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www.sff.org

THE SAN FRANCISCO FOUNDATION

The Community Foundation of the Bay Area

March 15, 2006

Ms. Ann Marie Silvestri
San Mateo Medical Center
222 - 39th Avenue
San Mateo, CA 94403

RE: Grant Number: C-2006-0676

Dear Ms. Silvestri:

We are pleased to inform you that The San Francisco Foundation has approved a grant in the amount of \$25,000.00 for 6 months to determine the most appropriate dental service and oral health education delivery link for low-income pregnant women and their young children

The enclosed Grant Agreement forms the contract between San Mateo Medical Center and the Foundation. Please read it carefully as it outlines the conditions of the grant as well as the payment and reporting schedules. We ask that you, your Board Chair, and fiscal sponsor (if applicable) sign and return one copy. No payments can be made until the Grant Agreement has been returned and any special conditions have been met. Also, a copy of the approved budget for your project is enclosed for your information. Please review this information before signing to ensure that the figures still accurately represent the work you plan to do.

As a community foundation, our ability to fund important programs such as yours is contingent upon ongoing support from the Bay Area community. We look forward to partnering with you to let others know about the importance of philanthropy. Please include us in any communications, including websites, connected with the grant -- press releases, programs, announcements, invitations, stories in the media, annual reports, and newsletters. Our logo is available to download at www.sff.org/grantmaking/resources.html. Please call us if you have questions about how to use the logo. Please submit copies of any such publications with your project reports. If your organization has a website, please link to www.sff.org. Any statement about Foundation policy should be cleared in advance through our Public Affairs Coordinator.

Should your organization wish to apply for future funding, please note the following eligibility policy: Grantees are eligible to receive funds from the Foundation for consecutive periods of up to three years. After three years, grantees will be required to wait a period of 12 months before receiving funding. Exceptions to this policy will be made under certain circumstances. Requests for exceptions should be directed to Program Officers who will consider and make a decision in consultation with the Director of Programs.

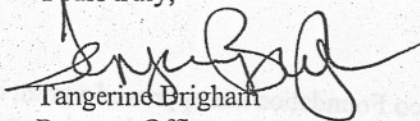
THE SAN FRANCISCO FOUNDATION

The Community Foundation of the Bay Area

March 12, 2002

The Foundation is pleased to assist you in your important work, and we look forward to hearing about your activities. Please do not hesitate to call me if you have any questions about this grant or the policies of the Foundation.

Yours truly,



Tangerine Brigham
Program Officer

THE SAN FRANCISCO FOUNDATION

GRANT AGREEMENT

Grant Number: C-2006-0676

Please use this number
in all correspondence

I. ACCEPTANCE OF GRANT

The conditions set forth below are deemed to be agreed to by the grantee if the grantee accepts any payment. No payments will be released until a signed copy of the Agreement is returned to the Foundation and any special conditions are met.

Contact:

Ms. Ann Marie Silvestri

DR.

Phone:

(650) 573-2651

Grantee:

San Mateo Medical Center
222 - 39th Avenue
San Mateo, CA 94403

Payee:

San Mateo Medical Center
222 - 39th Avenue
San Mateo, CA 94403

Grant Amount:

\$25,000.00 for 6 months

Date Approved:

3/14/2006

Grant Period:

4/1/2006 -- 9/30/2006

Grant Purpose:

To determine the most appropriate dental service and oral health education delivery link for low-income pregnant women and their young children

Outcomes and Activities:

To develop a plan that will enable the collaborative to define and address the oral health needs of pregnant women on Medi-Cal.

1. Survey and develop demographic details on population and service access points. The Public Health division Oral Health Coordinator and SMMC Dental Assistant will analyze pregnancy-related Medi-Cal enrollment data to better define the demographics of this population.
2. Research and develop an oral health education message.
3. Conduct a feasibility analysis on the range of service delivery locations.

4. Clarify the provisions of SB 377's covered benefits and identify gaps in dental service coverage and appropriate care.
5. Develop an education delivery and referral mechanism in conjunction with community partners and clients.

II. SPECIAL CONDITIONS

None.

III. REPORTING REQUIREMENTS AND PAYMENT SCHEDULE

Payments will be made on the schedule below **if** special conditions described above are met **and if** narrative and financial reports have been submitted on the dates requested. If reports are required, guidelines and forms are available on the Foundation's website at www.sff.org/grantmaking/apply.html. Reminder letters will be mailed in the month before the report is due. If you need to extend the grant period or request changes in the payment schedule or line-item budget, please request the change in writing, briefly explaining the reason it is needed.

Please note that payments on new grants will not be released until final reports on all prior grants have been received and approved by your Program Officer.

