AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

AgendaTitle:
Grant Agreement; Temple Hoyne Buell Foundation; Kids in Care Program; $2,000

Action Requested: County Manager Signature

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

Term Begins: As soon as signed **Term Ends:** 4/30/2015 **Grant Contract #:**

Summary:
None competetive grant funding that can be used at our discretion for children in foster care.

Fiscal Impact: no county funds, $2,000

Submitted by: Renee Brown **Submitter's Email Address:** renee.brown@state.co.us

Finance Review: (●) Required ( ) Not Required

Comments:

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 6/24/2014

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

Comments:

Reviewed by: GUNCOUNTY1\atrezise Discharge Date: 6/24/2014 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reviewed by: GUNCOUNTY1\mbirnie Discharge Date: 6/24/2014

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

Agenda Date: 7/1/2014 Follow Up Agenda Date:

Revised April 2013

DEPT. OF HUMAN SERVICES

TEMPLE HOYNE BUELL FOUNDATION

May 16, 2014

Renee Brown, Director
Gunnison County Department of
Health & Human Services
225 N. Pine Street
Gunnison, CO 81230

Dear Ms. Brown:

The Trustees of the Temple Hoyne Buell Foundation are pleased to inform you that an unsolicited grant has been approved for your organization in the amount of $2,000.00 for the Kids in Care Program. This grant is *not* in response to your recent request for funding. That request is still under consideration.

By signing this contract you confirm that Gunnison County Department of Health & Human Services is a tax-exempt charitable organization recognized by the Internal Revenue Service as a 501(c)(3) or a governmental agency organized under the laws of the State of Colorado. This grant, and any income earned upon investment of grant funds, is made for the charitable purposes stated above and may not be expended for any other purpose without this Foundation's prior written approval.

If the conditions of this grant meet with your approval, please sign and return one copy of this letter to our office. A check will be issued within three weeks of our receipt of the signed contract.

Congratulations on this recognition of your important efforts.

Very truly yours,

Susan J. Steele

Susan J. Steele
Executive Director

AGREED AND ACCEPTED:

Authorized Signature:_____
Printed Name:_____
Title:_____
Date:_____

7164

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