

Dear Grantee:

The Board of Directors of the Redbud Health Care District is hereby requesting that you acknowledge the following clause in your Grant Agreement:

5. Limit of Commitment. Unless otherwise approved by the District Board, this Grant shall be a one-time Grant by the District, and is non-renewable. Nothing in this Agreement shall preclude Grantee from making application to the District for any future Grant Funds that may be available from the District, provided, however, that the Grantee will not be given priority or entitled to special consideration by the District due to this Grant.

This is a simple reminder that we are in financial times which are ever changing and very fluid. The funding to the Redbud Health Care District is determined by a very small amount of the assessed property valuations within the District. As you may know, the following major recent fires were all, or partially within the boundaries of the District:

Wye, Rocky, Jerusalem, Valley, Clayton, Sulphur, Pawnee, and Ranch.

Consequently, it is imperative that you DO NOT rely on the Redbud Health Care District for continuous or long term funding.

All Grantees must demonstrate the capacity to seek and obtain permanent funding. Our Redbud Health Care District Policies and Procedures, dictate that we are not a provider of long term funding.

We implore you to be proactive in seeking funding outside of the Redbud Health Care District.

Acknowledged and Understood:

By: _____

on behalf of: _____ Dated: _____

CERTIFICATION OF GRANT TERMS AND CONDITIONS
BY GOVERNING BODY

We hereby Certify that the _____
(Governing Body) of the _____
On behalf of _____.

Have read and approved the attached Grant Agreement Number: _____
Dated _____, inclusive of the Request for Assistance Proposal Number:
_____ as submitted by our Organization, attached as Exhibit "A"
Attached hereto and made a part hereof executed by _____
as _____ and _____ as
_____.

The Request for Assistance Proposal and Grant Agreement were presented to our
_____ at a meeting on
_____, Our Organization studied and discussed the terms,
conditions and obligations of the Grant Agreement and then passed a motion and or
resolution to enter into the attached Grant Agreement Number: _____
dated _____, authorizing the Officers and or Agents signing below
to execute the Grant Agreement on behalf of our Organization.

Attached herewith is a copy of the Organization Official Minutes and or a Resolution of
the Board of Directors affirming the statements contained herein.

We hereby Certify under the Penalty of Perjury that the foregoing is true and correct.

Signature	Date	Signature	Date
Title		Title	

GRANTEE QUESTIONNAIRE

Person who completed this form: _____ **Date completed** _____

1. How many employees were there at 6/30/2013 and 6/30/2014? How often are employees paid?
2. Identify and describe (a) the organization's major programs/activities (including markets and competition, supply availability, seasonality, changing technology, etc.) and (b) how the major programs/activities and the organization are affected by general economic, political, or social conditions.

Program/Activity

Description and How Affected

[]

[]

[]

[]

3. What are the organizations major sources of revenues and receipts? (Describe major fundraising events, grants, etc.).

4. If the organization is reliant on a specific vendor for generation of revenue please provide. List the major vendors/suppliers and the approximate total purchases made from each for any vendor where more than 5% of the total services & supply budget is concentrated in the one vendor.

5. Provide any changes in the organization's spending for the current year such as specific capital expenditures, etc, along with related funding sources, if any:

6. What are the organization's major sources of financing (such as short-term borrowing, lines of credit, long-term debt, or leasing)?

7. Describe the budgeting process (who prepares, who approves, when finalized and/or updated):

8. What performance measures, both financial and nonfinancial, are most important in managing and measuring the Organization's results (for example, service call, budget to actual, monthly trend, etc.). Specifically what reports do the Board and other members of management look at regularly?

9. List the members of the governing body of the agency, their titles and how often they meet (attach an electronic document with this information if preferred).

10. List Executive Management and their titles.

11. Has there been any turnover in management or employees in the last year? If so, please provide an explanation.

12. Are there any related parties? Please list transactions that occurred between any related parties during the year.

Name **Relationship** **Type of Transaction**

13. Provide a list of all locations with the number of employees and what the location is used for (office, training, etc.).

Location **# of Employees/Activity**

14. List any affiliated organizations (Name and affiliation):

15. List any external factors such as regulatory, economic, political, etc. that affected the entity's business during fiscal year 2014.

16. Describe any significant changes that occurred during the year, if any (changes in rates, changing services provided, marketing changes, etc.).

17. Have you prepared your financial statements in conformity with generally accepted accounting principles consistently applied?

18. Are there any events that occurred after the end of the year that may have an impact on the financial statements (lawsuits, new debt, lease or revenue agreements, major purchases, etc.)?

19. Have there been any communications from regulatory or taxing agencies?

