



CONTRACT BETWEEN REQUESTING ORGANIZATION AND CLARKSVILLE-MONTGOMERY COUNTY COMMUNITY HEALTH FOUNDATION, INC., "CMCCHF, INC."

Requesting Organization: Name _____

Address _____

Contact Person: _____

Title: _____

Address: _____

Phone: _____

Amount of Grant: _____

Payment Schedule: _____

Project start date: _____

Project end date: _____

The following terms are agreed upon as conditions for this Grant:

I.

A. The tax-exempt status verified in the Grant request is still valid; any changes in the Organization that could lead to a change in that status will be reported to CMCCHF, Inc. immediately.

B. The Organization will get prior approval from CMCCHF, Inc. for any printed publicity regarding the awarding of the Grant or the program supported by the Grant.

II.

A. Grant funding is to be used exclusively for the purposes for which it was approved as described in the grant application. Any part of the Grant funds not so used must be returned promptly to CMCCHF, Inc..

B. No part of this Grant may be used for purposes other than to promote the general health of the residents of the City of Clarksville, the County of Montgomery, or the counties of northern Middle Tennessee as described in the attached grant application filed by the requesting organization.



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- C. No part of the Grant may be used to attempt to influence legislation [within the meaning of Section 4945(d)(2) of the Internal Revenue Code].
- D. No part of the Grant may be used to attempt to influence the outcome of any specific public election, or to carry on, directly or indirectly, any voter registration drive [within the meaning of Section 4945(d)(2) of the Internal Revenue Code].
- E. No part of the Grant may be used for the making of a grant payment to an individual for travel, study, or similar purposes unless the requirements of Section 4945(g) of the Internal Revenue Code are met. The payment of compensation to your Organization's employees does not constitute a "grant" for these purposes, and is not subject to these restrictions
- F. No part of this Grant may be used for a grant to another organization unless the provisions of Section 4945(h) of the Internal Revenue Code (dealing with "expenditure responsibility") are complied with and unless approval is given by CMCCHF, Inc.

III.

- A. The Organization will indicate the funds received separately on its books of account, charge expenditures made in furtherance of the purposes against the Grant, and keep records adequate to enable the use of the Grant funds to be readily checked.
- B. The Organization will keep these records, along with copies of the reports submitted for at least four years, and make the records available to CMCCHF, Inc. at reasonable times for audit.
- C. CMCCHF, Inc. may monitor and conduct a review of operations under this Grant, which may include an onsite visit to observe the Organization's program, discuss the program and finances, and review financial and other records and materials connected with the activities financed by the Grant.



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D. No part of this Grant may be transferred or conveyed for use by another group, association or nonprofit, tax-exempt organization without the written approval of CMCCHF, Inc.. Any such transfer or conveyance may result in CMCCHF, Inc. requesting the return of the Grant funds or any unspent portion of the Grant funds.

E. In the event of a merger, sale, dissolution, or bankruptcy of your Organization prior to the expenditure of all or part of the Grant funds, CMCCHF, Inc. may request the return of the Grant funds or any unspent portion of the Grant funds.

F. Within a three-month period of time after the project end-date the Organization will complete and submit to CMCCHF, Inc. the enclosed Final Progress Report Form detailing the manner in which the Grant funds were spent and the progress made in accomplishing the goals and purposes of the Grant. Subsequent grant applications that may receive approval by CMCCHF, Inc. are normally not paid until this final report is received and the grant performance evaluation is complete.

The terms of this Grant Contract are accepted by:

(Full name of organization to which grant awarded)

and Clarksville-Montgomery County Community Health Foundation, Inc., "CMCCHF, Inc."

Accepted and agreed: (Three previous pages.)



CONTRACT BETWEEN REQUESTING ORGANIZATION AND CLARKSVILLE-MONTGOMERY COUNTY COMMUNITY HEALTH FOUNDATION, INC., "CMCCHF, INC."

We (the Organization to which grant has been awarded) agree to submit a Grant Follow-up Report within three months after the end-date of the grant.

Between Organization:

_____ and "CMCCHF. Inc."

By: _____

By: _____

Title:

Title:

Date:

Date: