RESOLUTION 2015-058  PASSED: JUNE 22, 2015

AUTHORIZING THE MAYOR OF THE CITY OF DEKALB, ILLINOIS TO SIGN A HUMAN SERVICES AGREEMENT WITH KISHHEALTH SYSTEM HOSPICE IN THE AMOUNT OF $3,000 FOR HUMAN SERVICES FUNDING BEGINNING JULY 1, 2015 THROUGH JUNE 30, 2016.

WHEREAS, the City Council has reviewed and approved the Fiscal Year 2016 budget including provisions for certain human services agencies’ request for funding; and

WHEREAS, agreements between the City of DeKalb and various agencies have been prepared as approved providing for the issuance of funds from the General Fund of the City; now

THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL of the City of DeKalb, Illinois, as follows:

Section 1. That the Mayor of the City of DeKalb, Illinois, is authorized and directed to sign an agreement with KishHealth Hospice for funding in the amount of $3,000, a copy of which is attached hereto and made a part thereof as Exhibit “A”.

Section 2. That the City Clerk of the City of DeKalb is authorized and directed to attest the Mayor’s signature.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois, at a regular meeting thereof held on the 22nd day of June, 2015 and approved by me as Mayor on the same day. Passed by Omnibus roll call vote of 8-0 on the Consent Agenda. Aye: Jacobson, Finucane, Marquardt, Snow, Noreiko, Baker, O’Leary, Rey. Nay: None. Absent: None

ATTEST:

[Signatures]

JULIE ABRAHAM, Deputy City Clerk

JOHN A. REY, Mayor
HUMAN SERVICES AGREEMENT

KISHHEALTH SYSTEM HOSPICE

This agreement made this 1st day of July, 2015, between the City of DeKalb, a municipal corporation of the State of Illinois, hereinafter referred to as the “City” and KishHealth System Hospice, hereinafter referred to as “Grantee,” WITNESSETH:

WHEREAS, the City desires that Grantee provide certain services to the citizens of DeKalb and Grantee has the capacity to provide such services; and,

WHEREAS, the Grantee acknowledges that it is the City’s intention to purchase said services for the citizens of the City of DeKalb under the following guidelines:

1. First priority shall be given to those services which will help meet basic emergency needs such as food, clothing and shelter. Second priority shall be given to those services which are preventative in nature and promote the highest degree of self-support, self-care and self-help. Third priority shall be given to those services which seek to enhance the quality of life of persons whose basic needs are already met. Priority shall also be given to services which primarily benefit low and moderate income residents. The services provided by the Grantee are consistent with these guidelines as explained on the attached Exhibit A, Question No. 5.

2. Services shall address specific documented needs. The services provided by the Grantee address the specific, documented needs as explained on the attached Exhibit A, Question No. 6.

3. Services shall also receive financial support from other community sources. Grantee has attached hereto a copy of its budget for the period that this Agreement covers as Exhibit B, which budget establishes that the Grantee receives at least 15% of its funding from third party sources. A copy of Grantee’s audit or year end financial statement from the most recent complete year of operations is attached hereto as Exhibit C.

4. City funds are used only to support those services directly benefiting DeKalb residents, the City will not subsidize the cost of services to non-residents. Grantee has certified compliance with this requirement by signing the attached Exhibit A.

5. Administrative costs for these services are to be kept to a minimum. Grantee has identified the allocation between administrative costs and program costs as explained on the attached Exhibit A, Question No. 7.

6. These services must be coordinated with other agencies when feasible. Grantee has outlined how services are coordinated with other agencies as explained on the attached Exhibit A, Question No. 8.

7. The City will not fund, but may augment, services which are the responsibility of another public agency or funding source. Grantee has identified any areas where the City’s funds
are being utilized to augment third party responsibilities as explained on the attached Exhibit A, Question No.9.

8. City funds are to be used primarily to match or leverage other private or public funds. Grantee has explained how matching or leveraged funds are being sought or obtained as explained on the attached Exhibit A, Question No. 10.

9. The City’s intent is to contract for specific services and monitor their effectiveness. Grantee has: a) identified the metrics by which its performance is to be evaluated on an annual basis; b) identified those third parties that provide any review or evaluation of Grantee’s efforts; and, c) explained its clearly defined performance evaluation process, as explained on the attached Exhibit A, Question No. 11.

10. Grantee has clearly identified and delineated where any elected or appointed official of the City or any City employee is involved in its programming or receives any direct or indirect benefit, any compensation or any pecuniary benefit of any form by virtue of Grantee’s program or the City funding provided hereunder, as explained on the attached Exhibit A, Question No. 12.

