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	71163 of Board of Superv	_ visors)			
, , ,			tion Information otive July 2011)	n Form	
Purpose: Accompanies funds.	s proposed Board of	f Supervisors r	resolutions autho	rizing a Department to a	accept and expend grant
The following describe	s the grant referred	to in the accor	mpanying resolu	tion:	
1. Grant Title: Zucker	berg Patient Care	Quality Impro	ovement Fund (ZPCQI Fund)	
2. Department: Hosp	ital Administration	ı, Zuckerberg	San Francisco	General Hospital and	Trauma Center
3. Contact Person:	Susan Ehrlich &	Kim Nguyen		Telephone: (415) 206-2	2877
4. Grant Approval Sta	tus (check one):				
[X] Approved b	by funding agency		[] Not y	vet approved	
 Amount of Grant Fu \$7,346,756 in the 3-ye (Year 1-10/23/2017-00 06/30/2020: \$100,000) Matching Funds Re 	ear project period 6/30/2018: \$4,750,3)		7/01/2018-06/30	/2019: \$2,496,360; Yea	r 3- 07/01/2019-
b. Source(s) of match		able):			
7a. Grant Source Ager b. Grant Pass-Throug			pital Foundatio	n (SFGHF)	
they need to continue projects: The first ca and safety. The second	rant is to equip and ally improve the quategory of projects and category of projects	uality of patie s includes the jects includes	nt care. The pro continued opt s transforming	pject is outlined in thre imization of Building	staff with the resource ee different categories of 25 for access, readines disitor experience. Lastly form patient care.
9. Grant Project Sche	dule, as allowed in a	approval docui	ments, or as pro	posed:	
Start-Date:	Oct 23, 2017	End-Date: Jun e	e 30, 2020		
10a. Amount budgeted b. Will contractual serv be managed by San	vices be put out to b	oid? No contra			ntractual services will
requirements? V	Ve will always sup	port LBE goa	ls. However, ou	ent's Local Business Ent Ir main goal is to ensu cisco Health Network I	re services are cost
d. Is this likely to be	a one-time or ongo	oing request fo	r contracting out	? One-time investmen	ts only
11a. Does the budget	include indirect cos	its?	[] Yes	[X] No	•

b1. If yes, how much? \$

b2. How was the amount calculated?

c1. If no, why are indirect costs not included?

[] Not allowed by granting agency

[X] 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? Indirect Supplies						
12. Any other significant grant requirements or comments:						
GRANT CODE (Please include Grant Code and Detail in FAMIS):						
Proposal ID: CTR00000260 Project ID: 10032280						
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):						
[X] Existing Site(s) [] Existing Structure(s) [X] Existing Program(s) or Service(s) [] Rehabilitated Site(s) [] Rehabilitated Structure(s) [] New Program(s) or Service(s) [] New Site(s) [] 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;						
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						
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$						
Date Reviewed:						
(Signature Required)						
Department Head or Designee Approval of Grant Information Form:						
Barbara A. Garcia, MPA (Name)						
Director of Health						
(Title) Date Reviewed: 9/20/17 Clell Cle						
Date Reviewed:(Signature Required)						

Rev: 08-2014