



WELLSPRING MINI-GRANT MOU 2022-2023

I, Katie Lindstrom, Director (Name and Title of Authorized Representative), hereby agree that Pacific County Health and Human Services (Organization) has accepted an award from WellSpring Community Network 501(c)(3) Mini-Grants for Hygiene Supplies (Project Name) and understands our responsibility regarding compliance with Federal, State, and Local laws and regulations, and the policies, procedures, and contractual obligations outlined as follows:

_____ (Initial) Projects must be completed by December 31, 2023 with requests for reimbursements, including receipts, submitted in full no later than January 7, 2024.

_____ (Initial) I agree to provide a written and oral report as scheduled by WellSpring Community Network and to release rights to the publication of the Narrative to WellSpring Community Network.

_____ (Initial) Funds will be used only and entirely for the project for which the funds were awarded. Invoices with original receipts must be submitted for all expenses.

_____ (Initial) I understand that if, at any time, _____ (Organization) is found to have violated the afore-stated conditions, WellSpring Community Network reserves the right to revoke the award at their discretion.

_____ (Initial) I agree to acknowledge WellSpring Community Network in any press or materials related to this project.

_____ (Initial) I agree that Pacific County Health and Human Services (Organization) will be solely responsible for liabilities arising from its project/program and its interaction with project/program participants. Pacific County Health and Human Services (Organization) specifically indemnifies WellSpring Community Network against claims arising from actions of Pacific County Health and Human Services (Organization).

Signature of Authorized Representative

Date