



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

November 6, 2017

Ms. Hagan Elizabeth Walker, Director, Office of Sponsored Programs
Upstate Affiliate Organization
701 Grove Road
Greenville, SC 29605-4210

RE: F. W. Symmes Foundation ("Trust")

Dear Ms. Walker:

On behalf of the Trust, it is my pleasure to inform you that a grant to your organization in the amount of \$120,000 ("Grant") has been approved to support the following specific charitable purpose:

Funds will be used to purchase two fully-equipped community paramedic vehicles.

This grant agreement ("Agreement") outlines the terms and conditions governing your organization's use of the Grant. By accepting the Grant, your organization agrees to the terms and conditions of this Agreement. ***Failure to abide by the terms and conditions of this Agreement may cause distribution delays or cause the Grant to be terminated, resulting in forfeiture of any remaining distributions, in the discretion of the trustee.*** So, please read this Agreement carefully, have it signed by the appropriate authorized representative of your organization, and return a signed copy to my attention no later than November 30, 2017.

Payment Schedule. The Grant will be disbursed as follows, provided your organization is in compliance with the terms and conditions of this Agreement at the time of the scheduled payment:

AMOUNT	PAYABLE AFTER	CONTINGENT UPON
\$60,000	December 1, 2017	Receipt of signed Grant Letter
\$60,000	December 1, 2018	Receipt of acceptable Progress Report

The following terms and conditions apply to your organization's use of these funds:

1. Purpose. The Grant is being distributed to your organization only for the purposes described in this Agreement and it is agreed that the Grant (together with any income from the investment of Grant funds) will be used only for grant purposes. Any modification to this Agreement requires the written approval of the trustee, which the trustee in its discretion may or may not provide.

2. Required Reports. A written report signed by an appropriate officer of your organization must be furnished to the trustee within three (3) months after the close of each fiscal year in which your organization receives or spends any portion of the Grant (including the income, if any) until the Grant has been fully utilized. When the Grant has been fully utilized, a final written report that summarizes the expenditures of the Grant must be provided. The written reports should be sent to:

Kevin Grogan
Fiduciary Administrator
100 North Main Street, MAC: D4001-065
Winston-Salem, NC 27101
Kevin.grogan@wellsfargo.com
Phone: (888) 235-4351, Extension 17367
Fax: (877) 746-5889

Each written report, including the final written report, must contain two parts: (A) a narrative account; and (B) a financial account of what was accomplished by the Grant.

- A. Narrative Account:** The narrative account should provide a detailed description of the progress made toward achieving the goals of the Grant and include a statement that all activities supported by the Grant have complied with the terms and conditions of this Agreement.
- B. Financial Account:** The financial account should provide a financial statement reporting all expenditures of funds related to the Grant and any income earned on those funds for the period covered by the report. It is assumed that the financial statement will be prepared from books and records maintained on a cash basis.

The trustee may require additional documents to verify statements in the written report.

3. Record Maintenance, Inspection & Retention. Your organization must maintain records of receipts and expenditures and make its books and records available to the trustee for inspection at reasonable times. The trustee may monitor and conduct an evaluation of operations relating to the Grant, which may include a site visit by the trustee.

4. Prohibited Activities. So that the Trust may comply with applicable law, including the Internal Revenue Code (the "Code"), it is understood that the Grant will not be used for any of the following purposes:

- A.** To carry on propaganda, or otherwise to attempt to influence any legislation (within the meaning of Section 4945(d)(1) of the Code);
- B.** 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 Code);
- C.** To make grants to individuals for travel, study or other similar purposes by such individuals (such as scholarships, fellowships, or grants for research), unless such grants satisfy the requirements of Section 4945(g) of the Code;

