

Mayor's Office: Council Agenda Item Request Form
*This form and supporting documents (if applicable) are due the Wednesday
before the COW meeting by noon.*

Date Received (office use)	22 March 2017
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Date of Request	3/21/2017
Requesting Staff Member	Kendra Kahlow
Requested Council Date	March 28, 2017
Topic/Discussion Title	Mayor's Contribution Fund
Description	Contribution to Utah Health Policy Project in the amount of \$750.00 to support the second annual Hispanic Heritage Parade and street festival on Saturday, September 2 nd at the Gateway.
Requested Action¹	Council Approval, Consent Items
Presenter(s)	
Time Needed²	Consent Items
Time Sensitive³	
Specific Time(s)⁴	
Contact Name & Phone	Kendra Kahlow x.7031
Please attach the supporting documentation you plan to provide for the packets to this form. While not ideal, if supporting documents are not yet ready, you can still submit them by 10 am the Friday morning prior to the COW agenda. Items without documentation may be taken off for consideration at that COW meeting.	

Mayor or Designee approval:



¹ What you will ask the Council to do (e.g., discussion only, appropriate money, adopt policy/ordinance) – in specific terms.

² Assumed to be 10 minutes unless otherwise specified.

³ Urgency that the topic to scheduled on the requested date.

⁴ If important to schedule at a specific time, list a few preferred times.

March 28, 2017

The Honorable County Council
2001 S. State Street, Suite N2200
Salt Lake City, Utah 84190

Attn: Steve DeBry, Chair

Re: Community Contribution Recommendation

Council Members:

I have reviewed and approved the Salt Lake County Mayor's recommendations for the following community contribution amount under the Mayor's Contribution Fund, subject to the ratification of the County Council as outlined in county ordinance:

Entity	Granted
Utah Health Policy Project	\$750.00
	\$750.00


Purpose: An in kind donation to the Utah Health Policy Project to support their second annual Hispanic Heritage Parade and street festival on Saturday, September 2nd, 2017 at the Gateway.

This contribution is approved under the authority of **County Wide Policy 1200:**

- 2.9 Public Purpose - Salt Lake County government's authority or responsibility to promote the safety, health, prosperity, moral well-being, peace, order, comfort, or convenience of County inhabitants.

Please place this item on your next available agenda for action. Thank you for your help in this matter.

Sincerely,


Ben McAdams
Mayor, Salt Lake County



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FORM A

Application for Contribution
(Including Fee Waivers)

Name of Organization: Utah Health Policy Project (UHPP)

Address: 1832 W Research Way #60

Salt Lake City, UT 84119

Contact Person: Randal Serr Phone: 801 433 2299

Email address: Randal@healthpolicyproject.org Fax: _____

Fiscal year runs from January 1 to December 31

Brief History of Organization: (Who started it? How long has it been organized? etc.)

UHPP recently celebrated its 10th anniversary. It began in 2006 with the mission of advancing sustainable health care solutions for underserved Utahns.

Type of Request: Money ☒ Equipment _____ Personnel _____ Facilities _____ Fee Waiver _____

Have you previously received money from Salt Lake County? Yes _____ No ☒

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

If you are requesting money, please answer the following questions:

Amount of Request: \$ 1,500

Percent of Agency Budget: <1 %

Purpose of money requested and target population (may include a draft program):

Take Care Utah, led by UHPP, AUCH, and 21-1, is organizing its second annual Hispanic Heritage Parade & Street Festival on Saturday, September 2nd at The Gateway from 10:00 a.m. to 2:30 p.m. to celebrate Hispanic Heritage Month. In the first year of the event, we drew over 2,500 people. We expect that number to grow this year. This is a great way to support and reach the Hispanic community.

Sponsorship of this event goes towards efforts to reduce the uninsured rate for Utah's Hispanic children. At the event, Take Care Utah navigators have a conversation with every family about their coverage options by actively approaching them with the end goal of setting an appointment to sign up for health insurance.



1200

FORM A (Cont.)

Please attach:

- ✓1. Current List of Board of Directors/ Organization Chart
- ✓2. Copy of 501(c)(3) if applicable. If not a **charitable community service-based organization**, please state the status of the organization.
- ✓3. Copy of an independent audit. If you do not have one, please enclose a copy of current financial statements.
- ✓4. Under policy 1200:
2.9 Public Purpose - Salt Lake County government's authority or responsibility to promote the safety, health, prosperity, moral well-being, peace, order, comfort, or convenience of County inhabitants.
What "public purpose" does your organization support?
- ✓5. Draft Program

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 grant and will abide by the terms of this grant of County funds as that grant is defined in this Form A. The grantee 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 or amended in this grant. 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 funds 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 grantee is required to complete the Disbursement of Funds Report, Form B.

Dated this 8 day of March, 2017.

Grantee/Recipient

Utah has the *nation's highest uninsured rate for Hispanic children*. Take Care Utah wants to change that.

Take Care Utah (TCU) is a network of nonprofit organizations dedicated to helping people learn about and enroll in health insurance. This network consists of over 100 navigators and enrollment specialists all across Utah. All services are provided free of charge.

Take Care Utah is organizing its second annual Hispanic Heritage Parade on Saturday, September 2nd at The Gateway in Salt Lake City from 10:00 a.m. to 2:30 p.m. to celebrate Hispanic Heritage Month.

The purpose is to attract the Hispanic community within Salt Lake County and nearby areas to a fun and festive event. Once there, Take Care Utah enrollment specialists will screen all of them for health insurance and set up an appointment to help them understand and enroll in health insurance.

UHPP and its Take Care Utah partners will count the number of attendees, the number of people directly contacted about their health insurance, and the number of people that signed up for health insurance after the event.

We have many partners promoting this event including Univision, Telemundo, and Alpha Media. In the first year, the event drew over 2,500 people. We expect that number to grow this year. This is a great opportunity to reach Utah's Latino/Hispanic Community.

Last year Utah's Hispanic population passed 400,000—making one in every seven Utahns a Latino. The Hispanic population has increased by 15% since the 2010 Census. (Source: *Salt Lake Tribune*, June 22, 2016)



IRS
Internal Revenue Service

PO BOX 16236
PHILADELPHIA PA 19114-0236

In reply refer to: 0532659387
Aug. 23, 2007 LTR 147C 0
87-0684606 000000 00 000
00002769
BODC: TE

UTAH HEALTH POLICY PROJECT
JUDI HILMAN
455 E 400 S STE 312
SALT LAKE CITY UT 84111

31130

Employer Identification Number: 87-0684606

Dear Taxpayer:

Thank you for the inquiry of Aug. 14, 2007.

Your Employer Identification Number (EIN) is 87-0684606. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

INTERNAL REVENUE SERVICE
P. O. BOX 3506
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 30 2006**

UTAH HEALTH ALLIANCE
1250 E 3900 S STE 330
SALT LAKE CITY, UT 84124-1362

Employer Identification Number:
87-0684606

DLN:

17053056810086

Contact Person:

STEVE D DUVALL

ID# 31535

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated November 2001, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

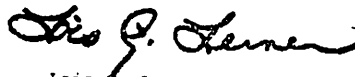
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)