



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

601 S Gaines Street, 7th Floor
Little Rock, AR 72201
501-378-3300
blueandyoufoundationarkansas.org

Grant Agreement

June 17, 2021

Jane Doe
Arkansas Organization
1 Main Street
Little Rock, AR 72201

Dear Ms. Doe:

The Blue & You Foundation for a Healthier Arkansas is pleased to award a \$100,000 grant to the Arkansas Organization to provide funding for the Healthy Arkansas Program. The grant period will begin July 1, 2021, and end June 1, 2022.

Terms of the grant are set out below. **If 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 June 30, 2021. Upon receipt of this signed agreement, funds will be distributed electronically.**

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 executive director of the Blue & You Foundation. A copy of your approved budget is attached.
5. To submit an interim, six-month progress report by January 30, 2022, and a final, 12-month project report by July 1, 2022, in accordance with Attachment A. Grantee also agrees to submit a report based on the evaluation measures outlined in the proposal, where it would not create duplicate reporting. You agree that the Blue & You Foundation may publish these results, in whole or in summary, on its website 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 executive director of the Blue & You 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.

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: Rebecca Pittillo.

Sincerely,



Rebecca Pittillo
Executive Director

AGREED TO AND ACCEPTED ON BEHALF OF THE ARKANSAS ORGANIZATION *(signed by an officer of the organization)*

Signature: _____

Name: _____

Title: _____

Date: _____