

File No. 200579

Committee Item No. 2

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date June 17, 2020

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 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 checked="" 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"/>	_____
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Completed by: Linda Wong Date June 12, 2020

Completed by: Linda Wong Date _____

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

2
3 **Resolution retroactively authorizing the Department of Public Health to accept and**
4 **expend a monetary gift in the amount of \$105,000 from the EPIC Charitable Fund for the**
5 **support of Federally Qualified Health Centers and the role as a safety net provider, for**
6 **the period of February 28, 2020, through February 27, 2021.**
7

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

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

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

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

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

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

/s/

Dr. Grant Colfax
Director of Health

Approved: /s/

Mayor

Approved: /s/

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):

☒ [X] 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

☒ [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? 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: April 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)



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 dark ink, appearing to read 'Jenna Timm'.

Jenna Timm
Epic

608-271-9000
Jenna@epic.com

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

City and County of San Francisco

Department of Public Health



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 ☒

From: [Kittler, Sophia \(MYR\)](#)
To: [BOS Legislation, \(BOS\)](#)
Cc: [Peacock, Rebecca \(MYR\)](#); [Groffenberger, Ashley \(MYR\)](#); [LeFranc, Carmen \(CON\)](#); [Patil, Sneha \(DPH\)](#); [Wong, Greg \(DPH\)](#); [Kirkpatrick, Kelly \(MYR\)](#)
Subject: Resolution - Accept and Expend Gift - EPIC Charitable Fund - Safety Net Gift - \$105,000
Date: Tuesday, June 2, 2020 6:22:19 PM
Attachments: [1a. 1040 Resolution Draft.doc](#)
[1b. Signed Resolution.pdf](#)
[3b. Signed Grant Info Form.pdf](#)
[5. Safety Net Grant letter for SFDPH.pdf](#)
[4. 1040 Budget Epic Gift SafetyNet.docx](#)
[DPH A&E - Safety Net Gift - \\$105,000 - Project 10035431.pdf](#)
[2. 1040 Board Cover Memo.docx](#)
[3a. 1040 Grant-Resolution-Information-EPIC Gift.docx](#)
[Safety Net Grant letter for SFDPH.doc](#)

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

Please let me know if you have any questions.

Ashley or Kelly, please confirm Mayor's approval by responding to this email.

Thanks,

Sophia

Sophia Kittler
Office of Mayor London N. Breed
415 554 6153