



*The Kaiser Permanente National Community Benefit Fund
at the East Bay Community Foundation*

April 22, 2020

Ms. Britta Fisher
Chief Housing Officer
City and County of Denver
201 W Colfax Ave, 6th Floor
Denver, CO 80202

RE: Grant #20202469

Dear Ms. Fisher:

I am pleased to notify you that the Kaiser Permanente National Community Benefit Fund of the East Bay Community Foundation has awarded a grant to City and County of Denver for \$1,000,000.00. This grant is for the City of Denver's Housing & Homeless Services Fund for COVID suppression activities. Payment will be made by wire transfer. The transfer date will be determined after receipt of the signed Agreement.

The enclosed Grant Agreement forms the contract between City and County of Denver and the East Bay Community Foundation. Please read it carefully as it outlines the conditions of the grant as well as the payment schedule. *Kindly acknowledge receipt and acceptance of the terms thereof by signing this agreement via DocuSign.* If the signed agreement is not returned within 30 days from the start of the grant period this award may be voided. The grant number for this grant is **#20202469**. Please refer to it in your correspondence with us.

Please recognize this grant in your media (social, web and print) as the Kaiser Permanente National Community Benefit Fund at the East Bay Community Foundation.

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Choe".

Laura Choe
Grants & Scholarship Manager

Enclosure: Grant Agreement



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**DONOR ADVISED GRANT PROGRAM
GRANT AGREEMENT**

Between the Kaiser Permanente National Community Benefit Fund at the East Bay Community Foundation and:

Grantee: City and County of Denver
Address: 201 W Colfax Ave, 6th Floor
Denver, CO 80202
Contact Person: Ms. Britta Fisher
Foundation Contact: Laura Choe, Grants & Scholarship Manager
Grant Number: #20202469

Purpose and Conditions of the Grant

This grant from the Kaiser Permanente National Community Benefit Fund at the East Bay Community Foundation is made to City and County of Denver for the purpose and with the conditions outlined below.

1. Grant Purpose: City of Denver's Housing & Homeless Services Fund, including but not limited to the following COVID suppression activities for the City of Denver: 1) Isolation/Quarantine: Provide supplemental shelter, activated respite, and rapid rehousing, enabling quarantine and isolation of COVID-19 positive and exposed individuals experiencing homelessness in Denver; 2) Expanded Testing: Prioritize and facilitate testing of shelter staff by leveraging testing processes with the state health department and expanding testing scope to include shelter staff; 3) Contact Tracing: Encourage use of HMIS for all Denver metro area providers, enabling more reliable identification of specific individuals experiencing homelessness; 4) Extreme Hygiene: Fund cleaning and sanitation supplies, enabling better hygiene in Denver's shelters.

2. Grant Period: May 1, 2020 - April 30, 2022

3. Grant Amount: \$1,000,000.00

4. Payment Schedule: One-time payment will be made via wire transfer as of 4/24/20, contingent upon receipt of the signed GA.

5. Reporting Schedule: No report required

6. Special Conditions: Grant Classification (re: Financial Accounting Standard Board's SFAS 116-117):

I. Unconditional <input checked="" type="checkbox"/>	II. Unrestricted <input type="checkbox"/>
Conditional <input type="checkbox"/>	Restricted <input checked="" type="checkbox"/>

Restricted grants can be used only to fund the stated purpose of the grant. Conditional grants are paid only after a condition has been met.



**Kaiser Permanente National Community Benefit Fund Grant Agreement
Grant #20202469**

No Discrimination In Employment: EBCF's nondiscrimination policy does not permit it to refuse to hire, discharge, promote or demote, or discriminate in matters of compensation against any person otherwise qualified, solely because of race, color, religion, national origin, gender, age, military status, sexual orientation, gender identity or gender expression, marital status, or physical or mental disability.

Because this grant is from a donor advised fund, we must remind you that the grant must be used exclusively for charitable purposes, and that this grant may not result in a more than incidental benefit to the donor, donor-appointed advisor, or related parties or businesses.

By accepting this grant, your organization also certifies to the East Bay Community Foundation that this grant will not be used by you to satisfy the payment of any pledge or other personal financial obligation on behalf of the donors of the Kaiser Permanente National Community Benefit Fund.

By signing this agreement, your organization agrees to the following: i) that you will not use the funds for lobbying activities; ii) that you will return any funds not used for the designated purposes; and iii) that you will maintain the grant funds in a separate fund so that charitable funds are segregated from non-charitable funds.

By signing this agreement the Grantee signatory acknowledges that he/she has read and understood the Agreement and that the Grantee accepts its terms and conditions.

Grantee:

By: Authorized Officer of Grantee

Name: _____ Signature: _____

Date _____

East Bay Community Foundation:

A handwritten signature in blue ink, appearing to read "Laura Choe", written over a horizontal line.

By: _____
Laura Choe Grants & Scholarships Manager 4/22/20

PLEASE RETURN GRANT AGREEMENT via DOCUSIGN
