DATE

GRANT APPLICANT

ADDRESS

Dear NAME:

The Healthcare Foundation of Highland Park hereby awards to the GRANT APPLICANT (“Grantee Organization”) the sum of AMOUNT OF AWARD ($\_\_\_\_\_\_\_) (“Grant Award”) for the purposes set forth in Grantee Organization’s Grant Proposal. In consideration thereof, the parties hereto agree as follows:

1. The Healthcare Foundation of Highland Park with this grant does not commit itself to any future grants.

2. The Healthcare Foundation of Highland Park reserves the right to inspect the books and records of the Grantee Organization with respect to the Grant Award upon ten (10) days written notice and the right to conduct an audit of the use of the Grant Award upon reasonable cause shown.

3. The Grantee Organization shall provide a written report to the Healthcare Foundation of Highland Park within four (4) months of receipt of the Grant Award regarding the Grantee Organization’s activities and expenditures relating to the program funded by the Healthcare Foundation of Highland Park.

4. The Grantee Organization acknowledges that the Healthcare Foundation of Highland Park has the contractual right to enforce the terms and conditions of its grant contained in this Agreement by pursuing its remedies in law or equity.

5. All notices to be served upon the Grantee Organization shall be by certified mail and mailed to the address set forth in the grant proposal.

6. All notices served upon the Healthcare Foundation of Highland Park shall be by certified mail and shall be addressed to:

Sandra S. McCraren, Chairman

Healthcare Foundation of Highland Park

1949 St. Johns Avenue

Highland Park, IL 60035

7. The waiver by either party of a breach of any provision of this Agreement shall not operate, or be construed, as a waiver of any subsequent breach.

8. No change, modification, or waiver of any term of this Agreement shall be valid unless it is in writing and signed by both the Healthcare Foundation of Highland Park and the Grantee Organization.

9. The term of this Agreement shall be for the 2024 fiscal year (calendar year) of the Healthcare Foundation of Highland Park.

10. The parties acknowledge that the Healthcare Foundation of Highland Park has also made grants to other not-for-profit healthcare organizations and the parties agree that nothing in this Agreement shall be construed to impair the ongoing collaborative efforts between the Healthcare Foundation of Highland Park and other healthcare organizations in its geographical service area.

11. The parties acknowledge that other than the reporting anticipated by this Agreement, nothing herein shall be deemed to create any sort of employment relationship between the Healthcare Foundation of Highland Park and the Grantee Organization, or between the Healthcare Foundation of Highland Park and any of the Grantee Organization’s employees.

12. The parties further agree that neither the Grantee Organization nor any of its employees or agents are agents of the Healthcare Foundation of Highland Park nor are they authorized to act on behalf of the Healthcare Foundation of Highland Park.

13. Nothing in this Agreement whether express or implied is intended to confer any rights or remedies under or by reason of this Agreement on any persons other than the parties to this Agreement and their respective successors and assigns.

14. This Agreement shall be binding on and shall inure to the benefit of the parties to this Agreement and their respective successors and assigns and shall be construed and enforced in accordance with the laws of the State of Illinois without regard to conflicts of law principles.

15. The trustees of the Healthcare Foundation of Highland Park strongly encourage all of our grantees to coordinate and integrate with other organizations who may provide similar or complimentary services in order to serve persons living in your communities in a more efficient manner.

 Healthcare Foundation of Highland Park

 Sandra S. McCraren Sandra S. McCraren, Chairman

Accepted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grantee Organization

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please sign and date the agreement and return by email to:****healthcarefoundationhp@gmail.com*