

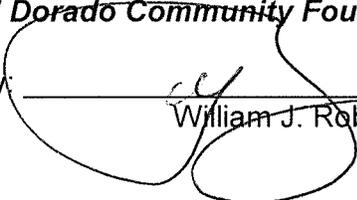
AGREEMENT FOR FUNDING

This Agreement for Funding is entered into between **Friends of Seniors**, a fund at the El Dorado Community Foundation, and **El Dorado County Health & Human Services Agency** and is subject to the following terms & conditions:

1. The Grant period is **July 1, 2017 – June 30, 2018**.
2. The amount of the Grant is **\$1,199** for the **Placerville Senior Center AED Defibrillator** laid out in your April 2017 grant application.
3. **El Dorado County Health & Human Services Agency** agrees to submit a Final Report no later than **August 1, 2018**. El Dorado Community Foundation will provide a Final Report Template one month before the report is due.
4. **El Dorado County Health & Human Services Agency** agrees to maintain records of receipts and expenditures and to make its books and records available to the Foundation at reasonable times.

Your signature indicates acceptance of these terms. Friends of Seniors and the Foundation appreciate the opportunity to assist you in this important work and look forward to learning of your progress.

Dated: _____ ***El Dorado County Health & Human Services Agency***
 By: _____
 Print Name: _____
 Title: _____

Dated: 6-28-17 ***El Dorado Community Foundation***
 By:  _____, Executive Director
 William J. Roby

The County Officer or employee with responsibility for administering this Agreement is Michelle Hunter, Program Manager, or successor.