



December 21, 2021

Mr. Thomas Gulledge
Fitness and Wellness Coordinator
City of Mitchell Recreation Center
1300 N Main st
Mitchell, SD 57301

RE: Grant Request Dated: 8/23/2021
Project Title: Rural Health
Medica Foundation Grant ID# 2021-105271
Grant Period: 1/1/2022-12/31/2022

Dear Mr. Gulledge:

The Medica Foundation (the Foundation) is pleased to inform you (Grantee) that it has approved a grant of \$5,000 for the Rural Health (Project) as stated in your grant request dated 8/23/2021.

The Medica Foundation appreciates your attention to the following:


1. Attached is your Grant Agreement. In order for the Foundation to process the grant your organization must carefully review and then sign the agreement via Doc-U-Sign and return the original to the Foundation within seven (7) days of receipt. Please keep a copy for your records.
1. The Medica Foundation logo is available to support any collateral and promotion of your grant. The Foundation appreciates recognition of its support. Contact foundation staff at foundation@medica.com for an electronic format of the logo.
2. The Foundation requires you to submit a final report. We ask that you use the Medica Online Report form that can be found in the Grant Information section of the Medica Foundation's website at <http://www.medicafoundation.org/our-grantees/current-grantees>. The final report, including both a financial and a progress report, is due no later than 30 days after completion of the Project, the end of the grant period, or expenditures of all funds, whichever comes first. Please notify foundation staff at foundation@medica.com if your report will be late.
3. All grant recipients will be paid electronically via ACH. In order to receive your funding, you must complete and return our ACH form – unless one has been completed previously and there are no changes to the information we have on file. Please verify that the "ABA" routing number you provide is for ACH funding not for wire funding. If you have any questions, contact your bank to verify that you have the correct routing information. When your payment is processed, an email will be sent to the address you provide on our ACH form. The email will provide the amount that will be credited to

your account the following business day, along with your corresponding grant identification number.

4. The Foundation enjoys seeing your programs/events in action and would appreciate any photos you would like to share. Additionally, we may have an opportunity to showcase your work in grant presentations, in the Medica Foundation Annual Report, internally within the Foundation, social media and other appropriate forums. Please send high-resolution (.pdf preferred) photos to the Foundation at foundation@medica.com. We can only use photos for which signed organizational or individual photo releases are on file (or can be obtained). We can provide a Photo Release Form upon request.
5. If there are changes to the Project, including the primary contact person, notify the Foundation as soon as possible.

Please do not hesitate to contact me or any members of the Foundation team at any time during your grant period. We look forward to hearing more about your program.

Sincerely,

A handwritten signature in black ink that reads "JoAnn Birkholz". The signature is written in a cursive, flowing style.

JoAnn Birkholz
Executive Director

Medica Foundation Grant Agreement

Grantee Organization Name: City of Mitchell Recreation Center
Grant Request Dated: 8/23/2021
Project Title: Rural Health
Medica Foundation Grant ID# 2021-105271
Grant Period: 1/1/2022-12/31/2022
Grant Amount: \$5,000
Grant Agreement Date: December 21, 2021

The Medica Foundation (Foundation) and the above named Grantee Organization (Grantee) enter into this Medica Foundation Grant Agreement (Agreement) to, among other things, ensure compliance with the Internal Revenue Code. Therefore, this grant is being made and will be provided to Grantee under the following conditions:

- 1) All of the grant funds are to be used for, and only for, the purpose of enabling Grantee to provide services and assistance to the populations Grantee serves. As provided in the grant application, Grantee will use the funds to improve health in rural communities ("Project"). Use of any portion of the grant funds, including any interest earned thereon, for any other purpose must have prior written approval by the Foundation.
- 2) Grantee will repay any portion of the amount of the grant that is not used for the Project within 30 days after the end of the grant period.
- 3) Grant recipients will receive funds electronically via ACH. In order to receive funds Grantee must complete and return the Foundation's ACH form and verify the ABA routing number that Grantee provides is for ACH funding and not for other wire funding.
- 4) Grantee agrees that the Project will occur during the grant period. Grantee acknowledges that the Foundation has agreed to make the grant funds available during the grant period and under the circumstances described herein. The full amount of these grant funds will be provided to Grantee in a lump sum once the Foundation obtains from Grantee a signed copy of this Agreement.
- 5) Grantee will provide a final written report to the Foundation Director or designee no later than thirty (30) days after completion of the Project, the end of the grant period, or expenditure of all funds, whichever comes first. Grantee must use the Medica Online Report form in the Our Grantees section of the Medica Foundation's website at <http://www.medicafoundation.org/our-grantees/current-grantees>.
- 6) Grantee need not maintain the proceeds of the grant in a separate fund, but will keep its financial and other records so that they adequately show the use of the grant funds exclusively for the Project.
- 7) Grantee will not use the grant proceeds for any purpose other than for the charitable purposes stated in the grant request.

