

File Number: _____
(Provided by Clerk of Board of Supervisors)

Gift Resolution Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend gift funds.

The following describes the gift referred to in the accompanying resolution:

1. Gift Title: **Joan Kelley-Ryder Bequest**
2. Department: **Laguna Honda Hospital**
3. Contact Person: **William Frazier** Telephone: **(415) 759-3384**
4. Gift Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Gift Funding Approved or Applied for: **\$200,000**

- 6a. Matching Funds Required: **\$0**
- b. Source(s) of matching funds (if applicable): **N/A**

- 7a. Gift Source Agency: **The Joan Kelley-Ryder Trust**
- b. Gift Pass-Through Agency (if applicable): **N/A.**

8. Proposed Gift Project Summary:
The trustee for the Joan Kelley-Ryder Trust has notified Laguna Honda and Rehabilitation Center (Laguna Honda) the intention to distribute a cash bequest totaling two hundred thousand dollars (\$200,000.00) to the Laguna Honda Hospital Gift Fund. Laguna Honda requests that the San Francisco Health Commission recommends to the Board of Supervisors acceptance and expenditure of the gift to the Laguna Honda Hospital Gift Fund. Expenditures of the proceeds would be consistent with the purpose of the Laguna Honda Gift Fund to provide support to, and enhance the well-being of, the residents of Laguna Honda. Expenditures of the proceeds will also be consistent as provided for through the San Francisco Administrative Code Sections governing the acceptance of gifts to the Department of Public Health, including San Francisco Administrative Code Section 10.100-201. We are grateful to the family of Joan Kelley-Ryder, whose generous gift will enable Laguna Honda to further enhance the quality of life and care for our residents.

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

Start-Date: **12/01/2020** End-Date: **12/30/2030**

- 10a. Amount budgeted for contractual services: **0**
- b. Will contractual services be put out to bid? **No.**
- c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements?
- 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? **5% of direct costs.**

12. Any other significant gift requirements or comments:

Fund: 22150
Department: 207690
Project Description: HL Kelley Ryder Bequest
Project: 10036940
Authority: 10001
Activity: 001

****Disability Access Checklist***(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Gift 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: 12/8/2020 | 7:13 PM PST

DocuSigned by:
Toni Rucker
704292F7351F43D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 12/15/2020 | 12:39 PM PST

DocuSigned by:
Greg Wagner
20527924732843F...
(Signature Required)

Greg wagner, COO for