

Donation Request and Agreement—United States

Instructions

Please use this form to request materials or financial support. When complete, email the form to the sponsoring stake president, who will initiate the review process.

IMPORTANT: By signing this form, you as the requesting Organization agree to abide by the terms and conditions outlined below. **Read it carefully.** We analyze the details you provide to decide whether to grant the request. Your request must be endorsed by the leader of a local stake, but you are responsible. This Donation Request and Agreement (the "Agreement") becomes binding when an authorized representative of The Church of Jesus Christ of Latter-day Saints, a Utah corporation sole (the "Church Charity") at its headquarters has approved and then signed the Agreement below.

The following types of donations are available:

- Commodities (food commodities, hygiene kits, etc.)
- Cash assistance (when it is not possible to provide specific commodities)

Please note that we do not provide cash assistance for rent, construction, or operating costs, among other things.

These requirements will apply to any donation we may provide you:


- Please allow a minimum of 30 days for your donation request to be processed and approved.
- Donations should provide short-term relief and foster self-reliance for those in need.
- Donations should not create an on-going dependency or continuing expectation of Church Charity support.
- Your Organization must be located within the stake boundaries of the stake president signing the form.

- An authorized representative of your Organization must sign this Agreement before you submit it. Wherever possible, the signer should be your Organization's designated contact person.
- By signing the Agreement, you represent and warrant that you:
 - **Will not** charge recipients any fee or charge for any donations from Church Charity.
 - **Will not** modify, remove, or replace the original labeling on any commodities. (All original labels must remain intact as received from Church Charity.)
 - **Will not** sell any commodities from Church Charity under any circumstances.

Your Organization's failure to follow these requirements will result in your becoming ineligible for further assistance from Church Charity.

- Your request will be reviewed at Church Charity headquarters. This Agreement will become a binding contract only if an authorized Church Charity representative approves it. You will be notified if it is approved.
- After you receive a donation, you are responsible to report on how you used the donation. Please submit a Donation Final Report to Church Charity headquarters. You will not be considered for any additional funding until you are current in your reporting obligations.
- Shipping details will be determined by the Headquarters Field Operations group, as applicable.
- This Agreement will be valid for one year from the date it is approved and signed at Church Charity headquarters, unless earlier terminated by either party. No new donations will be approved after this Agreement expires; however, you may continue to receive previously approved donations unless Church Charity otherwise instructs in writing.

Part I—To be completed and signed by the Organization

Requesting Organization			
Name of organization ("Organization") Salt Lake County Health Department		Is the Organization a 501(c)3 <input type="radio"/> Yes <input checked="" type="radio"/> No (If yes, please attach IRS documentation) 	
Organization contact Christine McAtee	Email CMcAtee@slco.org	Phone (with area code) 385-415-3479	
Mailing address (No PO box) 2001 S State Street, Suite S3-300	City Salt Lake City	State Utah	Zip or postal code 84114
What type of assistance is needed? (Check one)			
<input checked="" type="checkbox"/> Commodities (Food, hygiene kits, etc.) please fill out Commodity and Shipping Details below		\$ 3,500	
<input type="checkbox"/> Cash* (when it is not possible to provide commodities) *Not used for bill payment assistance, rent, construction, operating costs, etc.		\$	
How cash will be used (if applicable)			
Number of people who will be helped 50-75		Date of donation or associated event 09/12/2022	

Donation Request and Agreement—North America—continued

Organization's Purpose

Organization's services or programs (describe service activities as well as clients and area or areas served)
 The Health Department's Parents as Teachers serves low income families with children ages 0-5 years old as well as pregnant women. Home Visitors provide educational visits 2x/month including information on developmental topics, positive parent child interactions and resources and referrals in the community.

Has this Organization previously received assistance from Church Charity?

If yes, has a *Donation Final Report* been sent in?

Yes No

Yes No

Previous project #(s) (up to the last three years)

See included list from CHaS.

