



December 28, 2016

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Mr. Mark Gorman
Municipal Administrator
City and Borough of Sitka
100 Lincoln Street
Sitka, AK 99835

Dear Mr. Gorman:

I am pleased to inform you that City and Borough of Sitka has been awarded a \$15,000 grant for installing lighted display cases in the William Stortz Gallery.

Please have one official from your organization acknowledge receipt of this award and its terms by signing and returning the attached agreement by January 31, 2017. By depositing the enclosed \$15,000 check, you are agreeing to the terms and conditions of the grant. Reference grant number 9875 on correspondence regarding this award. A final report is due January 31, 2018.

We are interested in keeping in touch with your organization. If you have a special event or a significant accomplishment, we would like to hear about it. We appreciate being included on your regular mailing list.

If you have any questions, contact Roy Agloinga by email at ragloinga@rasmuson.org, or by phone at (907) 334-0502, or toll-free in Alaska (877) 366-2700.

Congratulations on your award.

Best regards,

Sammy Pokryfki
Senior Vice President

Encl:
Grant Agreement
Check
Tier 1 Final Report

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RF grant number 9875 City and Borough of Sitka



GRANT AGREEMENT

Grantee: City and Borough of Sitka
Total Award Amount: \$15,000
Project Title: Display cases for the William Stortz Gallery.
Date Awarded: December 16, 2016
Grant Number: 9875
Grant Type: Tier 1
Award Detail and Conditions: \$15,000 outright grant for installing lighted display cases in the William Stortz Gallery.
Program Staff: Roy Agloinga

By signing this document, the grantee agrees to accept any and all conditions of this grant award and to comply with the requirements of Rasmuson Foundation. Please provide a signature from an official who is authorized to sign contracts on behalf of the organization (for example, the Executive Director or Chair of the Board of Directors; the Mayor or City Manager; IRA Council President or Tribal Administrator; or Chancellor, Dean or Director).

By: City and Borough of Sitka

Typed or printed Legal Name of Organization



Signature

Date

Mark Gorman, Administrator

Typed or printed Name and Title

Please sign this Agreement and return it to the Foundation by the date indicated in the award letter. Retain a copy for your records.

Rasmuson Foundation Grant Award and Conditions

Grant Number

The Grant Number for this award is 9875. Please refer to this number in all correspondence related to this award.

Grant Payments

Outright Portion

By signing this agreement you acknowledge receipt of payment in full for this grant.

Challenge Portion

A grant with a challenge component will be paid only when those conditions have been met. The form titled Certification of Meeting Grant Conditions is to be used to explain how the challenge condition has been met. Challenges must be met by the grant end date.

Grant payments for challenges require receipt of a Payment Request form from the grantee a minimum of 30 days prior to payment.

Expenditure of Funds

This grant is made based upon a specific proposal that contains a project description. It is expected that the entire amount of this grant will be applied to the described project and not used for any other purposes. If, at the end of the grant period, unspent funds remain, the balance of the grant funds must be returned to the Foundation.

Grant Duration

As agreed during the grant proposal review process, the project has the following begin and end dates:

Project begin date: December 16, 2016
Project end date: December 31, 2017

Reporting Requirements and Forms

A final report is due within 30 days after the grant end date. In reporting, the grantee should describe the status of the project, and explain the project impact on the grantee organization.

A final report form is attached as an example. The form is available in a fillable PDF format on the Foundation's web site at www.rasmuson.org/forms.

Extension

Extensions are not encouraged for small grants. Should you be unable to complete your project by the grant end date, you should contact your Program Officer prior to the grant end date.

Budget Reallocation or Project Revision

Requests to substantially revise the scope of an award for activities not originally proposed, or inconsistent with the award's intent, are not permitted.

Unspent Funds

It is the policy of the Foundation that unspent funds are returned with the final report.

Certification of IRS Status

By signing this document, the grantee certifies that it is a tax-exempt agency under Section 501 (c) (3) of the Internal Revenue Code and is classified as not a private foundation under Section 509 (a) (1) or 509 (a) (2) of the Code or, a unit of government, or an officially recognized tribal organization.

If the organization is required to file form 990 or any version thereof, the grantee certifies that these have been filed for the last three tax years (the most recent tax year may be on an unexpired extension).

Any change in IRS tax-exempt status must be promptly reported to the Foundation.

Change in Key Personnel or Contact Information

Please notify your Program Officer, in writing, if the official who signs this document leaves office or changes, or with any other contact information change.

Termination of Award

Failure to fulfill the terms of this agreement may result in termination of the grant. If the grant is terminated, the Foundation may ask for return of grant funds. Also, the organization may be ineligible to apply for future funding from the Rasmuson Foundation.

If you have questions, please call or email:

Program Staff:	Roy Agloinga
Phone:	(907) 334-0502 or toll free in Alaska (877) 366-2700
Email:	ragloinga@rasmuson.org



TIER 1 FINAL REPORT

Organization Name: City and Borough of Sitka

Project Title: Display cases for the William Stortz Gallery.

Grant Number: 9875

Narrative: Please attach a few paragraphs to tell us how your project went. Did you expend the grant funds as proposed? What worked, what were the challenges and how did the grant impact your organization?

By signing this document, the grantee certifies that it has met the conditions of this grant, as stated in the grant agreement. Please provide a signature from one official who is authorized to sign on behalf of the organization.

By: _____
Name and Title

Signature

Date

Phone: _____

Email address: _____

Please complete and sign this Report by the date indicated in the grant agreement. Retain a copy for your records.

For Rasmuson Use Only

Roy Agloinga

Rasmuson Program Staff Name

Signature

Date