



Physicians Caring for Texans

April 21, 2017

Gwen Mills, RN
Comal County Office of Public Health
1297 Church Hill Dr., Ste. 102
New Braunfels, Texas 78130-1223

Dear Ms. Mills:

I am pleased to inform you that the Texas Medical Association's Be Wise — ImmunizeSM program ("TMA") has approved a Local Impact Grant of \$1,358.40 to the Comal County Office of Public Health for its Be Wise — Immunize back-to-school event. We look forward to working with you.

Approval of this grant is subject to the acceptance by Comal County Office of Public Health of the terms and conditions in this agreement:

1. This grant is to be used for Be Wise — Immunize back-to-school event as described in your proposal dated March 1, 2017.
2. Grantee must sign and return one copy of this contract within seven days of contract date. Upon receiving the signed agreement, TMA will mail a check for \$1,358.40 within 30 days.
3. Grantee agrees to use grant funds within the timeframe outlined in your proposal. Any funds not used within 12 months of the date of the signed contract must be returned to TMA.
4. Grantee agrees to submit a budget and project work plan to TMA by May 1, 2017. Upon receipt of the budget and work plan, TMA will schedule a conference call or in-person meeting.
5. Grantee agrees to brand your back-to-school event as a TMA Be Wise — Immunize event and agrees to use reproduced Be Wise branded materials, such as banners, signage, posters, educational literature, and merchandise.
6. Grantee agrees to acknowledge the "TMA Foundation" and "TMA's Be Wise — Immunize" as a funding source in all printed materials, releases, articles, and published results of the project. The acknowledgement should be written as:

"Funding for (name of your project) provided by Texas Medical Association's Be Wise — ImmunizeSM. Be Wise — Immunize is a joint initiative led by TMA physicians and the TMA Alliance, and funded by the TMA Foundation. Be Wise — Immunize is a service mark of the Texas Medical Association."

7. Grantee agrees to the following requests regarding publicity of the grant and project funded:
 - 1) TMA retains the right to release information about Be Wise — Immunize Local Impact grants to media. Grantee may use any wording in this agreement in news releases. TMA must approve any other proposed releases for publication or broadcast.
 - 2) Grantee agrees to give TMA copies of any news releases, published materials, or media articles that mention this grant or project funded.
8. Grantee agrees to take photos at the vaccination event and submit them to TMA for use in printed publications and for online use. Grantee is responsible for securing photo releases (provided by TMA) from all persons photographed.
9. Grantee agrees to maintain all financial records and documentation to demonstrate how all funds were used for your back-to-school event.
10. Grantee agrees to submit a final report that details how goals and objectives were achieved with the funds. The report is due to TMA by June 30, 2018. Reporting forms are available online at <http://www.texmed.org/Template.aspx?id=16974>. Please submit forms electronically per the instructions on the form.
11. The grant is made possible through TMA Foundation, which provides funding for TMA's Be Wise — Immunize program. As such, Grantee is asked to adhere to the TMA Foundation Code of Ethics, as follows:
 - 1) That final reporting of the grant, including budget, be submitted to TMA. The report should include information that might aid others attempting to replicate your work.
 - 2) That all funding sources for the project be fully disclosed.
 - 3) That funding not specifically used for this project be returned to TMA at the end of the grant period.

Assuming the terms and conditions of this grant are acceptable, **an authorized officer of the Grantee should execute both copies of this agreement and return one copy to TMA.**

Sincerely,



Steve Levine
Vice President, Communication
Texas Medical Association

As a representative of the Comal County Office of Public Health, I certify that I am duly authorized to bind the organization in terms of this three-page TMA grant agreement and do hereby agree to and accept the terms set forth above this _____ day of _____, 2017.

By _____
Name

Title

Address

City, State, ZIP

Read and Understood:

Name

DRAFT