Previous donation expiration date(s)

See included list from CHaS.

Proposed Donation

Brief donation description

Vouchers for clothing and household items needed by PAT families.

Donation objectives

To fulfill needs that PAT families have in order to move towards or continue self sufficiency.

Method for measuring donation outcomes

The PAT program keeps a spreadsheet of all vouchers given out, the amount, # of people the voucher helped, if the entire voucher was used and if each family was able to find what they were needing. We also collect success stories as to how the grant helped the PAT families.

List other major donors to this project

N/A

How beneficiaries will participate

Home Visitors will work with families to identify what their needs are. Families will report back to the Home Visitor as to the amount they used from each voucher.

Commodity and Shipping Details (i.e. mattresses, furniture counts, food, hygiene kits)

Organization delivery contact	Email	Phone (with area code)
Christine McAtee	CMcAtee@slco.org	385-415-3479
Alternate Organization contact	Email	Phone (with area code)

Delivery address (if delivery of materials is necessary) City State Zip or postal code
 Ellis Shipp Public Health Center 4535 S 5600 W, West Valley City, Utah 84120 Attn: Christine McAtee

<i>Materials Church Charity is being asked to provide</i> (Note: Most food commodities will be picked up from the storehouse)	<i>Type and/or size</i>	<i>Quantity</i>
Deseret Industries Commodities Area Priorities: Immigrants/Refugees, Homelessness, Domestic Violence	Individual Vouchers based on needs identified by organization	\$3,500

Donation Request and Agreement—North America—continued

Contractual Terms

If your request is approved, funding and commodities are provided by The Church of Jesus Christ of Latter-day Saints, a Utah corporation sole (the "Church Charity"), pursuant to this Agreement. The Agreement may be executed in counterparts, all of which together constitute one and the same instrument. A signature transmitted electronically shall have the same force and effect as an original signature. Utah law will apply to and govern the interpretation and application of this Agreement (without giving effect to its principles of conflicts of law), and any dispute will be resolved exclusively in courts in the State of Utah. The prevailing party will be entitled to recover its costs and attorneys' fees. Organization represents that it has or will obtain necessary licenses, permissions, copyrights, and any other intellectual property rights associated with any and all photos, stories and other information regarding the Project that Organization shares with Church Charity. Organization will indemnify and hold Church Charity, its affiliates and representatives harmless from and against any claim, loss or liability arising from the Organization's acts or omissions under this Agreement or any violation of law. If a court holds any part of the Agreement to be invalid, the balance will remain valid. The Agreement constitutes the entire agreement of the parties and may be modified or amended only in a writing signed by each party. It will bind and inure to the benefit of the parties, their successors, assigns, and legal representatives, but is not intended to create any other third-party beneficiary rights. Either party may suspend or terminate this Agreement at any time, for any reason or no reason, upon written notice

to other party. The parties have authorized the representatives named below to sign this Agreement.

Church Charity, on its own behalf and that of its affiliates and collaborators, DISCLAIM ANY AND ALL WARRANTIES, EXPRESS OR IMPLIED, REGARDING THE FUNCTIONALITY, QUALITIES, SAFETY, OR EFFECTIVENESS OF DONATED COMMODITIES, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTY OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. Organization accepts the commodities AS IS, WITH ALL FAULTS, and understands that Church Charity and its affiliates and collaborators make no representations, promises, or warranties regarding the commodities' quality, functionality, or fitness for a particular purpose. Similarly, Church Charity make no representations, promises, or warranties regarding the effectiveness the commodities will have against spreading disease, including but not limited to COVID-19. Church Charity and its collaborators have used best efforts to find, purchase, and/or make quality commodities, but neither Church Charity nor its affiliates or collaborators warrant or guarantee that any commodity will substantially comply with such its intended purpose or design. Organization is responsible for conducting quality control by inspecting the commodities and verifying that each commodity meets the intended need prior to use. For wearable commodities, Organization will also launder and/or apply protective chemicals, to sanitize or disinfect the commodities prior to their use.