- D. To make any grant to any other organization (other than to public charities or exempt operating foundations) which does not comply with the requirements of Section 4945(d)(4) of the Code; or
 - E. To undertake any activity for any purpose other than the charitable purposes specified in Section 170(c)(2)(B) of the Code.
5. **Return of Unused Funds.** Any portion of the Grant (including any income earned on invested Grant funds) that is unexpended at the completion of the project or the end of the period must be promptly returned to the Trust.
6. **Tax-Exempt Status.** The Grant is contingent upon your organization maintaining its public charity status described in Section 501(c)(3) and 509(a)(1), (2) or (3) of the Code. It is understood that the organization will promptly notify the trustee if:
- A. The IRS changes your tax-exempt status;
 - B. There is an issue pending before any office of the IRS that could result in any changes to your tax-exempt status; or
 - C. The organization intends to engage in a substantial and material organizational change that could impact your tax-exempt status.
7. **No Assignment or Delegation.** The organization may not transfer or otherwise assign its rights or delegate any of its obligations under this Agreement without the prior written approval of the trustee.
8. **Other Required Notifications.** The organization must promptly notify the trustee if the organization will be unable to expend any portion of the Grant or if any portion of the Grant is used for a purpose inconsistent with this Agreement.
9. **Right to Modify or Revoke.** The trustee, in its sole discretion, reserves the right to discontinue, modify or withhold any distributions or require a total or partial refund of the Grant if:
- A. The organization has not complied with the terms and conditions of this Agreement. This includes, but is not limited to, compliance with the requirement that the trustee timely receive any written reports and that the written reports contain the necessary information.
 - B. If such action is necessary to protect the purpose and objectives of the Grant or the charitable purposes of the Trust; or
 - C. If such action is necessary as required by law.

The distributions will be made payable to Upstate Affiliate Organization and mailed to the organization's address above.

On behalf of the Trust, I extend every good wish for the success of your endeavors.

Sincerely,

Debra Rice

Debra R. Rice
Senior Trust and Fiduciary Specialist
Wells Fargo Bank, N.A., Trustee of the F. W. Symmes Foundation

ACCEPTANCE & CONSENT TO TERMS:

On behalf of Upstate Affiliate Organization, I understand and agree to the terms and conditions of the Agreement and hereby certify my authority to accept the Grant of behalf of the organization, to obligate the organization to observe all the terms and conditions placed on the Grant, and in connection with the Grant to make, execute and deliver on behalf of the organization all grant agreements, representations, receipts, reports and other instruments of any kind.

SIGNED:

By:

Jerry R. Youkey MD

Date: 11/21/17

Printed Name:

JERRY R. YOUKEY

Title:

CHIEF ACADEMIC OFFICER



GREENVILLE HEALTH SYSTEM

Letter of Intent to Establish a Consortium Agreement Greenville Health System as Primary Applicant

Greenville Health System PI: Candice Hipp, MHA Subcontract Organization: Greenville County EMS
 GHS PI Department: Accountable Communities Subcontract PI: Tim Gault
 Sponsor Name: F.W. Symmes Foundation

Proposal Title: Community Paramedic Vehicles

Proposed Project Period: 12/01/17 to 06/29/18 Proposed Project Amount: \$119,168

Attached Subcontract Proposal Documents

- Scope of Work (required)
- Budget and Budget Justification (required)
- Biosketches and Other Support for all Key Personnel – in agency required format (if applicable)
- Non-GHS Financial Conflict of Interest Disclosure Form (if applicable – see below)
- Federally negotiated F&A Costs Rate Agreement (required for Federal sponsors)

If not attached, please provide website for agreement: _____

Project/Performance Site Location

Organization Name: Greenville County EMS County: Greenville
 Street 1: 301 University Ridge Country: USA
 Street 2: Greenville County Square Province: N/A
 City: Greenville Congressional District: SC-004
 State: South Carolina DUNS #: 058227484
 Zip/Postal Code: 29601 EIN #: 57-6000356

Year 1 Subcontract Budget		Total Subcontract Budget	
Direct Costs	\$119,168	Direct Costs	\$119,168
F&A Costs	\$0	F&A Costs	\$0
Total Costs	\$119,168	Total Costs	\$119,168

Are Animals Applicable to this Proposed Project? Yes No
 Are Human Subjects Applicable to this Proposed Project? Yes No

The appropriate programmatic and administrative personnel of each institution involved in this grant application are aware of the pertinent Federal regulations and policies and are prepared to establish written inter-organizational agreements that will ensure compliance with all such policies.

