

See attached.

ROUTT COUNTY
REQUEST FOR ATTORNEY SERVICES

TO: Erick Knaus, County Attorney

DATE: May 15, 2019

FROM: Kelly Keith
(Must be Signed by Department Head)

REQUESTED DUE DATE: May 24, 2018
(ASAP Not Acceptable)

REVIEWED BY COUNTY MANAGER:

Approved Disapproved (Initials) JK (Date) 5-15-19

REVIEWED BY BOARD OF COUNTY COMMISSIONERS:

Approved Disapproved (Initials) _____ (Date) _____
Approved Disapproved _____
Approved Disapproved _____

DESCRIPTION/TITLE OF PROJECT: Temple Hoyne Buell Foundation grant award in the amount of \$12,500.00 to support the Fatherhood Program of Routt County.

DESCRIPTION OF ISSUES: These funds will be used to support services and activities of the Fatherhood Program of Routt County as directed by the Fatherhood Program coordinator.

FACTUAL BACKGROUND: This is the fourth time that Temple Hoyne Buell Foundation has funded Routt County for the benefit of the Fatherhood Program.

COMMENTS:

ACKNOWLEDGMENT OF RECEIPT

TO: Kelly Keith

DATE: 5/15/19

FROM: Erick Knaus

ESTIMATED HOURS: 25

On 5/15/19, I received your Request for Attorney Services for the above-described project. I have forwarded it to the Board of County Commissioners for approval. I will advise you if the Board does not approve your request. In the meantime, I have assigned the request to:

Erick Knaus Lynaia South Sue Zulevich

We will try to complete the work by the Requested Due Date shown on the request.
 I do not believe that the work will be completed by the Requested Due Date because:



**BUELL
FOUNDATION**
Investing in Colorado's Future

April 29, 2019

Kelly Keith, Director
Routt County Department of Human Services
PO Box 772790
Steamboat Springs, CO 80477

Re: Grant # 9498

Dear Ms. Keith:

The Trustees of the Temple Hoyne Buell Foundation are pleased to inform you that a grant has been approved in the amount of \$12,500.00 for parenting education for fathers with children birth to five. Please reference the grant number in any correspondence related to this grant. *No administrative fees may be deducted from this grant by Routt County.*

This grant has been approved based upon the following terms and conditions:

1. **Tax Exempt Status:** The organization is a nonprofit recognized by the Internal Revenue Service as a public charity as described in Sections 501(c)(3) and 509(a)(1), 509(a)(2), or 509(a)(3) – Type I, Type II or functionally integrated Type III of the IRS Code of 1986 as amended (the "Code"), or a governmental agency organized under the laws of the State of Colorado.
2. **Expenditure of Funds:** This grant, and any income earned upon investment of grant funds, is made for the charitable purposes outlined above and may not be expended for any other purpose without this Foundation's prior written approval. The grant period is *May 1, 2019 through April 30, 2020*. Any unexpended funds, or funds used for purposes other than those allowed by this agreement, must be returned to the Foundation upon written notice.
3. **Records and Reports:** You are required to keep the financial records with respect to this grant and to provide this Foundation with a written report summarizing the use of all grant funds after funds have been expended, due no later than *May 31, 2020*, and other reports as we may reasonably require. *No new requests will be funded until a satisfactory report has been received.* All records shall be retained for at least four years following the year in which all grant funds are fully expended.
4. **Required Notification:** You are required to provide this Foundation with *immediate written notification* of (a) any change in your organization's tax-exempt status, (b) any inquiry or audit by the Internal Revenue Service, (c) your inability to expend the grant for the purposes described in this letter, or (d) any expenditure from this grant made for any purposes other than those for which the grant was intended. Additionally, you must submit a written request to us *in advance* if the funds cannot be expended within the stated grant period.
5. **Reasonable Access:** You will permit this Foundation and its representatives reasonable access to your files, records, accounts, and personnel for purposes of making such financial audits, verifications, or program evaluations as this Foundation deems necessary or appropriate concerning this grant award.

6. Condition of Grant: This grant is conditioned upon your acceptance of the terms set forth above, and this Foundation reserves the right to discontinue, modify, or withhold any payment under this grant award, or to request a refund of any grant funds, if it reasonably determines that your organization has not fully complied with the terms and conditions of this grant.

7. Publicity: This Foundation may include information concerning this grant, including the amount and purpose of the grant and any related materials (including your logo and trademark and other information about your organization and its activities) in the Foundation's periodic public reports, newspapers, and news releases. You will obtain the Foundation's approval, which shall not be unreasonably withheld, concerning the text of any proposed publicity concerning this grant prior to its release.

8. Representations: Your representations contained in this letter are true and may be relied upon by the Foundation. You will immediately notify the Foundation in writing if you fail to comply with any provision of this letter or if any of your representations are no longer true.

If the conditions of this grant meet with your approval, please sign and return one copy of this letter **with original authorized signatures** to the Foundation within 14 days after its receipt. Payment will be issued within three weeks of our receipt of the signed contract.

Congratulations on this recognition of your important efforts. We look forward to working with you during the coming year.

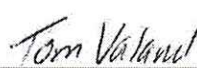
Sincerely,


Susan J. Steele
Executive Director

AGREED AND ACCEPTED BY THE UNDERSIGNED AUTHORIZED SIGNATORIES
(all signatures below are required):

x _____
Signature, Commissioner
Routt County
Printed Name: _____
Title: _____
Date: _____

x _____
Signature, Interim Director
Routt County Department of Human Services
Printed Name: _____
Title: _____
Date: _____

x 
Signature, Program Manager
Fatherhood Program of Routt County
Printed Name: Tom Valand
Title: Fatherhood Program Coordinator
Date: 5.15.19