11. Grantee has outlined the process by which funds are held by Grantee as explained on the attached Exhibit A, Question No. 13, and all such funds are held by the Grantee in a Grantee-specific checking account with the financial institution identified therein (and not in any personal checking account), unless otherwise indicated therein.

WHEREAS, the parties hereto understand and agree that the Grantee is an independent contractor and not an employee of the City; now,

In consideration of the agreements set forth and other good and valuable considerations, the parties agree as follows:

1. **Term.** The term of this agreement shall be from July 1, 2015 to June 30, 2016. The City or Grantee may terminate this Agreement at any time, upon the provision of thirty (30) days written notice. The City may terminate this agreement at any time based upon the occurrence of a breach of this Agreement, upon the provision of 48 hours written notice.

2. **Scope of Service.** The Grantee shall provide services in accordance with the service plan provided in the original application, a copy of which is attached hereto as Exhibit A.

3. **Hold Harmless.** The Grantee hereby agrees to indemnify, defend and hold the City and its officers, employees, contractors and representatives harmless from and against any and all such costs, expenses, damages, liabilities, losses and claims which may arise out of, or are related to the services provided by the Grantee under this agreement or which relate to this Agreement or the funding provided herein. The Grantee agrees and acknowledges that the City is not in any way responsible for the conduct or provision of Grantee’s programs or services, and is not responsible for the review, supervision or management of Grantee’s personnel, volunteers, participants, programming or services.
4. **Payment.** The City agrees to pay the Grantee the sum of Three-Thousand and No/100 Dollars ($3,000.00) for services rendered under this agreement. **Payment will be disbursed in four equal installments, and will be processed upon receipt of the Grantee’s quarterly reports, as required by this funding agreement.** In the event that this Agreement is terminated, no further payments shall be due or payable to Grantee. In the event that the City Council determines that the City’s financial condition does not support making a payment otherwise due under this Agreement, the City may suspend, delay or otherwise cancel payments due hereunder.

5. **Access to Financial Records.** The Grantee agrees to allow the City access to review any and all of Grantee’s financial records as may be determined appropriate to insure the accountability of monies disbursed by the City. The Grantee also agrees to provide the City with a copy of its operating budget and its audit or year-end financial statement for each fiscal year or portion thereof in which the Grantee receives funding under this (or successor) agreements.

6. **Performance Reporting.** The Grantee agrees to send the City a report following every three months of services identifying the number of City of DeKalb citizens that have been provided services under the terms of this Agreement. The Grantee further agrees to send the City a copy of all documentation required to demonstrate its performance or which is identified as a performance-evaluation tool in Exhibit A, Question 11. The Grantee further agrees that it shall provide a verbal report to the City at a regularly scheduled meeting of the City Council at least once annually, and on additional dates as may be requested by the City from time to time.

Quarterly reports shall be provided to the City on or before the 10th day of the following months:

- 1st Quarter – September
- 2nd Quarter – January
- 3rd Quarter – March
- 4th Quarter – July

7. **Compliance with Laws.** The Grantee expressly covenants and agrees that it shall comply with all applicable laws, including those laws applicable to the use of public funding to the extent that such laws are applicable to programs funded in whole or in part by the City of DeKalb. The Grantee expressly covenants that it shall not discriminate against any person or organization on the basis of any legally recognized protected classification, including but not limited to race, gender, religion, ethnic or cultural background, sexual preference, or other legally recognized, protected classification, in the provision of its services or use of funding provided hereunder.

8. **Use of Funds.** The Grantee shall only utilize funds made available under this agreement for the provision of services consistent with this agreement, and shall not use such funding for any other purpose, nor for the construction of any real property or improvement to real
property, nor for any purpose which constitutes “Public Works” for purposes of the Illinois Prevailing Wage Act.

9. **Grantee’s Organization.** Grantee is organized in the format as described in Exhibit A. For the term of this Agreement, Grantee shall take such actions as shall be required to maintain that form of organization. Grantee shall provide the City with notice of the meetings of its governing board or board of directors, and the City shall have the opportunity to attend such meetings as an *ex officio* member of such governing board; the City shall also have the right to review the minutes of all such meetings.

10. **Grantee-Specific Obligations.** Grantee shall comply with the listing of Grantee-Specific Obligations attached hereto as Exhibit D.

11. **Certification:** Grantee hereby certifies that it shall comply with the contents of this Agreement and the terms of its Application, and certifies that the contents of this Agreement and the Application are true, accurate and correct. The recitals to this Agreement are expressly incorporated herein by reference.

