

June 25, 2019

## Karen:

Attached is a declaration of gift form, 1006, for a \$7,500 donation from Intermountain Healthcare to support the department's National Diabetes Prevention Program provisions. The donation will be used to provide 30 scholarships to low-income and uninsured community members participating in health screening events in Salt Lake County. I am requesting to have the form submitted for Council approval.

If you have any questions, please let me know.

Thank you,

Gary L. Edwards, M.S. **Executive Director** 

Karen

Digitally signed by Karen

Crompton

Date: 2019.07.01 Crompton

12:30:19 -06'00'

Karen Crompton or Designee

Date

**Human Services Director** 



March 25, 2019

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

Dear Jeff:

Intermountain Healthcare is very pleased to provide the Salt Lake County Health Department ("Recipient") with a donation of \$7,500 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 ("DPP") for low-income and uninsured community members.

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 DPP classes, funding is to provide scholarships for low-income, uninsured participants and those referred by the health screening events held in Salt Lake County, and is based on \$250 per participant, for up to 30 scholarships, based on actual registration of participants who are referred to the DPP class as a result of attending the Intermountain health assessment event, and are then able to attend the classes at no cost. 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 DPP 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 <a href="Debbie.Hardy@imail.org">Debbie.Hardy@imail.org</a> by April 15, 2019. Upon receipt of the signed letter, check processing will start. Once printed, arrangements will be made for your check to be personally delivered by an Intermountain representative or mailed to you, whichever you prefer.

This letter is used as documentation, the intend use of the funds, and requested outcome reporting. A new letter of intent for support of DPP 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.

Sincerely.

Terry Foust, AuD, PhD

Trust Fourt

Director, Community Health Improvement

Executive Director (or appropriate title)

7-16-1

Date