AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

AgendaTitle:
Grant Contract; Temple Hoyne Buell Foundation; Gunnison Hinsdale Early Childhood Council; 9/1/13 thru 8/31/14; $10,000

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement: Gunnison County & Temple Hoyne Buell Foundation

Term Begins: 9/1/2013 **Term Ends:** 8/31/2014 **Grant Contract #:**

Summary:
This is a grant award for the Early Childhood Council for operating costs.

Fiscal Impact: $10,000

Submitted by: C. Worrall **Submitter's Email Address:** cworrall@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:

This is a renewal award. We are receiving the same amount this year and the grant is included in the 2014 budget. The funds are designated for general operating expense.

Reviewed by: Lnienhueser Discharge Date: 8/28/2013

County Attorney Review: (●) Required ( ) Not Required

Comments:

ok db 8/28/13

Reviewed by: DBaumgarten Discharge Date: 8/28/2013 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reviewed by: MBirnie Discharge Date: 8/29/2013

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted:

Agenda Date: 9/3/2013 Follow Up Agenda Date: N/A

Revised April 2013

TEMPLE HOYNE BUELL FOUNDATION

August 20, 2013

Margaret Wacker, Coordinator
Gunnison Hinsdale Early Childhood Council
225 N. Pine Street, Suite E
Gunnison, CO 81230

Re: Grant # 6672

Dear Ms. Wacker:

The Trustees of the Temple Hoyne Buell Foundation are pleased to inform you that a grant has been approved in the amount of $10,000.00 for general operating support. $5,000.00 will be paid after this contract has been signed and returned. The remaining $5,000.00 for the same purpose will be paid upon receipt of an acceptable mid-year report due March 15, 2014 covering period of September 1, 2013 through February 28, 2014. Please reference the g rant number in any correspondence related to this grant. *No administrative fees may be deducted from this grant by the fiscal sponsor.*

This grant has been approved based upon the following terms and conditions:

1. Expenditure of Funds: This grant, and any income earned upon investment of grant funds, is made for the charitable purposes outlined above and may not be expended for any other purpose without this Foundation's prior written approval. The grant period is September 1, 2013 through August 31, 2014.

2. Records and Reports: You are required to keep the financial records with respect to this grant and to provide this Foundation with a written report summarizing the use of all grant funds after funds have been expended and other reports as we may reasonably require. All records shall be retained for at least four years following the year in which all grant funds are fully expended.

3. Required Notification: You are required to provide this Foundation with *immediate written notification* of (a) any change in your organization's tax-exempt status, (b) any inquiry or audit by the Internal Revenue Service, (c) your inability to expend the grant for the purposes described in this letter, or (d) any expenditure from this grant made for any purposes other than those for which the grant was intended. Additionally, you must submit a written request to us *in advance* if the funds cannot be expended within the stated grant period.

4. Reasonable Access: You will permit this Foundation and its representatives reasonable access to your files, records, accounts, and personnel for purposes of making such financial audits, verifications, or program evaluations as this Foundation deems necessary or appropriate concerning this grant award.

1666 S. University Blvd., Suite B, Denver, CO 80210 ● (303) 744-1688 ● Fax (303) 744-1601 ● www.buellfoundation.org

5. Condition of Grant: This grant is conditioned upon your acceptance of the terms set forth above, and this Foundation reserves the right to discontinue, modify, or withhold any payment under this grant award, or to request a refund of any grant funds, if it reasonably determines that your organization has not fully complied with the terms and conditions of this grant.

6. Publicity: This Foundation may include information concerning this grant, including the amount and purpose of the grant and any related materials (including your logo and trademark and other information about your organization and its activities) in the Foundation's periodic public reports, newspapers, and news releases. You will obtain the Foundation's approval, which shall not be unreasonably withheld, concerning the text of any proposed publicity concerning this grant prior to its release.

If the conditions of this grant meet with your approval, please sign and return one copy of this letter *with original signatures* to the Foundation within 14 days after its receipt. A check in the amount of $5,000.00 will be issued within three weeks of our receipt of the signed contract.

Congratulations on this recognition of your important efforts. We look forward to working with you during the coming year.

Sincerely,

Susan J. Steele
Executive Director

AGREED AND ACCEPTED:

_____	_____
Signature, Coordinator Gunnison Hinsdale Early Childhood Council	Signature, Officer of the Board Gunnison Hinsdale Early Childhood Council
Printed Name:_____	Printed Name:_____
Title:_____	Title:_____
Date:_____	Date:_____

FISCAL SPONSOR:

This grant has been approved based upon the following terms and conditions:

1. Gunnison County Department of Health and Human Services is a nonprofit recognized by the Internal Revenue Service as a public charity as described in Sections 501(c)(3) and 509(a)(1) of the

IRS Code of 1986 as amended (the "Code") or a governmental agency organized under the laws of the State of Colorado.

2. Gunnison County Department of Health and Human Services is required to provide this Foundation with immediate written notification of any change in this organization's tax-exempt status.

3. As fiscal sponsor, Gunnison County Department of Health and Human Services agrees to provide overall supervision for the grantee organization, monitor grant funds, and is responsible for assuring that all reporting requirements are met.

AGREED AND ACCEPTED (two different signers required):

_____	_____
Signature, Commissioner Gunnison County	Signature, Director Gunnison County Department of Health & Human Services
Printed Name:_____	Printed Name:_____
Title:_____	Title:_____
Date:_____	Date:_____