

**DECLARATION OF DONATION
COUNCIL APPROVAL**

For County Council's approval consistent with Policy 1006

(Cash donations above \$5,000 total, annually; property donations above \$1,000 total, annually; testamentary donations.)

I, Intermountain Healthcare irrevocably give, and where appropriate transfer, title to the property described below to Salt Lake County to become permanent property of Salt Lake County and to be administered in accordance with its established policies. I assign and transfer all rights, including any copyrights that I possess on these properties to Salt Lake County, without restrictions or conditions except those noted below under "Other provisions or restrictions."

Description of donation:

To support the county's nurse family partnership (NFP) and nurse visiting program that serves high-risk, first-time mothers

Value (estimated by the donor): \$160,000

Date of transfer of title and delivery: Check will be mailed or delivered after Jan. 1, 2019

Other provisions or restrictions:

Donor Name: Mikelle moore *Mikelle Moore*
Please Print Donor Signature
Donor Address: 36. S. State Street, 22nd fl. UT 84111
Address State Zip

Elected Official/Mayor or Designee Date

Salt Lake County hereby accepts the above donation under the conditions specified within this Declaration of Donation form, but makes no judgment as to the value of the Donation.

SALT LAKE COUNTY COUNCIL: _____
Chair Date

ATTEST: _____
County Clerk or Deputy County Clerk