IN WITNESS WHEREOF, the Grantee has caused this agreement to be signed, sealed and attested to by its Chairman of the Board of Directors and Executive Director, on the 22nd day of June, 2015, and said City has caused the same to be signed, sealed and attested to by its Mayor and City Clerk as of the date first mentioned in this Agreement.

**KISHHEALTH SYSTEM HOSPICE**

By: [Signature]
Board Chairman

ATTEST:

[Signature]
Executive Director

**CITY OF DEKALB, ILLINOIS**

By: [Signature]
John A. Rey, Mayor

ATTEST:

[Signature]
City Clerk - Deputy
Exhibit A: Funding Application
FY 2016 HUMAN SERVICES FUNDING APPLICATION

APPLICATION MUST BE RECEIVED NO LATER THAN MAY 1, 2015.
INCOMPLETE APPLICATIONS AND/OR LATE SUBMISSIONS WILL NOT BE CONSIDERED.

Agency Name: KishHealth System Hospice
Mailing Address: 2727 Sycamore Road Suite 1B
Agency Director: Teresa Gobeli RN, BS, MSHA
Contact Person: Teresa Gobeli
Telephone No.: 815-756-3000 Email Address: tgobeli@kishhealth.org
Name of Person Responsible for Completing Quarterly Report: Teresa Gobeli
Telephone No.: 815-756-3000 Email Address: tgobeli@kishhealth.org

Program Description:
Hospice is a special way of caring for individuals who are terminally ill. A team of professional staff and trained volunteers provide services that focus on palliative care of the patient, not cure of the disease. Hospice is dedicated to providing physical, spiritual and emotional comfort for the patient as well as their family. It is a program for those who are no longer actively seeking a medical cure. Hospice is not an end to treatment but rather a shift in care that focuses on helping the person live his or her life to the fullest with effective pain and symptom management.

Spiritual care and counseling is integral to a hospice program. The KishHealth System Hospice Pastoral Care Program is in keeping with the uniqueness of each individual and, therefore, demands a sensitivity and openness among hospice caregivers to a range of spiritual and religious issues and a variety of religious styles. The KHS Hospice Chaplain becomes involved at the wishes of the patient or family.

Music Therapy program enables KHS Hospice to provide a unique, non-invasive and holistic

Total Program Budget: $2,125,235
Amount of Funding Requested: $3000
% of Total Program Budget: .14 %
Total Number of Estimated Program Participants: 240
Total Number of Estimated DeKalb Residents to be Served: 167
% of Total Budget: 70 %
service to our patients and families and to the community as well.
The music therapist sees 60-80% of the patients enrolled in hospice care, and works with 90% of the Transitions Program clients. There is extensive research on the positive effect music therapy has on emotional/spiritual support, pain reduction, grieving, communication barriers and quality of life. Other services and activities of the music therapist:
• Assists with the children’s bereavement group serving 1st-8th grade children who have lost an immediate family member.
• Works with patients/families to write original songs which are then recorded on CD, and a photo montage is put together with photos or images identified as important to the patient or family. Our feedback has indicated that these songs provide a great deal of comfort. One family member wrote, “It’s really impossible to describe what your song has done for us. It has touched us in ways we could never have imagined and will continue to do so, I’m sure. I find myself singing or humming a line throughout the day, how very comforting.”
• Sings at funerals/memorials when requested and as available.
• Coordinates a Live Music Program utilizing volunteer community musicians and faculty/students from NIU who provide live music on a weekly basis at our Cancer Center and in the hospital lobby during the Christmas season.
• Facilitates “Healing Beats,” a drum circle for caregivers and the bereaved. Again, research validates the positive effects of participation in such groups for increased support, relaxation and even a boost to the immune system.
• Organizes and produces the annual “Transformation Through Rhythm” benefit concert which is a community event sponsored by KishHealth System hospice, Northern Illinois University School of Music and School District 428, with donations being split between our hospice music therapy program and our sister hospice in South Africa, Knysna-Sedgefield hospice. This event also brings a great deal of visibility to both hospices and has been held differing years at NIU and DeKalb High School.
• The music therapist also works with students from local high schools or NIU who are considering music therapy as a career, presents to community and church groups, and assists with memorial services at nursing homes and a community-wide memorial for parents who have lost children.

Bereavement care- provides support for normal grief resolution and identifies problem that would complicate the grieving process. Bereavement follow-up is provided for 13 months following the death of the Hospice patient and provides an opportunity for family to gradually evolve from crisis care to social reinvestment. Implementation and duration of bereavement follow-up is in keeping with the uniqueness of each individual. The KHS Hospice Chaplain and Music Therapist often participate in services for patients served in our program. The Bereavement Coordinator follows others from the community with grief needs as requested.

