

Reset Form

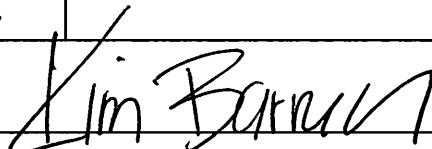
Mayor's Office: Council Agenda Item Request Form

This form and supporting documents (if applicable) are due the Wednesday before the COW meeting by noon.

Date Received
(office use)

Date of Request	June 30, 2017
Requesting Staff Member	Susan Hoepfner
Requested Council Date	Next Meeting
Topic/Discussion Title	Declaration of Gifts Donation Acceptance Packet
Description	Donation of \$3750.00 to be used for the Aging Mastery Program
Requested Action ¹	Approval of donation
Presenter(s)	Letter with documentation
Time Needed ²	N/A
Time Sensitive ³	N/A
Specific Time(s) ⁴	N/A
Contact Name & Phone	Susan Hoepfner 385-468-3191
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.

June 30, 2017

Honorable Mayor Ben McAdams
Salt Lake County Government
2001 South State Street, N2-100
Salt Lake City, Utah 84190

Ben McAdams
Salt Lake County Mayor

Karen Crompton
Human Services
Department Director

AGING SERVICES

Paul Leggett
Aging and Adult Services
Division Director

Information & Referral
385-468-3200

Through: Karen Crompton, Director
Human Services – N3-200

Subject: Declaration of Gift (Over \$1,000) from Intermountain
Healthcare

Dear Mayor McAdams:

Enclosed is a Declaration of Gift (Over \$1,000) for a donation from Intermountain Healthcare in the amount of \$3,750.00 to be use by Salt Lake County Aging Mastery Program.

Please approve and forward the attached Declaration of Gift form to the County Council for acceptance. Upon notification from County Council the gift has been accepted, the funds will be transferred to the programs restricted account to be used for direct services. A thank you letter will be sent to the donor.

Sincerely,



Paul Leggett
Director

Enclosure

*"Promoting independence
through advocacy, engagement,
and access to resources."*

DECLARATION OF GIFT
(OVER \$1,000)

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 gift: Support for SL County Aging Mastery Program
(Check #905842)

Value (estimated by the donor):
\$3,750

Date of transfer of title and delivery: May 2017

Other provisions or restrictions:

Paul Wenz
Department/Division Director or Elected Official

Date: 6/30/17

Intermountain Healthcare
Donor

Address: 36 S State St
Salt Lake City, UT 84111

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

SALT LAKE COUNTY COUNCIL:

Chair

Date

ATTEST:

Sherrie Swensen, County Clerk



May 23, 2017

Liza MacDonald
Salt Lake County Aging & Adult Services
2001 South State Street, Suite S1-600
P.O. Box 144575
Salt Lake City, UT 84114-4575

Dear Liza:

We are pleased to enclose, in behalf of Intermountain Healthcare and its various entities, a check in the amount of \$3,750 from the Community Partner Fund, as a donation in support of the Salt Lake County Aging & Adult Services, with a restriction that this donation be used for the Aging Mastery Program (AMP) in Salt Lake County. Please contact Debbie via e-mail at debbie.hardy@imail.org or by phone at (801) 442-2863 should you have any questions or need more information with regard to this donation.

Intermountain is pleased to partner with you. We wish you every success.

Sincerely,

A handwritten signature in black ink that reads "Mikelle D. Moore".

Mikelle D. Moore
Senior Vice President, Community Health

A handwritten signature in black ink that reads "Debbie Hardy".

Debbie Hardy
Manager, Community Giving

Enclosure



EXPLANATION OF PAYMENT

PROCESSED AT INTERMOUNTAIN ACCOUNTS PAYABLE
7302 BINGHAM JUNCTION BLVD
MIDVALE, UT 84047-4804

DATE 2017-05-15

CHECK NO 000905842

0101-000002



SALT LAKE COUNTY CORPORATION
AGING AND ADULT SERVICES
2100 S STATE ST #S1-600
SALT LAKE CITY, UT 84190-2300

<u>DATE</u>	<u>DESCRIPTION/INVOICE NO.</u>	<u>GROSS AMOUNT</u>	<u>DISCOUNT</u>	<u>NET AMOUNT</u>
5/15/2017	DONATION 1705	3750.00	0.00	3750.00

TOTAL 3750.00

 **IntermountainSM Healthcare**
7302 BINGHAM JUNCTION BLVD
MIDVALE, UT 84047-4804

U S BANK
75-1592 / 912
11-26-13

NO. 000905842

DATE: 2017-05-15

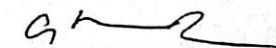
PLEASE CASH WITHIN 60 DAYS

THREE THOUSAND SEVEN HUNDRED FIFTY DOLLARS AND ZERO CENTS

PAY \$ 3750.00

PAY
TO THE
ORDER OF

SALT LAKE COUNTY CORPORATION
AGING AND ADULT SERVICES
2100 S STATE ST #S1-600
SALT LAKE CITY, UT 84190-2300



AUTHORIZED SIGNATURE

⑈0000905842⑈ ⑆091215927⑆ 152100020998⑈