

FORSYTH COUNTY

BOARD OF COMMISSIONERS

BRIEFING
DRAFT

MEETING DATE: JULY 2, 2020 AGENDA ITEM NUMBER: 5A - 5B

- SUBJECT:**
- A. RESOLUTION AUTHORIZING ACCEPTANCE OF A GRANT FROM THE KATE B. REYNOLDS CHARITABLE TRUST TO SUPPORT LOCAL COVID-19 RESPONSE AND MITIGATION**
 - B. AMENDMENT TO THE FY 2020-2021 BUDGET ORDINANCE TO APPROPRIATE KATE B. REYNOLDS CHARITABLE TRUST GRANT FUNDS TO SUPPORT LOCAL COVID-19 RESPONSE AND MITIGATION**

(FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH)

COUNTY MANAGER'S RECOMMENDATION OR COMMENTS:

SUMMARY OF INFORMATION:

ATTACHMENTS: YES NO

SIGNATURE: _____ **DATE:** _____
COUNTY MANAGER

**RESOLUTION AUTHORIZING ACCEPTANCE OF A GRANT FROM THE
KATE B. REYNOLDS CHARITABLE TRUST TO SUPPORT
LOCAL COVID-19 RESPONSE AND MITIGATION
(FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH)**

WHEREAS the Forsyth County Department of Public Health requests authorization to accept a grant of \$247,500 from the Kate B. Reynolds Charitable Trust to be used for local Covid-19 response and mitigation; and

WHEREAS the grant funds will be used to supplement Forsyth County's efforts to complete Covid-19 testing, provide community education and outreach, acquire personal protective equipment, and complete other programs, initiatives, and purchases deemed necessary for Covid-19 relief by the Department of Public Health;

NOW, THEREFORE, BE IT RESOLVED, by the Forsyth County Board of Commissioners hereby authorizes the Chairman or County Manger and the Clerk to the Board to execute necessary documents, on behalf of Forsyth County and the Department of Public Health, to receive \$247,500 grant funds from the Kate B. Reynolds Charitable Trust, subject to a pre-audit certificate thereon by the County Chief Financial Officer, where acceptable, and approved as to form and legality by the County Attorney.

Adopted this 2nd day of July, 2020



MAC D4001-065
100 N Main Street
Winston-Salem, NC 27101

May 20, 2020

Forsyth County Department of Public Health
Attn: Mr. Josh Swift
PO Box 686
Winston Salem, NC 27101

RE: Kate B. Reynolds Charitable Trust Grant No. 2020-128

Dear Mr. Josh Swift:

On behalf of the Kate B. Reynolds Charitable Trust, I am pleased to enclose a grant check in the amount of \$247,500.00 for the benefit of the Forsyth County Department of Public Health.

This grant is to be used to bolster public health response to the COVID-19 pandemic, as described in your request dated 5/13/2020, and is subject to your organization's agreement to the following terms:

- A. **EXEMPT STATUS:** Because the Foundation is classified as a private foundation, we must ensure that each grantee organization is exempt from income tax under Internal Revenue Code Section 501(c)(3) and is classified as a public charity under Section 509(a)(1), (2) or (3). Based on the information available to us from the IRS Business Master File, your organization currently satisfies this condition. An authorized representative of your organization must **immediately** notify us of any change in your organization's tax-exempt status or organizational/operational changes that could lead to an alteration in its status.
- B. **RESTRICTED PURPOSES:** These funds must be used entirely for the purposes described above and may not be applied toward any activity inconsistent with the charitable purposes described in Internal Revenue Code Sections 501(c)(3) and 170(c)(2)(B). Under no circumstances may any portion of the funds be used to carry on propaganda or otherwise attempt to influence legislation or the outcome of any specific public election or to carry on, directly or indirectly, any voter registration drive. We retain the right to monitor and conduct an evaluation of the use of these funds (by site visit or otherwise), discuss the grant with your personnel, and review financial records and other documentation relating to the activities financed by this grant.
- C. **REPAYMENT OBLIGATION:** Any funds not expended or committed for the authorized purposes of the grant must be returned to the Foundation.
- D. **NO PRIVATE INUREMENT:** This grant is a charitable contribution from the Foundation to be applied toward the purposes specified herein. No goods, services, or other private benefit may be provided by your organization (or accepted by any person) in exchange for this grant. The grant is made on behalf of the Foundation and not by or on behalf of any other entity or person. The grant is not being made in satisfaction of any pledge made by any person or entity other than the Foundation itself, if applicable.

Letter to Forsyth County Department of Public Health
May 20, 2020
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Your organization's deposit, negotiation or endorsement of the enclosed check will constitute its agreement to the terms and conditions set forth above. However, for our files, please have the enclosed copy of this letter reviewed and signed where indicated by an authorized representative of your organization and then returned to me in the enclosed self-addressed stamped envelope. Please do not hesitate to contact me with any questions or concerns toll free at 1-888-235-4351.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Lewis".

Jessica Lewis
Fiduciary Administrator
Philanthropic Services

Enclosures

ACKNOWLEDGEMENT OF RECEIPT & CONSENT TO TERMS:

On behalf of Forsyth County Department of Public Health, I understand and agree to the foregoing terms and conditions of the above-referenced grant from the Kate B. Reynolds Charitable Trust, and hereby certify my authority to execute this agreement on behalf of said organization. I further certify that Forsyth County Department of Public Health is exempt from income tax under Internal Revenue Code Section 501(c)(3) and is classified as a public charity under Section 509(a)(1), (2) or (3).

Joshua R. Swift
Signature

Date: 5/26/2020

Joshua R. Swift
Name (please type or print)

Health Director
Title



WM NC-PHILANTHROPIC EAST
 100 N MAIN ST 6TH FLOOR
 MAC D4001-065
 WINSTON-SALEM, NC 27101
 800-352-3705 612-316-0869

WELLS FARGO BANK, N.A.

CHECK NO: 31507481

VOID 6 MONTHS AFTER ISSUE DATE

82-91
 1021
 4990024287

Account Number:
 XXXXXXXX1314

Account Name:
 REYNOLDS, KATE B. TUW

Pay

Date:
 May 20, 2020

Two Hundred Forty Seven Thousand Five Hundred and 00/100 Dollars

To the Order Of:
 FORSYTH COUNTY
 DEPARTMENT OF PUBLIC HEALTH

Amount
 *****\$247,500.00

GRANT # 2020-128, FCPA

Richard Long
 Authorized Signature  MP

⑈0031507481⑈ ⑆102100918⑆ 4990024287⑈

Please detach check along perforation

CHECK NO: 31507481

Account Number:
 XXXXXXXX1314

Account Name:
 REYNOLDS, KATE B. TUW

Date:
 May 20, 2020

Paid To:
 FORSYTH COUNTY

Principal Amount:
 *****\$247,500.00

For:
 DISCRETIONARY DISTRIBUTION
 GRANT # 2020-128, FCPA

EA 017113 000001 06763



WM NC-PHILANTHROPIC EAST SX
 100 N MAIN ST 6TH FLOOR
 MAC D4001-065
 WINSTON-SALEM, NC 27101
 800-352-3705 612-316-0869

Check Number:
 31507481

Account Number:
 XXXXXXXX1314
 *****\$247,500.00

FORSYTH COUNTY
 DEPARTMENT OF PUBLIC HEALTH