File No	200579	Committee Board Item	Item No. No	. <u>2</u> 15	
COMMITTEE/BOARD OF SUPERVISORS AGENDA PACKET CONTENTS LIST					
Committee:	Budget & Finance Commi	<u>ttee</u>	Date	June 17, 2020	
Board of Supervisors Meeting			Date _	June 23, 2020	
Cmte Boar	Motion Resolution Ordinance Legislative Digest Budget and Legislative A Youth Commission Repol Introduction Form Department/Agency Cov MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Form 126 – Ethics Comm Award Letter Application Public Correspondence	ort		ort	
OTHER	(Use back side if additio	nal space is	needed)		
		-			

Completed by: Linda Wong

Completed by: Linda Wong

June 12, 2020 June 19, 2020

Date ____

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.
25	

Fi	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 a expend grant funds.	ccept and
Tł	The following describes the grant referred to in the accompanying resolution:	
1.	Grant Title: Safety Net Gift	
2.	2. Department: Department of Public Health	
3.	3. Contact Person: Eric Raffin Telephone: (916) 258-7288	
4.	4. Grant Approval Status (check one):	
	[X] Approved by funding agency	
5.	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	
do	8. Proposed Grant Project Summary: Epic Systems provides gifts to entities that serve the under do in the Safety Net. We will be receiving the gift honoring our support of FQHCs, and our role as provider.	
9.	9. Grant Project Schedule, as allowed in approval documents, or as proposed:	
	Start-Date: 02/28/2020 End-Date: 02/27/2021	
10	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 Ente requirements? N/A	prise (LBE)
	d. Is this likely to be a one-time or ongoing request for contracting out? N/A	
11:	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 [] Other (please explain): [X] To maximize use of grant funds on direct sets.	ervices

- 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 fo	r activities at (check all that apply):		
X Existing Site(s) [] Rehabilitated Site(s) [] New Site(s)	[] Existing Structure(s) [] Rehabilitated Structure(s) [] New Structure(s)	[] Existing Program(s) or Service(s) [] New Program(s) or Service(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 h	now to provide reasonable modificat	tions in policies, practices and procedures;	
2. Having auxiliary aids ar	nd services available in a timely ma	nner 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 tech	nnically infeasible, this is described	in the comments section below:	
Comments:			
Departmental ADA Coordina	tor or Mayor's Office of Disability R	eviewer:	
Toni Rucker, PhD			
(Name)			
DPH ADA Coordinator			
(Title)		0	
Date Reviewed:	3, 2220	2 Produce	
7	<i>*</i> /	(Signature Required)	
Department Head or Desig	nee Approval of Grant Informatio	on Form:	
Dr. Grant Colfax			
(Name)			
Director of Health		1	
(Title)	1. /2020	() //	
Date Reviewed:	1/2020	(Stery)	
•	,	(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.

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

10:		Angela Calvillo, Clerk of the Board of Supervisors		
FRO	M:	Dr. Grant Colfax Director of Health		
DATE	# P	January 14, 2020		
SUBJECT:		Gift Accept and Expend		
GRANT TITLE:		Accept and Expend Gift Safety Net Gift- \$105,000		
Attac	Attached please find the original and 1 copy of each of the following:			
\boxtimes	Proposed grant resolution, original signed by Department			
\boxtimes	Grant information form, including disability checklist -			
\boxtimes	Budget and Budget Justification			
	Grant application: Not Applicable. No application submitted.			
\boxtimes	Agreement / Award Letter			
	Other (Explain):			
Special Timeline Requirements:				
Departmental representative to receive a copy of the adopted resolution:				
Name	Name: Gregory Wong Phone: 554-2868			
Interoffice Mail Address: Dept. of Public Health, Fiscal Unit, 101 Grove St #106				
Certifi	Certified copy required Yes ☐ No ☒			

From: <u>Kittler, Sophia (MYR)</u>
To: <u>BOS Legislation, (BOS)</u>

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