



AIDS Walk & Run San Diego Grant Agreement

Agency Legal Name: _____

Agency Website: _____

Agency Phone Number: _____

Mailing Address: _____

HIV Program Contact Name & Email: _____

HIV Program Description: _____

AIDS Walk Team Name: _____

Team Leader Name & Email: _____

I, the undersigned, affirm the below information and will ensure the execution of the following:

Eligibility: We are a San Diego based 501(c)3 organization significantly serving the HIV/AIDS community and have submitted a copy of our 501(c)3 designation letter or that of our eligible fiscal sponsor. Tax ID #: _____ **Initials** _____

1. I understand that in order to be eligible for the grant we must register a minimum of ten walkers and/or runners to our AIDS Walk team on or before **August 21, 2017**.
2. I understand that our AIDS Walk team must raise a minimum of **\$3,000** to be eligible for matching funds. Up to \$5,000 will be matched per team.
3. I affirm that the funds received from AIDS Walk San Diego will be spent exclusively on HIV/AIDS service delivery.
4. I affirm that our agency's service efforts will include:
 - i. Attempts to encourage those who do not know their HIV status to be tested for HIV at least once annually,
 - ii. Attempts to encourage those who are HIV positive and not participating in medical care to get into care,
 - iii. Attempts to encourage those who are in medical care to sustain medical care and medicine regimes, and
 - iv. Attempts to encourage those who may be eligible for new Affordable Care Act programs to enroll in those programs.

I further understand that failure to execute all of the above will result in a forfeiture of funds, including the return of all funds granted.

Date: _____

Board Chair Signature: _____

Board Chair Name and Email: _____

OR

Executive Director/CEO Signature: _____

Executive Director/CEO Name and Email: _____



Team Certification

I have reviewed and agree to the following rules for AIDS Walk team recruitment and competition:

1. We are an eligible 501 C3 service organization registered as described.
2. Only the funds raised by our AIDS Walk registered team members (and their verified, eligible matching funds from employers) will be counted toward our final *AIDS Walk & Run San Diego* Grant team total.
 - a. The final date for submission of funds that are eligible to be counted toward our *AIDS Walk & Run San Diego* Grant team total is **October 9, 2017 at 5 pm**. Funds or matching gifts turned in after this date will not count towards eligible final team totals.
 - b. The total amount of all uncollectable checks and charges returned to *AIDS Walk & Run San Diego* before **5 pm on October 9, 2017** that can be attributed to a walker registered as part of an *AIDS Walk & Run San Diego* Grant team, will be deducted from the organization's total.
 - c. Matching funds attributable to a registered team member of an *AIDS Walk & Run San Diego* Grant team and logged with the *AIDS Walk & Run* office by the fundraising deadline will be considered in final team totals.
3. *AIDS Walk & Run San Diego* Grant teams are encouraged to register board members, employees, donors, volunteers, clients, as well as their families and friends to raise funds and walk on their *AIDS Walk & Run San Diego* Grant team.
4. We are an *AIDS Walk & Run San Diego* Grant team and **may not** solicit or approach existing teams, corporate teams, employee groups, or previously established *AIDS Walk & Run* teams, such as, but not limited to, SEMPRA, Qualcomm, Martinis Above Fourth, Guys Like Us, etc., to be on our team or redirect their team's funds to our team.
5. I understand that the **2017 AIDS Walk and Run** will be held **SATURDAY September 30th, 2017 at 7:00AM**.

Date: _____

Board Chair Signature: _____

OR

Executive Director/CEO Signature: _____