

DECLARATION OF DONATION
COUNCIL APPROVAL

For County Council’s approval consistent with Policy 1006

(Cash donations above \$5,000; property donations above \$1,000; Testamentary donations.)

I, Nathan Peterson, 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:

Total of \$24,000 to be used as follows: “ME Program for 100 youth and parents; the Diabetes Prevention Program for 24 uninsured individuals; and the Self-Monitoring of Blood Pressure program for approximately 50 underserved individuals.”

Value (estimated by the donor): \$24,000

Date of transfer of title and delivery: Upon Receipt of check

Other provisions or restrictions, if any:

Accept on behalf of Salt Lake County to be distributed to appropriate divisions as described.

Donor Name:	Intermountain Health Community Giving Please Print	Nathan Peterson Donor Signature	<small>Digitally signed by Nathan Peterson DN: cn=Nathan Peterson, o=Intermountain Healthcare, ou=Community Health, email=nathan.peterson@gmail.org, c=US Date: 2020.07.28 13:37:52 -0600</small>
Donor Address:	36 S. State St., 23rd Floor, Salt Lake City Address	, UT State	84111 Zip

Karen Crompton Elected Official/Mayor or Designee	<small>Digitally signed by Karen Crompton Date: 2020.07.28 13:37:51 -06'00'</small>	7-28-20 Date
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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



May 22, 2020

Mayor Jenny Wilson
Salt Lake County
2001 S. State Street, N4-200
Salt Lake City UT 84190

Dear Mayor Wilson:

Intermountain Healthcare is very pleased to provide Salt Lake County ("Recipient") with a donation of \$24,000.00 to support our mutual interest in Health programs and services. The donation agreed to in this letter of intent is to provide funding for the cost of implementing Mindfulness classes for older adults (\$4,000); cover registration fees for the Diabetes Prevention Program for low-income, uninsured individuals (\$6,000); management of the Self-monitoring blood pressure program in the form of a lending library for underserved individuals (\$2,000); and support for the Salt Lake County ME Time program (formerly called the Blues Program) for youth mental health treatment (\$12,000).

Adapting to COVID-19 will take place with technology platforms such as Zoom for delivery of Mindfulness, OPP and ME Time programs. The blood pressure program will be managed with safety precautions in place and in coordination with the appropriate safety net clinics.

Recipient agrees to implement the Mindfulness Program for 40 participants; the ME Program for 100 youth and parents; the Diabetes Prevention Program for 24 uninsured individuals; and the Self-Monitoring of Blood Pressure program for approximately 50 underserved individuals. Any remaining funds can be used for the ME Program, as approved by Intermountain.

It is our hope that you will continue to work closely with Nathan Peterson (nathan.peterson@imail.org) for any follow-up or issues that may arise.

Please sign below on behalf of Salt Lake County to accept this donation, acknowledging your agreement to the "Additional Terms and Conditions" sheet enclosed with this letter, and that Recipient agrees to use it for the intent stated above. Please print this letter, sign it, then scan and email a copy of the signed letter to us following the instructions in the email that accompanied this letter. Upon receipt of the signed letter, check processing will start. Once the check has printed, arrangements will be made for your check to be personally delivered by an Intermountain representative or mailed to you depending on your preference.

This letter is used as documentation for the donation, the intended use of the funds, and requested outcome reporting. A new request and letter of intent will need to be created for any future support. We look forward to collaborating with you through this contribution to improve the health of our community.

Sincerely,

A handwritten signature in cursive script that reads "Debbie Hardy".

Debbie Hardy
Community Giving

From: Intermountain Healthcare <noreply@system.versaic.com>
Sent: Friday, May 22, 2020 2:06 PM
To: Afton January <AJanuary@slco.org>
cc: nathan.peterson@imail.org
Subject: Intermountain Healthcare Salt Lake County Health Programs Support

I am pleased to advise you that the funding request submitted on your behalf by Nathan Peterson was approved in the amount of \$24,000.00. These funds will be restricted to support the following:

- Implementing Mindfulness classes for older adults (\$4,000)
- Covering registration fees for the Diabetes Prevention Program for low-income, uninsured individuals (\$6,000)
- Management of the Self-monitoring blood pressure program in the form of a lending library for underserved individuals (\$2,000)
- Support for the Salt Lake County ME Time program (formerly called the Blues Program) for youth mental health treatment (\$12,000).

Adapting to COVID-19 will take place with technology platforms such as Zoom for delivery of Mindfulness, OPP and ME Time programs. The blood pressure program will be managed with safety precautions in place and in coordination with the appropriate safety net clinics.

To continue our payment process you need to do the following:

1. Download the file attached to this email.
2. Print and sign the downloaded document.
3. Scan the signed document.
4. Look for a second email, containing a link to submit, with a subject of "URL to complete: Salt Lake County's LOI"
5. If this is your first time accessing the system you will need to create an account on our system. Please keep this information as it will be used annually when accessing the system.
6. Upload and submit your signed Letter of Intent.
7. Upon completion click the 'Complete CHI' button to submit the signed documentation.

You can expect to receive an outcome reporting form via email for this project. Please continue to work with Nathan Peterson as you move forward and as you prepare to submit an outcomes report on this project. We commend you and your associates on making a difference in the lives of so many people. We appreciate our partnership with your organization.

Sincerely,
Debbie Hardy, Manager
Community Giving Community Health