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)	

April 30, 2018	
Gary Edwards	
Tuesday, May 8, 2018	
Declaration of gift, policy 1006, of \$5,000 donation from Intermountain Healthcare.	
Intermountain Healthcare donation of \$5,000 to the Salt Lake County Health Department in support of their National Diabetes Prevention Program.	
Sign letter of approval.	
Gary Edwards, Executive Director	
5 min. (consent item)	
N/A	
N/A	
☐ Yes ■ No	
☐ Yes ■ No	

Mayor or Designee approval:

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

Assumed to be 10 minutes unless otherwise specified.

Urgency that the topic to schedule on the requested date.

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



April 26, 2018

Karen:

I am requesting to have the attached declaration of gift form, 1006, for a \$5,000.00 donation from Intermountain Healthcare, forwarded to the County Council for approval. Intermountain Healthcare is providing the monetary donation to support the National Diabetes Prevention Program administered through the Health Department.

If you have any questions, please let me know.

Thank you,

Gary L. Edwards, M.S. Executive Director

Karen Crompton

Human Services Division

DECLARATION OF GIFT (OVER \$1,000)

I, Intermountain Healthcare transfer, title to the property described below to Salt Lake County and to be administered in accordance we rights, including any copyrights that I possess or restrictions or conditions except those noted below us	t Lake County to become with its established pole on these properties to	ne permanent property of Salt icies. I assign and transfer all Salt Lake County, without
Description of gift: \$5,000 to support participants in classes of National Diabetes Prevention		
program, in the amount of \$250 per participa	ant up to a class ca	pacity of 20 individuals.
Value (estimated by the donor): \$5.000.00		
Date of transfer of title and delivery: April 30, 2	2018	
Other provisions or restrictions:		
Recipient agrees to provide course completion information	ation and provide pre- a	nd post-class HGA1c testing.
Harm Crompton Department/Division Director or Elected Official	[see attached le	etter]
Date: 4.30-2018	Address: 36 S. South State Street, 23rd Flo	
Date, 1/ C C/ 8	Salt Lake City, UT 84111-1486	
Salt Lake County hereby accepts the above gift under Gift form, but makes no judgment as to the value of the		ied within this Declaration of
	SALT LAKE COUNTY COUNCIL:	
	Chair	Date
ATTEST:		
Sherrie Swensen, County Clerk		





April 17, 2018

Beverly Neville Salt Lake County Health Department 2001 South State Street, Suite S2-600 P.O. Box 144575 Salt Lake City, UT 84114

Dear Beverly:

Intermountain Healthcare is very pleased to provide the Salt Lake County Health Department ("Recipient") with a donation in the amount of \$5,000 to support our mutual interest in reducing the incidence of prediabetes and diabetes in our community. The donation agreed to in this letter of intent is to support your organization's provision of the National Diabetes Prevention Program ("NDPP").

Intermountain's mission of "helping people live the healthiest lives possible" is best achieved through collaboration with key community partners. By virtue of this collaboration for NDPP classes, Intermountain will provide funding in the amount of \$250 per participant, up to a class capacity of 20 participants, based on actual registration of participants who are referred to the NDPP class as a result of attending the Intermountain health assessment event. Recipient agrees to provide course completion information and provide pre- and post-class HGA1c testing.

It is our hope that you will work closely with Nathan Peterson as you provide registration spaces for referred individuals who screen positive for diabetes at the community health assessment event, attendance issues, and in any follow-up to the NDPP classes or testing that may be necessary.

Please sign below on behalf of the Salt Lake County Health Department 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 mail a copy of the signed letter to Debbie.Hardy@imail.org by May 15, 2018.

This contribution for 2018 is enclosed. A new letter of intent for support of NDPP classes will be required for each calendar year of support. We look forward to collaborating with you through this contribution to improve the health of our community.

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ADDITIONAL TERMS AND CONDITIONS

- Restrictions as to Uses of the Donation Proceeds. Recipient will use the full amount of the donation proceeds solely for the donation purposes identified in the attached letter. It is the responsibility of Recipient to select appropriate means by which the donation Purposes are accomplished, whether directly by its own use or by others selected by it. Recipient will repay any portion of the donation proceeds which are not used for the donation purposes.
- 2. <u>Compliance</u>. Recipient will, and will cause its employees, other agents and contractors (collectively, "Recipient Personnel") to, perform this Agreement in accordance with all federal, state and local laws applicable to Recipient or Intermountain. Recipient and Intermountain agree that: (a) no portion of the donation is intended, directly or indirectly, to compensate Recipient or Recipient Personnel for purchasing, ordering, prescribing, using or recommending Intermountain's products or services; (b) neither Recipient nor any of the Recipient Personnel is required to purchase, use, prescribe, order or recommend Intermountain's products or services as a condition of this Agreement; (c) Intermountain will not require Recipient or any Recipient Personnel to refer patients to or restrict Recipient from referring patients to any particular individual or entity; (d) the donation amount is not conditioned upon the volume or value of any federal health care program business generated between Intermountain and Recipient; and (e) this Agreement will not restrict Recipient's ability to enter into any other agreement for the receipt of donation proceeds.
- 3. Representations and Warranties. Recipient represents and warrants that Recipient is not: (a) excluded from Federal Health Care Programs (42 U.S.C. Section 1320a-7b(f)); (b) debarred from federal or state procurement or non-procurement programs; or (c) designated as a Specially Designated National or Blocked Person by the Office of Foreign Asset Control of the U.S. Department of the Treasury. Recipient further represents and warrants that (i) the Donation will contribute meaningfully to Recipient's ability to maintain or increase the availability, or enhance the quality, of health or wellness services provided to the community, and (ii) any compensation from Recipient to a physician will not exceed fair market value and will not take into account the volume or value of any referrals or any other business generated by the physician to Intermountain.
- 4. Recordkeeping. Recipient agrees to maintain its books and records in such a way that the Donation proceeds will be shown separately on Recipient's books. Recipient will maintain records of its expenditures in furtherance of the donation purposes to identify the use of the proceeds for the donation purposes and to document Recipient's reasonable expectation that the donation proceeds will contribute meaningfully to Recipient's ability to maintain or increase the availability, or enhance the quality, of health or wellness services provided to the community.
- 5. Reports to Intermountain. At Intermountain's request, and not less than annually during the Term of this Agreement, Recipient will supply Intermountain with a written report based upon the records of Recipient showing the use of the donation proceeds in accordance with this Agreement.
- 6. Non-Discrimination. Recipient agrees not to discriminate against any individual, who otherwise clinically qualifies for Recipient's services, on the basis of the individual's payor status or ability to pay. Recipient will provide effective notification to clients of their freedom to choose any service provider and will disclose, at the request of a client, the existence and nature of this Agreement, in each case in a timely fashion and in a manner reasonably calculated to be effective and understood by the patient.
- 7. <u>Publicity</u>. Recipient will acknowledge Intermountain's support of the donation purposes in all publications related to the donation purposes and will provide Intermountain with a copy of any such publication.

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