AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Grant Application; RMH Foundation

Action Requested: County Manager Signature

Parties to the Agreement: Health and Human Services and Rocky Mountain Health Foundation

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

grant for suicide prevention

Fiscal Impact: $10,000

Submitted by: Kari Commerford **Submitter's Email Address:** kcommerford@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
This is a new grant and will have to be included as a requested budget amendment for 2019. No concerns, ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 12/20/2018

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

Comments:
ok db 1/2/19

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 1/2/2019 Certificate of Insurance Required

Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 1/3/2019

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 1/8/2019

Revised April 2015

Rocky Mountain Health Foundation

Website: http://RMHealth.org
Address: 2768 Compass Drive, Suite 109, Grand Junction, CO 81506
Phone: 970-644-8188

December 10, 2018

Emily Mirza
Gunnison County
200 East Virginia Ave.
Gunnison, CO 81230

Dear Emily:

Congratulations! On behalf of the Board of Directors of Rocky Mountain Health Foundation, it is my pleasure to inform you that your funding request, "A Community Approach to Upstream Suicide Prevention" has been approved for $10,000.

At your earliest convenience, please return this grant funding agreement. Once your signed grant funding agreement is received, we will distribute your funds.

By signing this document, you agree to the following terms and conditions:

1. The funds will be used for the designated purpose and in accordance with the budget included with your proposal by 12/27/2019. If you wish to change the purpose of the grant or if the funds are not expended within the next 12 months, please submit a request in advance. Grantees will submit a Grant Amendment Request Form (and revised budget, if applicable) for review. Any portion of the grant unexpended at the end of the period shall be returned to the Foundation.

2. Your agency agrees to notify Rocky Mountain Health Foundation if there is any change in your public charity status throughout this funding cycle.

3. The Foundation requests a final report by 1/24/2020. Your report should describe your progress in achieving the purpose of the grant and include a detailed accounting of the uses or expenditure of all grant funds. You also agree to provide any other information reasonably requested by the Foundation throughout this funding cycle.

4. The Foundation may include information regarding this grant (the purpose of the grant, any photographs you may have provided, your logo, or other information about your organization and its activities) in the Foundation's reports, website, and news releases.

5. The Foundation will release public notification of grants awarded to the media but will not disclose the amount of each awardee. Your agency is welcome to share your grant award amount, along with check presentation photos, if you desire.

Our Grant Manager, Kim Lewis, will be your primary point of contact throughout the grant cycle. She is responsible for touching base with you for updates on your project, receiving reports and for assisting in the administrative and financial aspects of the grant. She can be reached at (970) 697-1038 or kim@rmhealth.org. To maximize your partnership with us, we encourage you to utilize our Grantee Toolkit found on our website at: http://rmhealth.org/wp-content/uploads/2018/07/RMHF-Grantee-Toolkit.pdf.

Rocky Mountain Health Foundation is looking forward to working with you on our shared commitment towards creating healthy communities on the Western Slope. On behalf of our Board of Directors, congratulations and best wishes. We are proud to support your mission.

Sincerely,

Michaelle Smith
Executive Director

Sal Schaefer
Chair, Board of Directors

Please sign and return a copy of this letter as soon as possible. Upon receipt, grant funds will be released.

ACCEPTED AND AGREED TO BY:

Gunnison County

_____
Executive Director (printed)

_____
Executive Director (signature)

_____
Date

share the health