Progress Report Due Dates (if any):

Payment(s):

4/01/2006: \$25,000.00

Final Report:

10/31/2006

IV. PUBLICITY

As a community foundation, our ability to fund important programs such as yours is contingent upon ongoing support from the Bay Area community. We look forward to partnering with you to let others know about the importance of philanthropy. Please include us in any communications, including websites, connected with the grant -- press releases, programs, announcements, invitations, stories in the media, annual reports, and newsletters. Please submit copies of any such publications with your project reports. If your organization has a website, please link to www.sff.org. Any statement about Foundation policy should be cleared in advance through our Director of Communications.

V. BUDGET AND USE OF FUNDS

Funds must be used by the grantee strictly in accordance with the final budget on which the grant was based. Any changes within the final budget must be approved in advance by the Foundation.

VI. REVERSION OF FUNDS

All funds not expended for the purposes agreed to by the grantee and the Foundation must be returned to the Foundation.

VII. AUDIT

The Foundation reserves the right to conduct an audit of any grantee if it appears appropriate and

necessary.

VIII. MONITORING AND EVALUATION

In order to assess the effectiveness of our grants, the Foundation may monitor or conduct an evaluation of the program funded by this grant, which may include visits by representatives of the Foundation to observe the grantee's program procedures and operations and to discuss the program with the grantee's personnel.

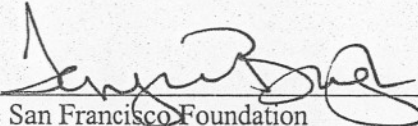
IX. HOLD HARMLESS

In accepting a grant from the Foundation, the grantee hereby irrevocably and unconditionally agrees, to the fullest extent permitted by law, to defend, indemnify and hold harmless The San Francisco Foundation, its officers, directors, trustees, employees and agents, from and against any and all claims, liabilities, losses and expenses (including reasonable attorneys' fees) directly, indirectly, wholly or partially arising from or in connection with any act or omission of the grantee, its employees or agents, in applying or accepting such grant, in expending or applying the funds furnished pursuant to such grant or in carrying out the program or project to be funded or financed by such grant, except to the extent that such claims, liabilities, losses or expenses arise from or in connection with any act or omission of The San Francisco Foundation, its officers, directors, trustees, employees or agents.

The Board and staff of The San Francisco Foundation are pleased to be able to make this grant (#C-2006-0676) of \$25,000.00 to your organization. Please sign and return one copy of this Agreement as evidence of your understanding of and agreement with the terms outlined.

Return completed document to:

Grants Management
The San Francisco Foundation
225 Bush Street, Suite 500
San Francisco, CA 94104


The San Francisco Foundation

3/20/06
Date

Chair, Agency Board of Directors or Designee

Date


Agency Executive Director

4/13/06
Date

N/A
Fiscal Sponsor*

Date

*Agreement must be signed by Fiscal Sponsor if project agency does not have 501(c)(3) status.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives,
have affixed their hands.

COUNTY OF SAN MATEO

By: _____
Jerry Hill, President
Board of Supervisors, San Mateo County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

THE SAN FRANCISCO FOUNDATION

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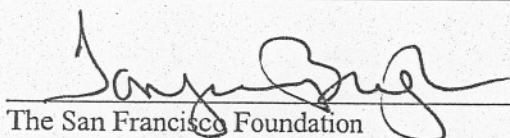
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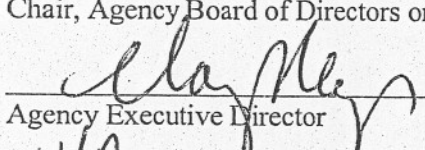
Grants Management
The San Francisco Foundation
225 Bush Street, Suite 500
San Francisco, CA 94104


The San Francisco Foundation

3/20/06
Date

Chair, Agency Board of Directors or Designee

Date


Agency Executive Director

4/13/06
Date

N/A
Fiscal Sponsor*

Date

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IX. FUND TERMINATION

In case a grant from the Foundation, the grantee hereby irrevocably and exclusively

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By: _____

Jerry Hill, President
Board of Supervisors, San Mateo County

Date: _____

ATTEST:

By: _____

Clerk of Said Board

[Faint signatures and text from the reverse side of the document are visible through the paper.]

OHI Project Budget Request

Agency:	San Mateo Medical Center
Project Name:	Pre and Post Natal Oral Health Project
Total Request from OHI:	\$ 25,000 for 6 months
The amount requested is 24% of total project budget.	

1. Please round all numbers to the nearest even dollar. For example, \$1500, not \$1499 or \$1500.02.
2. Please do not type in grey boxes or boxes containing zeros (these are set to automatically total related line items).
3. Projects will be asked to submit annual budgets and may make modifications at that time.

