



Blue&You
FOUNDATION
FOR A HEALTHIER ARKANSAS
An Independent Licensee of the Blue Cross and Blue Shield Association

Patrick O'Sullivan
Executive Director

USABLE Corporate Center
320 West Capitol Ave., Suite 200
Little Rock, AR 72201
501-378-2221 • 501-378-2051 fax
posullivan@arkbluecross.com

November 16, 2018

Mary Bea Gross
Arkansas Hunger Relief Alliance
1400 W. Markham St. Suite 304
Little Rock, AR 72201

Dear Ms. Gross:

The Blue & You Foundation for a Healthier Arkansas is pleased to award \$83,808 to Arkansas Hunger Relief Alliance to provide funding for the *Produce Gleaning and Gardening Expansion* program. The grant period will begin January 1, 2019, and end December 31, 2019.

Terms of the grant are set out below. **If you are in agreement, please have the appropriate officer indicate acceptance, and return a signed copy of this letter (signed by an officer of the organization) by December 21, 2018. We then will issue the grant check.**

The grant is conditioned on your agreement with the following:

1. To complete the scope of work as detailed in your attached grant application.
2. To permit Blue & You Foundation staff to visit your offices or operation periodically during the grant year to review progress of the project.
3. To maintain written records of receipts and expenditures adequate to easily identify the use of the grant funds and to make your books and records available to our staff at reasonable times.
4. To make no changes in any budget category exceeding 10% without written permission from the Foundation. A copy of your approved budget is attached.
5. To submit an interim, six-month progress report by July 24, 2019, and a final, 12-month project report by January 31, 2020, in accordance with Attachment A. You agree that the Blue & You Foundation may publish these results, in whole or in summary, on its Web site or in printed publications.
6. To provide a copy of this agreement, your program and budget as described in your attached application, and our reporting requirements to the person from your organization who will administer the grant program and complete your progress reports.
7. To not knowingly employ (either as a volunteer or in a compensated capacity) any employee of Arkansas Blue Cross and Blue Shield or an affiliated company in the implementation of your program funded by this grant.

8. To furnish one copy of any printed publications or materials produced with Blue & You Foundation funds and to include acknowledgement of Blue & You Foundation support in all such publications or productions. Any reference to the Foundation should always be listed as Blue & You Foundation for a Healthier Arkansas. Please submit any acknowledgement for our approval of proper use prior to publication.
9. To agree that communication material created with a Blue & You Foundation grant will not be sold by the grantee organization or institution without the approval of the Foundation.
10. To return any unspent or improperly spent funds at the end of the grant period.
11. To acknowledge that the Blue & You Foundation does not assume any liability for any harm, injury or loss to you or your employees, directors, officers, or agents, or to any third parties, in connection with your expenditure and use of grant funds; and to agree, to the extent permitted by law, to indemnify and hold harmless the Blue & You Foundation and its directors, officers and employees from and against any and all liability, expense, or claims for injury or damages caused by or resulting from any negligent or intentional acts or omissions of you or your employees, directors, officers or agents.

In order to receive payment, please signify your agreement to the above terms by the signature of an officer who is authorized to execute contracts on your behalf. Keep one copy for your records and return the original to Blue & You Foundation, Attention: Patrick O'Sullivan.

Sincerely,

Patrick O'Sullivan
Executive Director

AGREED TO AND ACCEPTED ON BEHALF OF Arkansas Hunger Relief Alliance *(signed by an officer of the organization)*

SIGNATURE:

NAME:

TITLE:

DATE:

ATTACHMENT A

Blue & You Foundation For A Healthier Arkansas

GRANTEE: Arkansas Hunger Relief Alliance

REPORTING INFORMATION:

Our reporting process is intended to help identify successful practices, inform others, and maintain accountability. It is our hope that reflection on the questions that follow will facilitate the reporting process, and help to better measure the outcomes realized through your initiative. If appropriate, the Blue & You Foundation may request additional information.

For the six-month report (due July 24, 2019), please answer questions 1-8.

For the 12-month report (due January 31, 2020), please answer questions 1-11, reporting on all 12 months of the program.

NARRATIVE QUESTIONS:

Please re-state the numbered question prior to each response:

1. State the number of persons that were reached or lives directly impacted by the program funded through this grant.
2. List 3-5 items that you consider to be the most significant achievements of your grant-funded program, using quantifiable measures.
3. Referring to your approved scope of work, list the specific activities and outcomes that were achieved and those that were not, using quantifiable measures.
4. Provide information on the dates, locations, and attendance at program activities, if applicable.
5. Please provide an expenditure report based on the approved budget. Provide a narrative which explains the status of the budget spending to date.
6. Summarize your findings on the cost effectiveness of the project.
7. Provide one copy of any marketing and promotional materials that were developed for this initiative.
8. What have been the most significant lessons learned so far during your implementation of the program? Using hindsight, what would you do differently, and why?
9. (For your final report) What advice would you give to other organizations seeking to establish a program similar to yours?
10. (For your final report) What advice would you give to the Blue & You Foundation on how to operate its grantmaking and monitoring process more effectively? Please provide any other feedback you desire on your interaction with the Foundation.
11. (For your final report) What will happen to your program when this grant runs out? Will it end because no other funding is available? Will you secure funding from other outside sources to continue the program? Will you continue the program using internal resources? Please elaborate on the future sustainability of this program.