



SAN FRANCISCO  
GENERAL HOSPITAL  
FOUNDATION

**The Geriatric Emergency Department at Zuckerberg San Francisco General Hospital & Trauma Center**

**Memorandum of Understanding**

This Memorandum of Understanding (MOU) between San Francisco General Hospital Foundation herein after called "Foundation" and Zuckerberg San Francisco General Hospital 3/1/ 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:

**Geriatric Emergency Department planning grant led by Dr. Malini Singh and Dr. Eric Isaacs**

The funds for which were received by the Foundation from Hirsch Philanthropy.

**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 **Geriatric Emergency Department (GED) at Zuckerberg San Francisco General Hospital & Trauma Center**

begins March 1, 2021 and ends March 1, 2022.

**PROGRAM RESPONSIBILITIES UNDER THIS MOU**

This grant is to support Zuckerberg San Francisco General Hospital in planning for the development of a world-class GED with a focus on geriatric and dementia care.



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GED Pilot Budget

Category	Line Item	Unit (s)/ FTE	Cost	Total
Staff (Per Year)	Medical Director/Site Champion	0.3	\$ 80,953.00	\$ 80,953.00
	GED Additional Physician Support GED Geriatric MD	0.1	\$ 30,151.00	\$ 30,151.00
	Geriatric Emergency Department Nurse Lead GED RN	0.1	\$ 21,582.00	\$ 21,582.00
	GED RN	0.2	\$ 35,345.00	\$ 35,345.00
	GED RN	0.1	\$ 16,440.19	\$ 16,440.19
	GED RN	0.1	\$ 16,440.19	\$ 16,440.19
	GED MEA - Day Shift	0.1	\$ 16,440.19	\$ 16,440.19
	GED MEA - Night Shift GED NP	0.1	\$ 11,977.00	\$ 11,977.00
	Geriatric ED Care Coordinator Pharmacist **	0.1	\$ 35,345.00	\$ 35,345.00
	EHR Modification Support ** Data Analyst**	0.5	\$ 47,927.84	\$ 47,927.84
		In Kind	\$ -	\$ -
		In Kind	\$ -	\$ -
		In Kind	\$ -	\$ -
Travel	Travel to Other GED Sites - UCSD and Mt. Sinai	6.00	\$ 4,166.67	\$ 25,000.02
	Travel to ACEP Conference - Medical Director	1.00	\$ 4,000.00	\$ 4,000.00
	Travel to NICHE National Conference	4.00	\$ 3,000.00	\$ 12,000.00
Other Costs	Niche Onsite Training (Education) **	In Kind	\$ -	\$ -
	Niche Onsite Training (Food - Breakfast and Lunch)** NICHE ED RN Training Compensation **	In Kind	\$ -	\$ -
	NICHE Medical Assistant Training Compensation ** GENE Training Course	In Kind	\$ -	\$ -
	GED ED Kick Off Event	6.00	\$ -	\$ -
	GED ED Kick Off Event	1.00	\$ 250.00	\$ 1,500.00
	GED Bootcamp Travel and Registration for Medical Director GED	1.00	\$ 3,000.00	\$ 3,000.00
	Advisory Committee Meetings	9.00	\$ -	\$ -
	American Geriatric Society Member Fees (for Medical Director - 2 years)	2.00	\$ 500.00	\$ 4,500.00
			\$ 415.00	\$ 830.00
	** Services Provided In-Kind			\$ 375,408.43

Amount Requested: \$376,000  
 Indirect Fee (5%): \$18,800  
 Total Amount Awarded: \$394,800



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Expenses allowed are up to the maximum spend not to exceed the amounts in \$394,800.

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 budget 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



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**SIGNATURE**

*Kim Meredith*

Date: 4/1/2021

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

\_\_\_\_\_  
Date: \_\_\_\_\_

ZSFG Authorized Signer

Susan Ehrlich  
Chief Executive Officer  
Zuckerberg San Francisco General Hospital



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## 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 15<sup>th</sup> 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@sfg hf.org](mailto:accounting@sfg hf.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.