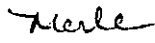


THE FOUNDATION FOR A
HEALTHY HIGH POINT
Leadership for change

December 9, 2016

Merle Green
Guilford County DHHS-Division of Public Health
501 E. Green Drive
High Point, NC 27260


Dear Ms. ~~Green~~:

I am pleased to inform you that the Board of Directors of The Foundation for a Healthy High Point has approved your organization's recent grant request. Congratulations!

Attached, please find a copy of the Foundation's Grant Agreement with Guilford County DHHS-Division of Public Health for \$258,639. Carefully review the terms of the Agreement, grant outcomes and contact Foundation staff with any questions or concerns.

Please submit the signed copy of your Agreement using the Foundation's online portal by **December 16, 2016**. The attached submission instructions include step-by-step directions on how to complete this process. Upon receipt of your organization's signed Agreement, a check for the grant will be sent to the address listed above via certified mail or you can pick it up at the Foundation's offices.

The Foundation anticipates paying the grant in three installments under the following schedule:

- December 16, 2016: \$86,213
- December 15, 2017: \$86,213
- December 14, 2018: \$86,213

Please understand that the Foundation, in its sole discretion, reserves the right to discontinue, modify, or withhold any payments if the Grantee fails to:

- Satisfy the special conditions identified in the enclosed Grant Agreement
- Provide proper accounting of grant expenditures at requested intervals
- Meet any other terms and conditions of this grant

The Foundation, in its discretion, reserves the right to withhold payment until such time that the terms and conditions of the Grant Agreement are met.

As a condition of your grant, the Foundation requires Grantees to submit progress and final reports and financial reports documenting the progress toward meeting grant outcomes. The Foundation will notify you when reports are due.