

July 16, 2019

Project # 19-18661

Jennifer Jaros
Duluth Early Childhood Family Education
215 N 1st Ave E
Duluth, MN 55802
Duluth, Minnesota 55811

Dear Mrs. Jennifer Jaros:

I am pleased to inform you that the Northland Foundation has reviewed your proposal for the **First Year Program** and has approved a grant of **\$5,000.00** for the period (09/01/2019 to 05/31/2020) to **Duluth Early Childhood Family Education**.

The Agreement of Grantee is attached to this letter. Please read the agreement in its entirety and make special note of all the provisions and procedures indicated. **By accepting this grant, you are affirming that your organization agrees to the terms and conditions outlined in the Grant Agreement. (Please note that the Northland Foundation no longer requires this form to be signed and returned.)**

The Northland Foundation uses an Electronic Funds Transfer process for grant payments. Please complete and return the attached **ACH Credit Authorization form** with the grantee organization or fiscal agent organization bank account information where you would like the grant funds deposited.

Grant payments are made during the first full week of each month. **In order for our Accounting Department to release your payment**, please return the completed ACH Authorization form **no later than the 25th of the month before** your payment is scheduled. We accept forms via email (scanned copies), fax (218-723-4048), or USPS (hard copies).

The Northland Foundation will issue a single payment for this grant. This payment will be distributed in the sum of **\$5,000.00 on or around 09/01/2019**.

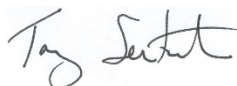
The Northland Foundation will be making public news releases through the regional media regarding all of the grants awarded. Please utilize your community media resources to announce receipt of these funds to your project. The Northland Foundation would appreciate being acknowledged as a source of support in all news releases initiated by you. Please provide us with copies of any press coverage and photographs received by your project, as well as any media releases and program materials you produce. These will be added to your file and may be utilized by the Northland Foundation in our public information efforts.

As you will note, one of the conditions of the Agreement of Grantee is the submission of a final report on the activities, outcomes, and financial expenditures of your project. Please provide us sufficient narrative to describe the activities and impact of your project. For your convenience, you may access the report form through the Grantee Portal. We will expect this report from you by: **06/30/2020**.

Please provide us sufficient narrative to describe the activities and impact of your project. For your convenience, you may access the report form through the Grantee Portal.

On behalf of the Northland Foundation, I would like to extend sincere congratulations to you and your organization. Please call Carol Chipman, Grants Manager if you have any questions. I look forward to learning about the progress and success of your project.

Sincerely,



Tony Sertich
President

Attachments
cc: Carol Chipman

AGREEMENT OF GRANTEE FOR:

Organization Name: Duluth Early Childhood Family Education

Project # 19-18661

Project Name: First Year Program

Amount: \$5000

By accepting this grant, Duluth Early Childhood Family Education (hereafter “GRANTEE”) agrees to the following terms and conditions of the Northland Foundation.

1. To use the funds only for the designated activities as described in the approved grant request dated 07/16/2019 and to notify the Northland Foundation of and obtain its consent to any significant programmatic changes or any changes to the budget of 20% or more from said grant application.
2. To maintain its books and records to show, and separately account for, the funds received under this grant, and to maintain records of expenditures adequate to identify the purposes for which grant funds have been expended.
3. To permit the Northland Foundation, at its request, to have complete access to the grantee's files and records for the purpose of making such financial audits, verifications, and investigations as it deems necessary concerning the grant, and to maintain such files and records for a period of at least four years after completion or termination of the project.
4. To repay to the Northland Foundation any portion of the grant which is not used for the purposes specified herein or in the grant application.
5. To not use the funds for any purpose prohibited by law, and to immediately notify the Northland Foundation of any lawsuit or any proceedings before any federal, state, or local administrative agency, which may be initiated against it.
6. To submit progress reports to the Northland Foundation, detailing activities and progress in accomplishing the objectives of the project, as well as all expenditures made in administration of the grant, as requested by the Northland Foundation staff.
7. Upon completion of the period for which funds were granted, to submit a detailed final report of the activities carried out under the grant, a final expenditures report, and an evaluation of what has been accomplished by the project.
8. That the total amount of this grant, or any payment thereof, may be discontinued, modified or withheld at any time when, in the judgment of the Northland Foundation, such action is necessary to comply with requirements of the law.

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ACH CREDIT AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH**PROJECT # 19-18661**

Please complete the information below with the name and contact information of the person we should contact in case of questions and to notify when payment is made. Please print legibly.

Payment Contact Name (Printed)_____
Payment Contact Email Address_____
Organization Name (Grantee)_____
Payment Contact Phone Number**FISCAL AGENT INFORMATION (if applicable)**_____
Fiscal Agent Organization Name_____
Fiscal Agent Contact Name_____
Fiscal Agent Contact Phone Number_____
Fiscal Agent Contact Email Address

Please complete the information below for the bank account you would like your grant payment deposited. Please print legibly.

Name of Financial Institution_____
Account Name (if applicable)_____
Financial Institution - Street Address_____
Financial Institution - City/State/Zip_____
Routing Number_____
Account Number

Savings Account



Checking Account

I (we) hereby authorize the Northland Foundation to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits) Prior notice will be given to grantee prior to any corrections.

I (we) understand that this authorization will remain in full force and effect until I (we) notify the Northland Foundation that we wish to revoke this authorization or for the duration of the grant. I (we) understand that the Northland Foundation requires at least a 5 business days prior notice in order to cancel this authorization.

Authorized Signature / Title_____
Date**PLEASE ATTACH VOIDED CHECK HERE**

Return the completed form to:
Northland Foundation
202 W. Superior Street, Suite 610
Duluth, MN 55802
Fax: 218-723-4048
Email: grants@northlandfdn.org