File Number:  (Provided by Clerk of Board of Su	upervisors)						
, ,	Gift Resolution (Effective	Information For	<u>m</u>				
Purpose: Accompanies propos expend In-Kind donations.	,	,	orizing a Department to a	ccept and			
The following describes the gif	t referred to in the accor	npanying resoluti	on:				
1. Gift Title: <b>ZEISS Forum Sc</b>	Gift Title: ZEISS Forum Software Licenses						
2. Department: <b>ZSFG Depart</b>	Department: ZSFG Department of Ophthalmology						
3. Contact Person: <b>Bruce Oc</b>	Contact Person: Bruce Occena Telephone: 415-206-8833						
4. Gift Approval Status (check	one):						
[X] Approved by funding	g agency	[] Not yet ap	oproved				
5. Amount of Gift Funding App Ophthalmology application v			e licenses for the ZEISS	Forum			
6a. Matching Funds Required: b. Source(s) of matching fund							
	7a. Gift Source Agency: <b>San Francisco General Hospital Foundation</b> b. Gift Pass-Through Agency (if applicable): <b>N.A.</b>						
8. Proposed Gift Project Summary: San Francisco General Hospital Foundation is gifting the perpetual ZEISS Forum Ophthalmology software licenses to the San Francisco Department of Public Health for the purpose of providing eye care and eye disease management.							
9. Gift Project Schedule, as al	lowed in approval docur	nents, or as prop	osed:				
Start-Date: July 8, 2	2016	End-Date: June	16, 2025				
10a. Amount budgeted for con	tractual services: <b>N.A.</b>						
b. Will contractual services b	pe 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-t	ime or ongoing request	for contracting ou	it? <b>N.A.</b>				
11a. Does the budget include i	ndirect costs?	[] Yes	[ <b>x</b> ] No				
b1. If yes, how much? \$ <b>N</b> b2. How was the amount ca	I.A. lculated? N.A.						
c1. If no, why are indirect co	sts not included?						

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[]	Not allowed by gifting agency	[] To maximize use of gift funds on direct services
[x]	Other (please explain): Ophthalmology	software is being supported by existing DPH operations

- 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: **ZEISS forum ophthalmology application enables DPH to enhance and expand critical eye care to San Franciscans, enabling DPH to deliver patient care.**

Contract/proposal: CTR00002483
Project: 10037887

Project Description: ZEISS Forum Software Licenses gift from SFGHF.

Activity: 0001 Fund: 21132

**Disability Access Checklist***(Department must forward a copy of all completed Gift Information Forms to the Mayor's Office of Disability)								
13. This Gift is intended for activities at (check all that apply):								
<ul><li>[X] Existing Site(s)</li><li>[] Rehabilitated Site(s)</li><li>[] New Site(s)</li></ul>	<ul><li>[] Existing Structure(s)</li><li>[] Rehabilitated Structure(s)</li><li>[] New Structure(s)</li></ul>	<ul><li>[ ] Existing Program(s) or Service(s)</li><li>[ ] New Program(s) or Service(s)</li></ul>						
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 modifica	ations in policies, practices and procedures;						
2. Having auxiliary aids a	and services available in a timely ma	anner 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 ted	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)		DocuSigned by:						
Date Reviewed: 8/6/2021	4:36 PM PDT	Toni Ruker						
		(Signature Required)						
Department Head or Designee Approval of Gift Information Form:								
Dr. Grant Colfax								
(Name)								
Director of Health								
(Title)		DocuSigned by:						
Date Reviewed: 8/6/2021	3:53 PM PDT	Naveena Bobba						
Date Nevieweu.		(Signature Required)						

Naveena Bobba, Deputy Director for