	Year 1	Year 2 (estimated)3	Year 3 (estimated)3	Total Requested	Other Sources/ In-Kind	Total Project Budget
Personnel and Benefits (Year 1 total from page 2)	108,554			4,000	68,864	72,864
Non-Personnel/Other Direct Costs						
Total Other Direct Costs						
Consultants/Subcontractors (total from page 2)				21,000	9,000	30,000
PROJECT TOTAL				25,000	77,864	102,864

OHI Personnel and Contractor Detail

1. Please do not type in grey boxes or in boxes containing zeros (these are set to automatically total related line items).
2. Please note that the table below requests *annual* salary and benefits. The percent FTE will be automatically calculated in the Total column.

Personnel

Name	Organization and Title	% Time (enter as .XX)	Annual Salary	Annual Benefits	Total
Dr. Ann Marie Silvestri	San Mateo Medical Center/Supervising Dentist	0.2	120,000	38400	31,680
Jennifer Ponzo	San Mateo Medical Center/Dental Assistant	0.25	31,200	9984	10,296
Rachelle Salvana	Public Health Division/Child Dental Health Coordinator	0.25	75,000	24000	24,750
Joy Dalby	San Mateo County OB Clinic/Supervising Nurse	0.05	93,000	29760	6,138
Total Personnel and Benefits (please transfer to page 1)					72,864

Consultants/Subcontractors (Related to Collaborative Partners)

Name	% Time and Service Provided	Total Amount
San Mateo Legal Aid Society		5,000
Ravenswood Family Health Center		8,000
Sonrisas Community Dental Clinic		8,000
University of the Pacific Dental School		9,000
Total Consultants/Subcontractors (please transfer to page 1)		\$30,000

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO.
ATR6 048

DEPARTMENT
SAN MATEO MEDICAL CENTER

DATE
04/13/06

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

	C O D E S		AMOUNT	DESCRIPTION
	FUND OR ORG.	ACCOUNT		
From	68110	2655	12,500 00	Other Foundation Grants
To	68110	4111	2,000 00	Regular Hours - Perm Position
	68110	5858	10,500 00	Other Professional Contract Services

Justification. (Attach Memo if Necessary) This ATR will appropriate funding to determine the most appropriate dental service and oral health education delivery link for low-income pregnant women and young children. The program will develop a plan that will enable the collaborative to define and address the oral health needs of pregnant women on Medi-Cal.

There is no change in the Net County Cost.

DEPARTMENT HEAD

BY: 

DATE
4-13-06

2 Board Action Required

☒ Four-Fifths Vote Required

☐ Board Action Not Required

Remarks:

COUNTY CONTROLLER

BY: 

DATE
4/13/06

3. ☐ Approve as Requested

☐ Approve as Revised

☐ Disapprove

Remarks:

COUNTY MANAGER

BY:

DATE

DO NOT WRITE BELOW THIS LINE — FOR BOARD OF SUPERVISORS' USE ONLY

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

RESOLUTION TRANSFERRING FUNDS

RESOLUTION NO. _____

RESOLVED, by the Board of Supervisors of the County of San Mateo, that

WHEREAS, the Department hereinabove named in the Request for Appropriation, Allotment or Transfer of Funds has requested the transfer of certain funds as described in said Request; and

WHEREAS, the County Controller has approved said Request as to accounting and available balances, and the County Manager has recommended the transfer of funds as set forth hereinabove:

NOW, THEREFORE, IT IS HEREBY ORDERED AND DETERMINED that the recommendations of the County Manager be approved and that the transfer of funds as set forth in said Request be effected.

Regularly passed and adopted this _____ day of _____, 19____

Ayes and in favor of said resolution:

Noes and against said resolution:

Supervisors: _____

Supervisors: _____

County of San Mateo
San Mateo Medical Center

ATR/AER Form

Page 1 of 1

Controller's ATR Number

Department: San Mateo Medical Center
Division: San Mateo Community Health Clinic- Administration

Type of Transaction: ☒ ATR ☐ One-Time ☐ AER ☒ On-Going
Status of Transaction

Title: SMMC-Accept and Implement the San Francisco Foundation

Justification: This ATR will appropriate funding to determine the most appropriate dental service
and oral health education delivery link for low-income pregnant women and their young children.
The program will develop a plan that will enable the collaborative to define and address the oral health needs
of pregnant women on Medi-Cal. There is no change in the Net County Cost.

TO BP:	68500BP	Total:	12,500.00
FROM BP:	68500BP	Total:	12,500.00
		Net Change:	0.00

From/To	Sub Account	Account Description	Transfer Amt.
68110	4111	Regular Hours-Perm Positions	2,000.00
68110	5858	Other Professional Contract Serv.	10,500.00
Appropriation Total			12,500.00
68110	2655	Other Foundation Grants	12,500.00
Revenue Total			12,500.00
Net County Cost			0.00