



# APPLICATION FOR CONTRIBUTION

NAME OF ORGANIZATION: DonorConnect

ADDRESS: 6065 S Fashion Blvd, Ste 125

CITY: Murray STATE: UT ZIP CODE: 84107

CONTACT PERSON: Tracy Schmidt PHONE NUMBER: 8015211755 EMAIL: tracy.schmidt@c  
tracy.schmidt@donorconnect.life

**ORGANIZATION OVERVIEW (which could include mission, history, and demographics served):**

DonorConnect is the federally designated nonprofit organization that facilitates, coordinates, registers, and advocates for organ and tissue donation in the Mountain West. Through organ, eye, and tissue donation, we at DonorConnect, save and heal lives; honor donors; educate and inspire.

TYPE OF REQUEST: Money  In-Kind

Have you previously requested money from SLCo?  No

If yes, when and how much (previous three years)? \_\_\_\_\_

What is the amount of your request? \$ 1,500.00

The amount you are requesting is 0.00% of your annual agency budget.

What is the purpose of the money you are requesting?:

Help fund education and community programs to raise awareness about the importance of organ and tissue donation so that those waiting may receive the gift of life. This will be in memory of Makenzie Madsen who died waiting to receive a heart and in honor of her family who continues to advocate for donors and recipients through sharing their story and reaching out to others. In the summer of 2021, Makenzie's sisters had a lemonade stand that attracted local and national attention. The family plans to host a lemonade stand every June for the Donate Life cause, benefiting DonorConnect.

**PLEASE ATTACH:**

- Copy of 501(c)(3)
- Copy of independent audit. If you do not have one, please enclose a copy of current financial statements.

You will be expected to report to the Salt Lake County Mayor on how the money was used and the success of the project.

The undersigned hereby acknowledges that he or she has authority to bind the organization listed in the application. The applicant accepts the following terms and conditions as a condition of receiving and using County funds or the waiver of fees: County funds will be used solely for the purposes approved by the Mayor of Salt Lake County as applied for in this application. Any expenditure for purposes other than those approved will require a return of the entire grant amount and may disqualify the grantee from receiving any additional County funds. It is further understood that no grant fund will be made available to any County officer or employee or in violation of the requirements of the Public Employees Ethics Act (67-16-1 et seq.). No grant funds will be used for political or campaign purposes. As a further condition of the grant, all County funds may be subject to an audit as required by Salt Lake County. The applicant is required to complete the Disbursement of Funds Report Form for contributions more than \$2,500.

Dated this 6 day of July, 2021

Applicant [Signature] President