Section 10.170-1; and, be it

12 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
13 Agreement on behalf of the City; and, be it

14 FURTHER RESOLVED, That within thirty (30) days of the Grant Agreement being fully
15 executed by all parties, the Director of Health shall provide a copy to the Clerk of the Board of
16 Supervisors for inclusion in the official file.

1 Recommended: Approved: /s/
2 Mayor
3 /s/
4 Dr. Grant Colfax Approved: /s/
5 Director of Health Controller
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

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

Zuckerberg San Francisco General - Nursing Department
Zuckerberg San Francisco General Serious Illness Care Program - Stupski Foundation Grant
September 1, 2021 – August 31, 2022

Personnel

POSITION	MONTHS	SALARY & BENEFITS	FTE	BUDGET
2920 Clinical Lead for Caregiver - Social Worker	12	\$ 164,646	0.43	\$ 70,810
TOTAL				\$ 70,810

Professional Services

Serious Illness Care - Program Coordinator (UCSF)	\$ 26,499
Financial Analyst (UCSF)	\$ 7,407
Palliative Care Chaplain (Sojourn)	\$ 54,106
TOTAL	\$ 88,012

Non-Personnel

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
TOTAL	\$ 46,199

Other Costs

Zen Hospice Project Team	\$ 31,403
Heather Harris, MD	\$ 10,000
ZSFG CARE Program Team	\$ 2,500
TOTAL	\$ 43,903

GRAND TOTAL (excluding indirect costs)	\$ 248,924
---	-------------------

San Francisco Department of Public Health (SFDPH)
Nursing Department
ZSFG Serious Illness Care Program
BUDGET JUSTIFICATION
September 1, 2021 to August 31, 2022

A.	PERSONNEL		
B.	MANDATORY FRINGE		
1.	2920 Clinical Lead for Caregiver - Social Worker		
	Annual Salary \$116,246 x 0.423 FTE for 12 months =	\$49,172	
	Mandatory Fringe Benefits (@ 44%) =	\$21,638	
	Total Salaries		\$49,172
	Total Fringe		\$21,638
	TOTAL PERSONNEL:		\$70,810
C.	TRAVEL		\$15,000
	Bus token/taxi for caregiver attendees	\$15,000	
D.	EQUIPMENT		\$0
E.	SUPPLIES		\$31,199
	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	
F.	CONTRACTUAL		\$129,415
	Serious Illness Care - Program Coordinator (UCSF):	\$26,499	
	Financial Analyst (UCSF):	\$7,407	
	Palliative Care Chaplain (Sojourn):	\$54,106	
	Zen Hospice Project Team:	\$31,403	
	Heather Harris, MD:	\$10,000	
G.	OTHER		\$2,500
	TOTAL DIRECT COSTS		\$248,924
H.	INDIRECT COSTS		\$0
	TOTAL BUDGET:		\$248,924



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.



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

**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



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

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...

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

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.



London N. Breed
Mayor

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Dr. Grant Colfax
Director of Health

DATE: 2/28/2022

SUBJECT: Grant Accept and Expend

GRANT TITLE: Accept and Expend Grant – Zuckerberg San Francisco
General Serious Illness Care Program - \$248,924

Attached please find the original and 1 copy of each of the following:

- ☒ Proposed grant resolution, original signed by Department
- ☒ Grant information form, including disability checklist -
- ☒ Budget and Budget Justification
- ☐ Grant application: Not Applicable. No application submitted.
- ☒ Agreement / Award Letter
- ☐ Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes ☐

No ☒