

November 19, 2024

Mr. Jay Agan, Senior Fiscal Office Specialist  
City of Chula Vista  
130 Beyer Way  
Chula Vista, CA 91911

RE: Roy & Marian Holleman Foundation (the “Foundation”)

Dear Mr. Agan:

On behalf of the Roy & Marian Holleman Foundation, I am pleased to enclose a grant check in the amount of \$38,000.00 for the benefit of City of Chula Vista.

This grant is to be used for Stainless Steel Cat Condos for City of Chula Vista Animal Care Facility, as described in your request dated 9/18/2024, and is subject to your organization’s agreement to the following terms:

- A. EXEMPT STATUS:** Because the Foundation is classified as a private foundation, we must ensure that each grantee organization is exempt from income tax under Internal Revenue Code Section 501(c) and is classified as a public charity under Section 509(a)(1), (2) or (3). Based on the information available to us from the IRS Business Master File, your organization currently satisfies this condition. An authorized representative of your organization must **immediately** notify us of any change in your organization’s tax-exempt status or organizational/operational changes that could lead to an alteration in its status.
  
- B. RESTRICTED PURPOSES:** These funds must be used entirely for the purposes described above and may not be applied toward any activity inconsistent with the charitable purposes described in Internal Revenue Code Sections 501(c) and 170(c)(2)(B). Under no circumstances may any portion of the funds be used to carry on propaganda or otherwise attempt to influence legislation or the outcome of any specific public election or to carry on, directly or indirectly, any voter registration drive. We retain the right to monitor and conduct an evaluation of the use of these funds (by site visit or otherwise), discuss the grant with your personnel, and review financial records and other documentation relating to the activities financed by this grant.
  
- C. REPAYMENT OBLIGATION:** Any funds not expended or committed for the authorized purposes of the grant must be returned to the Foundation.

**D. NO PRIVATE INUREMENT:** This grant is a charitable contribution from the Foundation to be applied toward the purposes specified herein. No goods, services, or other private benefit may be provided by your organization (or accepted by any person) in exchange for this grant. The grant is made on behalf of the Foundation and not by or on behalf of any other entity or person. The grant is not being made in satisfaction of any pledge made by any person or entity other than the Foundation itself, if applicable.

**E. PROGRESS REPORT:** Your organization is required to furnish a written progress report to the Foundation by **May 19, 2025**. Please mark this due date on your calendar. Enclosed is a progress report form. Please use this format when preparing your report or request a copy of the form by e-mail at [grantadministration@wellsfargo.com](mailto:grantadministration@wellsfargo.com).

Your organization's deposit, negotiation or endorsement of the enclosed check will constitute its agreement to the terms and conditions set forth above. Please do not hesitate to contact me with any questions or concerns at 336-776-0580.

Sincerely,



Deanna Creech  
Senior Trust Officer  
Trust Philanthropic Services

Enclosures

Grantee Progress Report for  
Roy & Marian Holleman Foundation

- 1.) What was the planned use of the grant, as presented in your original proposal?
  
- 2.) Please provide a brief overview of the progress of the project. If it is not completed, what is the anticipated date of the completion?
  
- 3.) How many individuals and /or families have benefited from this investment? What have been the most significant results?
  
- 4.) For the year in which this grant was applied, attach a financial summary which includes the following:
  - a. Total funds received for the project and the source(s);
  
  - b. An itemized listing of the project's actual expenses as compared to planned expenses.
  
- 5.) Date and year you received funding.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Name (please type or print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization Name