



Le Sueur County, MN

Tuesday, January 17, 2017

Board Meeting

Item 11

11:20 a.m. Cindy Shaughnessy, Public Health Director

Staff Contact:



LE SUEUR COUNTY PUBLIC HEALTH

Public Health
Prevent. Promote. Protect.

88 South Park Avenue
Le Center, MN 56057
Phone (507) 357-8246
Fax (507) 357-4223

Le Sueur County Board of Commissioners Meeting
January 17, 2017

Cindy Shaughnessy, Public Health Director

Agenda:

1) Request approval to accept \$5,000 Medica Foundation Grant

- Medica approval letter and grant agreement attached
- Grant purpose is to improve dental access and provide preventative dental care for uninsured children through the Healthy Smiles program

Mail Route CW104
PO Box 9310
Minneapolis, MN 55440-9310
952-992-2060

January 5, 2017

Ms. Cindy Shaughnessy, Director
Le Sueur County
88 S Park Ave
Le Center, MN 56057

RE: Grant Request Dated: 8/25/2016
Project Title: Core Mission Support
Medica Foundation Grant ID# 2016-103532
Grant Period: 1/1/2017-12/31/2017

MEDICA®
FOUNDATION

Received

JAN 11 2017

LeSueur County
Public Health

Dear Ms. Shaughnessy:

The Medica Foundation (the Foundation) is pleased to inform you (Grantee) that it has approved a grant of \$5,000.00 for the Core Mission Support (Project) as stated in your grant request dated 8/25/2016.

The Medica Foundation appreciates your attention to the following:

1. Attached is your Grant Agreement. Please read the agreement carefully, sign and return the original to me within ten (10) days of receipt. Please keep a copy for your records.
2. The Medica Foundation logo is available to support any collateral and promotion of your grant. The Foundation appreciates recognition of its support. Please contact me for an electronic format of the logo.
3. The Foundation requires you to submit a final report. We ask that you use the Medica Online Status Report form that can be found in the Grant Information section of the Medica Foundation's website at <http://www.medicafoundation.org/for-grantees/report-on-your-grant>. 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 me if your report will be late.
4. 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 funding is processed for payment, 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 and invoice number.

Medica® is a registered service mark of Medica Health Plans. The Medica Foundation is a supporting organization of Medica Health Plans.

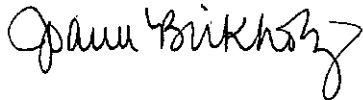
FDN1934-50113

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5. An invoice must be submitted to the Foundation for your payment to be generated. Invoices may be electronically submitted to the Foundation at foundation@medica.com or via hard copy. The Foundation does not require a specific invoice format to be used. Please include an accounting of your expenditures, the Foundation Grant ID number, your organization's federal tax ID number and remitting information. Upon your request, the Foundation may agree to provide advance funds for which you must later provide an accounting.
6. 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 and the Medica Foundation Annual Report. 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.
7. If there are changes to the Project, including the primary contact person, please notify the Foundation as soon as possible.

Please do not hesitate to contact me at any time during your grant period. We look forward to hearing more about your program.

Sincerely,



JoAnn Birkholz, Foundation Director
Medica Foundation

Medica Foundation Grant Agreement

Grantee Organization Name: Le Sueur County
Grant Request Dated: 8/25/2016
Project Title: Core Mission Support
Medica Foundation Grant ID# 2016-103532
Grant Period: 1/1/2017-12/31/2017
Grant Amount: \$5,000.00

Our foundation has been advised by counsel to submit to you a grant agreement to ensure compliance with the Internal Revenue Code. Therefore, this grant is being made and will be provided to you under the following conditions:

- 1) All of the grant funds are to be used for, and only for, the purpose of enabling Grantee to support health-related programming core to the organization's mission ("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) 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 and a written request for payment. The written request must be supported by an accounting of Grantee's expenditures, refer to the Foundation Grant ID number and include the Grantee's federal tax ID number and appropriate remitting information. Upon your request, the Foundation may agree to provide advance funds for which you must later provide an accounting. The final written request for payment will be due no later than 90 days after the end of the grant period.
- 4) Grantee will provide a final written report to the Foundation Director or designee no later than 30 days after completion of the Project, the end of the grant period, or expenditure of all funds, whichever comes first. 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/for-grantees/report-on-your-grant>.
- 5) 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.

- 6) Grantee will not use the grant proceeds for any purpose other than for purely public purposes.
- 7) 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.
- 8) 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.
- 9) The Foundation may include information on this grant in its public reports and documents.
- 10) 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.
- 11) Reports, books, articles, software, videos or other 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. The Foundation reserves the 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.
- 12) 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.

Please sign this Grant Agreement and return the entire original document to JoAnn Birkholz within ten (10) days of receipt. Please keep a copy for your records.

Medica Foundation

By JoAnn M. Birkholz
JoAnn M. Birkholz

Its Foundation Director

Date 1/4/17

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

Le Sueur County

By _____
(Signature)

(Print name of signatory)

Its _____

Date _____

Payments and Reporting

Payment Schedule – an invoice must be submitted for payment to be made.

1/1/2017 - \$5,000

Reporting Schedule – must include a final progress and financial report

Submit your final report online. To access report instructions and the link to login to your account: <http://www.medicafoundation.org/for-grantees/report-on-your-grant>

You will also need to attach a financial report that includes an update on expenses-to-budget.

Final report due: 2/1/2018