



March 25, 2020

Victor Zimmerman
Superintendent
Livingston County School District
127 E Adair Street
Smithland, Kentucky 42081

Dear Victor,

Congratulations! Share Our Strength's No Kid Hungry Campaign is pleased to award a grant of **\$49,378.00** to **Livingston County School District**. The purpose of this grant is to support your critical work to bring nutritious meals to kids and families in response to the coronavirus emergency, as described in your proposal.

Please note:

- We want to make sure you receive email communications about your grant. To make sure you get our messages, please whitelist grantshelpdesk@strength.org. Ask your IT administrator if you need assistance with this.
- Funding will be dispersed via an electronic funds transfer. You must be able to provide your banking information (below) in order for your organization to receive award funding. Paper checks will not be issued. Please contact grantshelpdesk@strength.org if you have any questions.

Agreement Period

It is our understanding that you will report on your program at the end of your grant period, due on September 30, 2020. Please reach out to your No Kid Hungry program or grant contact if you encounter challenges or delays starting your program on time, meeting the objectives outlined in your proposal, or spending the grant funds before the end of the grant year.

Use of Grant Funds

Grant funds may be used only for the budget items you outlined in your proposal. Funds must be spent by July 30, 2020. Budget changes may be requested in advance, in writing, to Share Our Strength by emailing GrantsHelpDesk@strength.org with your organization's name and budget request. Improper or unauthorized use of grants funds may result in a request to return all or part of the grant funds.

Reporting Requirements

By accepting these grant funds, you agree to provide us with a one-time report following your grant period accessible via the No Kid Hungry Online Grants Portal at <https://nokidhungrygrants.force.com>. You also agree that Share Our Strength has the right to use data, publications, and stories submitted in these reports. The applicant has listed a Point of Contact in your organization as the contact responsible for reporting; they will receive reminders to complete reporting and are required to do so. If your organization wishes to change the reporting contact, please email GrantsHelpDesk@strength.org with organization and updated contact information.

Site Visits and Publicity Efforts

As a condition of this grant, your organization agrees to participate in site visits and/or publicity efforts relating to this grant, by either Share Our Strength or any additional funders of this grant noted in this agreement. Please note that all such site visits or publicity efforts will be coordinated in advance and with consideration of your organization's availability and schedule.

Commitment to Anti-Discrimination and Diversity

Share Our Strength has a zero-tolerance policy toward all forms of unlawful discrimination and harassment by or towards staff and volunteers, including but not limited to sexual harassment, and no form of unlawful discrimination by or towards any employee, member, volunteer, or other person in our workplace or jobsites will be tolerated. It is our belief that every person shall be treated fairly and with respect regardless of such things as race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, veteran status, age, or socio-economic status. Livingston County School District acknowledges and agrees that it shall comply with all applicable federal and state laws prohibiting discrimination and/or harassment in its programs, activities, hiring or employment practices and within all activities conducted under this grant and partnership agreement.

Changes in Programming and Tax-Exempt

Please immediately notify your Share Our Strength program or grant contact of any change in your tax-exempt status or if you encounter challenges or delays starting your program on time, meeting the objectives outlined in this agreement, spending the grant funds before the end of the grant agreement period. This grant is contingent on your organization's ability to implement the objectives as outlined in this agreement. Grantees who are no longer tax-exempt or are unable to implement their grant are required to notify Share Our Strength and return the full grant amount or remaining unspent grant funds at Share Our Strength's discretion.

Compliance with Laws

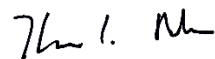
Grantee represents that it will perform its obligations hereunder in full compliance with all applicable federal, state and local laws and regulations.

Termination of Grant

Share Our Strength reserves the right to terminate this Agreement if Share Our Strength determines, in its sole reasonable opinion, that Grantee is unable to fulfill the terms or purposes of this Agreement.

If you have questions about any of the conditions described in this letter, or about your grant in general, please contact Liz Evanco, Director of Grants Administration, at eevancho@strength.org. I offer you my thanks for your daily efforts to end childhood hunger. Share Our Strength is pleased to support your important work and looks forward to hearing about your progress.

Sincerely,



Tom Nelson
President & CEO

ACH (Bank to Bank) Grant Deposit Information

Please fill-in the banking information below to receive your grant funds via direct bank deposit to your school district or organization. We cannot process any grant payments with missing fields or blank signature.

BANK NAME: Farmer's Bank & Trust Company

BANK ADDRESS: 201 S. Main Street

(9) DIGIT ROUTING NUMBER: 083902316

DEPOSITOR ACCOUNT NAME: Livingston County Board of Education

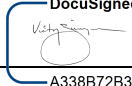
DEPOSITOR ACCOUNT NUMBER: 1019627

TYPE OF ACCOUNT: Checking

The information being collected on this form will be used by Share Our Strength to securely transmit payment data, by electronic means, to your organization's financial institution. By checking this box, you agree that the above ACH payment information listed is accurate and that you are an authorized representative of your organization permitted to share this ACH payment information.

Authorizing Signature

Signing the below indicates your agreement to all grant requirements and authorizes a bank transfer of the grant amount stated in this letter.

Signature:  A338B72B30FA466...

Date: 3/25/2020

Print Name: Victor Zimmerman

Title: Superintendent

Organization Name or School District: Livingston County Board of Education