Please select one:

Subcontractor has a Financial Conflict of Interest (COI) policy that complies with the Department of Health and Human Services, "Objectivity in Research," 42 CFR Part 50 and "Responsible Prospective Contractors," 45 CFR Part 94 requirements. This form further stipulates that all individuals participating on this project are compliant with such policy.

or

Subcontractor **does not** have a Financial Conflicts of Interest (COI) policy that complies with the Department of Health and Human Services, "Objectivity in Research," 42 CFR Part 50 and "Responsible Prospective Contractors," 45 CFR Part 94 requirements **and** will comply with GHS's Financial Conflict of Interest in Research Policy. Subcontractor further understands that all individuals participating on this project must complete the GHS Financial Disclosure form (attached) prior to proposal submission.

Tim Gault

Signature of Authorized Official

09/01/2017

Date

Item	Estimate (inc tax)	base price (no tax)
Community Paramedic Vehicle		
Ford Explorer 4x4 Include Flat Tax	\$ 27,343.00	
Striping	\$ 1,590.00	\$ 1,500.00
Inverter	\$ 318.00	\$ 300.00
Mobile Radio	\$ 4,417.02	\$ 4,167.00
Programming (mobile)	\$ 424.00	\$ 400.00
Gamber Johnson Console	\$ 583.00	\$ 550.00
Strobe kit	\$ 238.50	\$ 225.00
Whelen 700 series LED lights (6)	\$ 731.40	\$ 690.00
LED Lightbar	\$ 2,120.00	\$ 2,000.00
Siren Control	\$ 397.50	\$ 375.00
Siren Speakers (2)	\$ 445.20	\$ 420.00
Installation, switches, etc.	\$ 1,060.00	\$ 1,000.00
Heater for cab	\$ 15.90	\$ 15.00
Auto-eject for shoreline	\$ 208.82	\$ 197.00
MCT Mount	\$ 583.00	\$ 550.00
Equipment Drawer	\$ 424.00	\$ 400.00
Storage Compartment	\$ 212.00	\$ 200.00
Cargo Divider	\$ 530.00	\$ 500.00
Fire Extinguisher	\$ 106.00	\$ 100.00
Floor Mats	\$ 318.00	\$ 300.00
Window Tenting	\$ 530.00	\$ 500.00
Shore Line & Installation	\$ 1,060.00	\$ 1,000.00
Traffic Safety Vest (2)	\$ 116.60	\$ 110.00
Sub-Total Vehicle	\$ 43,771.94	\$ 43,771.94
ALS Equipment		
ALS Bag plus Accessories	\$ 1,325.00	\$ 1,250.00
AED	\$ 2,544.00	\$ 2,400.00
Light Box Flash Light	\$ 132.50	\$ 125.00
Binoculars	\$ 21.20	\$ 20.00
Portable Suction Unit	\$ 954.00	\$ 900.00
Triage Kit	\$ 47.70	\$ 45.00
PC-Based 12 Lead EKG	\$ 6,121.50	\$ 5,775.00
Cervical Collar Bag	\$ 106.00	\$ 100.00
Laryngoscope (handle and blades)	\$ 646.60	\$ 610.00
Capnograph	\$ 2,650.00	\$ 2,500.00
Otoscope	\$ 468.52	\$ 442.00
Sub-Total ALS Equipment	\$ 15,017.02	\$ -
Community Paramedic Equipment		
B/P Kit Assorted Sizes	\$ 106.00	\$ 100.00
All-In-One Printer	\$ 159.00	\$ 150.00
Scale	\$ 530.00	\$ 500.00
Sub-Total CP	\$ 795.00	\$ -
Total Vehicle & Equipment Cost	\$ 59,583.96	
Total Requested	\$ 119,167.92	