Organization contact's signature

Organization agrees to the requirements of this Agreement and promises to use the donated commodities and cash only for the purposes specified. Commodities will be distributed to recipients completely free of charge.

Organization Representative Signature See signature page below	Organization	Date
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Part II—To be completed and signed by Church Charity representatives

For Church use only

Stake requesting donation Salt Lake Hunter South Stake	Stake unit number	Date 9/9/2022
Sponsoring stake president (print name)	Email	Phone (with area code)
WSRM (print name)	Email	Phone (with area code)
Headquarters Representative (print name)	Email	Phone (with area code)

How will Church members help with this donation?

How will the donation be completed without creating a dependency on Church assistance?

Does the requesting organization reside within stake boundaries?
 Yes No If no, please forward to stake president over the area in which the Organization is located.

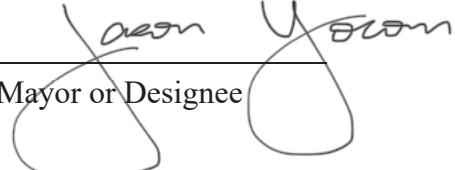
Endorsed by

Sponsoring stake president's signature	Date
Welfare and self-reliance manager's signature	Date

Approved by (email form to NAHumanitarian@ChurchofJesusChrist.org)

Headquarters authorized representative's signature	Date
Name of local bishops' storehouse or Deseret Industries to fill request West Valley Deseret Industries	Assigned Project Number

SALT LAKE COUNTY:

By: 
Mayor or Designee

Date: _____

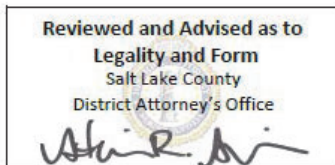
HEALTH DEPARTMENT:

By: Angela Dunn Digitally signed by Angela
Dunn
Date: 2023.01.12
09:15:25 -07'00'

Angela C. Dunn, MD MPH
Executive Director

Date: _____

Division Director Initials: KP



Donation Final Report

Phone: (801) 240-7331

E-mail to the local welfare and self-reliance manager.

Project Information

Project #: WE	Organization
Report completed by (name/title):	
Phone	Email
Expected number of beneficiaries	Actual number of beneficiaries
Donation start date	Donation Final Report sent (date)

Describe outcomes, including how beneficiaries and volunteers participated.

Project ID	Name (Primary Implementing Organization) (Imple
WE21USA0271	Salt Lake County Health Dept. Parents as Teachers
WE20USA0260	Salt Lake County Health Dept. Parents as Teachers
WE18USA1124	Salt Lake County Health Dept. Parents as Teachers
WE18USA0152	Salt Lake County Health Dept. Parents as Teachers
WE16USA0802	Salt Lake County Health Dept. Parents as Teachers

Project Type	Project Name
DI Grants (US)	DI Grants - Salt Lake County Health Dept. - Parents as
DI Grants (US)	DI Grants - Salt Lake County Health Dept. - PAT Progr
DI Grants (US)	DI Grants - Salt Lake County Health Dept. - PAT. Prog
DI Grants (US)	DI Grants - Salt Lake County Health Dept.
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City	Status
West Valley City	Inactive
West Valley City	Inactive
West Valley City	Inactive
West Valley City	Inactive
West Valley City	Inactive

Approval Start Date	Project Closure Approved Date
3/11/2021	8/23/2022
2/12/2020	7/6/2021
11/14/2018	9/1/2020
1/31/2018	9/24/2019
9/14/2016	9/10/2018

Project Cost Budget	Total Project Expenditures
3500.00	3201.00
3825.00	4175.25
3000.00	2742.75
2025.00	2203.00
1000.00	846.50

Total Project % Spent	Total Project Difference
91.46	299.00
109.16	-350.25
91.43	257.25
108.79	-178.00
84.65	153.50