- 8) Grantee represents and affirms to the Foundation that its determination letter from the Internal Revenue Service that Grantee is a 501(c) organization is still valid and has not lapsed or been revoked, and that Grantee's activities and operations have not changed since Grantee obtained its 501(c) determination letter such that it would be appropriate for Grantee to seek a new determination.
- 9) Grantee will supply the Foundation with such other information as the Foundation determines is necessary or desirable to permit the Foundation to exercise appropriate supervision of the grant.
- 10) Grantee warrants that it is in compliance with all applicable law, including but not limited to federal and state privacy law and regulations, and will remain so for the grant period. Grantee warrants that it has not been excluded, debarred, or otherwise made ineligible for participation in the Medicare, Medicaid, or other government health care programs. Grantee further warrants that it is in compliance with all applicable laws, regulations and ethical guidelines pertaining to the conduct of research and, where required by law, the necessary Institutional Review Board ("IRB") approval and oversight is in place.
- 11) The Foundation may include information on this grant in its public reports and documents.
- 12) Any studies, reports, videotapes or other deliverables funded by the grant will be shared with the Foundation prior to any release to the public. The Foundation does not intend to influence the findings or content of reports of Grantee but wishes to preview any deliverables with which it is associated as a funder.
- 13) Reports, books, articles, software, videos or other publications (Publications) resulting from this grant may be copyrighted by the organization receiving the grant or by the author, in accordance with the policies of the grantee organization, toward the goal of obtaining the widest dissemination of such materials. Grantee conveys to the Foundation a royalty-free license to use and disseminate such Publications. For projects involving the possibility of patents, the Grantee should request further information from the Foundation.
- 14) Grantee acknowledges that failure to act as required by this Agreement will, at the Foundation's sole discretion, result in forfeiture of all or a portion of the grant. The Foundation's failure to enforce any provision of this Agreement, for any reason, is not a waiver of the Foundation's right to enforce subsequent compliance with that or any other provision.
- 15) The Foundation grants Grantee a non-exclusive license to use the Foundation's name and logo and any of its trademarks or service marks (Foundation Materials) to support any collateral and promotion of the grant. Any use of the Foundation Materials inures solely to the benefit of the Foundation. The license to use Foundation Materials expires at the time of completion of the Project or end of the grant period whichever comes first. If Grantee uses any Foundation Materials, Grantee agrees not to alter the Foundation Materials in any way unless Grantee has requested and received written approval for an alteration from the Foundation. Grantee may contact the Foundation for an electronic format for the Foundation logo.

- 16) The Foundation with issuance of the grant to Grantee and Grantee's provision of services made possible by the grant, are engaged in a collaborative effort. As such, the Foundation anticipates the Grantee will recognize the Foundation in Grantee's internal and external communications including press releases, social media postings and Internet presentations.
- 17) The Foundation enjoys seeing Grantee's programs/events in action and would appreciate any photos Grantee would like to share. Additionally, The Foundation may have an opportunity to showcase Grantee's work in grant presentations, in the Medica Foundation Annual Report, internally within the Foundation, in social media and other mediums. (Foundation Uses). Grantee consents to the inclusion of Grantee's name, logo and description of Grantee's project activities (Grantee Project Activities Insertion) in the Report and that The Foundation is the owner of the Grantee Project Activities Insertion and retains all rights in such insertion. With respect to photos, Grantee agrees to send high-resolution (.pdf preferred) photos to the Foundation at foundation@medica.com. The Foundation can only use photos in the various Foundation Uses for which signed organizational or individual photo releases are on file (or can be obtained). The Foundation can provide a Photo Release Form upon request. Grantee must complete the form and return it to the Foundation in order for the Foundation to use the photos in the various Foundation Uses.
- 18) The parties agree that this Agreement may be mutually executed via Doc-U-Sign.

Payments and Reporting

Payment Schedule

01/01/2022	\$5,000
------------	---------

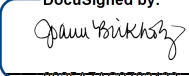
Reporting Schedule – must include a final progress and financial report.

Grantee will submit its final report online. To access report instructions and the report link, login to the organization's account: <http://www.medicafoundation.org/our-grantees/current-grantees> Attach a financial report that includes an update on expenses-to-budget.

Final report due: 02/01/2023

Signatures

Medica Foundation

By: 
8825A7AC9782433...
JoAnn M. Birkholz

Title: Medica Foundation Executive Director

Date: 12/26/2021

Grantee hereby agrees to the terms and conditions of the grant as recited above.

City of Mitchell Recreation Center

By: _____
(Signature)

Name: Thomas Gulledge
(Printed Name)

Title: Fitness & Wellness Coordinator

Date: _____



Vendor ACH Election Form

The Medica Foundation makes payments electronically. Please complete this form to be set up for electronic payment. **If you have submitted this form previously, you do NOT need to complete it again unless there has been a change to your banking or contact information.**

Please include a signed letter from your bank on letterhead confirming your banking information. Medica cannot set your organization up for electronic payments without confirmation from your bank.

Company Name: _____

Tax ID Number: _____

Address: _____

Contact Name: _____

Contact Phone Number: _____

Contact E-mail Address: _____ (for notification of payments made)

Bank Name: _____

Bank Routing Number: _____ (should be the bank's ACH routing #)

Bank Account Number: _____ (must be an acct that can accept funds)
(please circle one) Checking Savings

Authorized Officer Name: _____ (vendor)

Authorized Officer Title: _____ (vendor)

Authorized Signature: _____ (vendor)

Date: _____ (vendor)

Please return this form and the letter from your bank with your signed grant agreement.

When a deposit is made to your account, an e-mail will be sent to your e-mail address notifying you of the deposit. If you do not need a notifying e-mail, please note on the e-mail address line that no notification is necessary.