



London N. Breed
Mayor

Dr. Grant Colfax
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Dr. Grant Colfax
Director of Health

DATE: January 14, 2020

SUBJECT: Gift Accept and Expend

GRANT TITLE: Accept and Expend Gift – Safety Net Gift- \$105,000

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

Phone: 554-2868

Interoffice Mail Address: Dept. of Public Health, Fiscal Unit, 101 Grove St #106

Certified copy required Yes

No

FILE NO.

RESOLUTION NO.

1 [Accept and Expend Gift - EPIC Charitable Fund - Safety Net Gift - \$105,000]

2
3 **Resolution authorizing the Department of Public Health to accept and expend a**
4 **monetary gift in the amount of \$105,000 from the EPIC Charitable Fund for our support**
5 **of Federally Qualified Health Centers (FQHC) and our role as a safety net provider.**

6
7 WHEREAS, The EPIC Charitable Fund (ECF) has donated to the San Francisco
8 Department of Public Health (DPH) in the amount of \$105,000 for our support of Federally
9 Qualified Health Centers (FQHC) and our role as a safety net provider; and

10 WHEREAS, DPH Safety Net is comprised of DPH hospitals, DPH clinics, DPH civil
11 service providers, Emergency Medical Service Treatment providers, Department of Aging and
12 Adult Services Case Management programs, and DPH affiliate and contract treatment
13 providers; and

14 WHEREAS, The ECF provides gifts to entities that help low income and at-risk
15 populations; now, therefore, be it

16 RESOLVED, That the Board of Supervisors approves the gift and authorizes DPH to
17 accept and expend a gift of cash in the value of \$105,000 donated by ECF; and, be it

18 FURTHER RESOLVED, That the proceeds of the gift by ECF will be accepted and
19 expended consistent with the San Francisco Administrative Code Sections governing the
20 acceptance of gifts to the City and County of San Francisco, including the San Francisco
21 Administrative Code, Section 10.100-201; and, be it

22 FURTHER RESOLVED, That the Board of Supervisors extends its gratitude to ECF for
23 the generous gift to the City and County of San Francisco in support of DPH.

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:



Dr. Grant Colfax
Director of Health

Approved: _____

Mayor

Approved: Carmen LeFranc

Bo^r Controller

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: Safety Net Gift

2. Department: Department of Public Health

3. Contact Person: Eric Raffin Telephone: (916) 258-7288

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$105,000

6a. Matching Funds Required: \$0

b. Source(s) of matching funds (if applicable): N/A

7a. Grant Source Agency: EPIC

b. Grant Pass-Through Agency (if applicable): N/A

8. Proposed Grant Project Summary: Epic Systems provides gifts to entities that serve the underserved as we do in the Safety Net. We will be receiving the gift honoring our support of FQHCs, and our role as a safety net provider.

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

Start-Date: 02/28/2020

End-Date: 02/27/2021

10a. Amount budgeted for contractual services:\$0

b. Will contractual services be put out to bid? N/A

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? \$

b2. How was the amount calculated?

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? N/A.

12. Any other significant grant requirements or comments:

Fund ID: 14820
Department ID: 162643
Project ID: 10035431
Authority ID: 10001
Activity ID: 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:

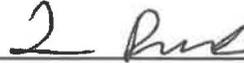
Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: Apr 3, 2020

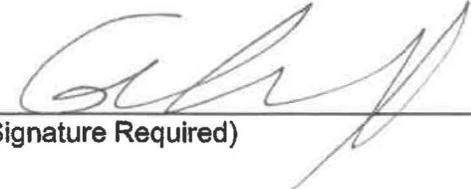

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 1/11/2020


(Signature Required)

EPIC

**EPIC Donation
One-Year Budget
February 28, 2020 – February 27, 2021
EPIC Gift Fund Project Code 10035431**

DIRECT COSTS	Fiscal Year 19-20	Fiscal Year 20-21	Totals
Non-personnel services -Federally Qualified Health Center (FQHC) computer upgrades - FQHC computer equipment, maintenance, and support	55,000	50,000	105,000
Non-professional services Sub-Total	\$55,000	\$50,000	\$105,000
TOTAL	\$55,000	\$50,000	\$105,000



December 20, 2019

Dear Eric,

Congratulations on your work to help your patients get well and stay well. We appreciate the opportunity to support your mission through the enclosed Safety Net Grant of \$105,000.

This grant is to recognize and further your charitable work. You are under no obligation to contract with Epic for any future services. There are also no requirements (e.g., reporting specific measures, communicating the use or outcome, etc.) associated with the grant; you are free to use the grant dollars as you deem most appropriate as part of your mission.

Your grant comes from our Epic Charitable Fund, and will be distributed by Fidelity. This will be delivered in a single check and, at your request, mailed to the Department of Public Health under the City and County of San Francisco, IT Division. Please give me a call if you have any questions or need any additional information.

A handwritten signature in black ink, appearing to read 'Jenna Timm'.

Jenna Timm
Epic

608-271-9000
Jenna@epic.com