



APPLICATION FOR CONTRIBUTION

NAME OF ORGANIZATION: Get Healthy Utah
ADDRESS: 2180 S 1300 E Suite 440
CITY: Salt Lake City STATE: UT ZIP CODE: 84106
CONTACT PERSON: Sarah Hodson PHONE NUMBER: 801-369-8089 EMAIL: sarah@gethealt

ORGANIZATION OVERVIEW (which could include mission, history, and demographics served):

Get Healthy Utah works to support and align efforts that improve access to healthy eating and active living.

TYPE OF REQUEST: Money ☒ In-Kind ☐

Have you previously requested money from SLCo? ☐ No ☐

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

What is the amount of your request? \$ 1,000.00

The amount you are requesting is 0.00% of your annual agency budget.

What is the purpose of the money you are requesting?:

Support for the Move Utah Summit

PLEASE ATTACH:

☒ Copy of 501(c)(3)

☐ Copy of independent audit. If you do not have one, please enclose a copy of current financial statements.

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 application. The applicant 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 in this application. 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 fund will be made available to any County officer of 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 applicant is required to complete the Disbursement of Funds Report Form for contributions more than \$2,500.

Dated this 3 day of 2018, 2018

Applicant Sarah Hodson

Digitally signed by Sarah
Hodson
Date: 2018.09.03 18:12:36
-06'00'

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: FEB 21 2018

GET HEALTHY UTAH
2180 SOUTH 1300 EAST 440
SALT LAKE CITY, UT 84106-2856

Employer Identification Number:
82-1612963
DLN:
17053305315037
Contact Person:
MITCHELL P STEELE ID# 31360
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
April 17, 2017
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

GET HEALTHY UTAH

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in cursive script that reads "Stephen A. Martin". The signature is written in dark ink and is positioned above the typed name.

Director, Exempt Organizations
Rulings and Agreements