Volunteer services—KHS Hospice program provides special caring services like the following due to volunteers: BUNS (Baking Up Nice Surprises) Volunteers baked and delivered over 150 bags of treats to hospice patients and newly bereaved families each spring, summer and Christmas holiday time. Volunteers help with many tasks in the office; provide direct care working with patients and families. The volunteer department also hosted two “Powerful Tools For Caregivers” classes to give caregivers guidance in caring for themselves so they can continue with increased effectiveness in their role of
caregiver. These classes meet 90 minutes once a week for 6 weeks and are facilitated by the KHS Hospice Volunteer Program Coordinator and the LCSW.

As a Medicare certified program KHS Hospice is required to provide the following services to all patients regardless of insurance payment, ability to pay or cost of care. What services the patient utilizes is dependent upon the wishes of the patient, their family and the recommendation of the Hospice Interdisciplinary Care Team:
1. Initial and ongoing assessment and treatment of physical, social, emotional and spiritual needs of patient and their family by Hospice staff available 24 hours a day, 7 days a week.
2. Nursing/Certified Nursing Assistance in home, skilled nursing facility or inpatient unit.
3. Continuous (8 or more hours in a 24 hour period) nursing for short-term crisis periods only.
4. Provision of medical supplies, equipment, and drugs related to the terminal diagnosis.
5. Medical Social Services/Counseling by a Masters prepared Licensed Social Worker.
6. Spiritual Counseling by the Spiritual Care Program Coordinator.
7. Short-term inpatient admission to a contracted facility for pain control or acute or chronic symptom management as approved by the interdisciplinary team and included in the Plan of Care.
8. Physician services for palliation and management of the terminal illness in collaboration with the attending physician.
9. Short term inpatient respite care.
10. Physical therapy, occupational therapy, speech/language therapy, homemaker services, and dietary counseling.
11. Training, assignment and supervision of volunteers that provide assistance and support of patients/families.
12. Bereavement Care services/Counseling.
13. Coordination of services with additional agencies as needed.
KishHealth System Hospice believes that individuals have the right to be involved to make decisions in their treatment that affect them personally. KHS Hospice families are given the opportunity to explore treatment and resource options available. Hospice care assists families and friends to give care at the end of life for their loved one in the comfort of familiar surroundings which can be very rewarding and provides satisfaction in caring.
The following documents must accompany the application:

1. A current listing of the agency’s Board of Directors and terms.
2. The current annual operating budget for the agency.
3. Any descriptive materials of the agency that would help augment the application.
4. Documentation of the agency’s 501(c)(3) status.

The City of DeKalb retains the right to request any and all additional information from the agency it may determine necessary in making funding decisions. This may include, but not limited to, agency audits, articles of incorporation, or any other information deemed appropriate.

The undersigned hereby certifies the information contained in this application is true and accurate to the best of their knowledge and belief.

Name of Authorized Signer: Teresa Bobali
Title: Director Wish Health System Hospital
Signature: Teresa Bobali Date: 4-28-15

Please submit application in one of the following methods:

- via regular mail postmarked no later than May 1, 2015 to:
  City of DeKalb
  Attention: Ruth Scott
  200 S. Fourth Street
  DeKalb, Illinois 60115

- via facsimile dated no later than May 1, 2015 to: (815) 748-2091, Attention: Ruth Scott

- via email dated no later than May 1, 2015 to: ruth.scott@cityofdekalb.com

OFFICE USE ONLY:

Date Application Received: 4-28-15

[ ] Approved – Annual Amount Awarded $3000.00 / $750.00 per quarter

[ ] Denied
Exhibit B: Current Year’s Budget
# KishHealth Hospice
## FY16 Operating Budget

**KishHealth System**  
*Entity: 70*

### Patient Revenue

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<th>4/30/14</th>
<th>Annualized</th>
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<td>Inpatient</td>
<td>1,945,466</td>
<td>1,682,257</td>
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<td>Outpatient</td>
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<tr>
<td>Other Patient</td>
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<tr>
<td><strong>Total Patient Revenue</strong></td>
<td>1,945,466</td>
<td>1,682,257</td>
<td>2,035,256</td>
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### Deductions From Revenue

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<th>FY16 Budget</th>
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<td>Charity Services</td>
<td>15,462</td>
<td>25,670</td>
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<td>Deductions From Revenue</td>
<td>118,748</td>
<td>324,595</td>
<td>47,256</td>
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<td>Other Discounts</td>
<td>-</td>
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<td>Bad Debt</td>
<td>8,395</td>
<td>539</td>
<td>15,000</td>
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<td><strong>Total Deductions From Revenue</strong></td>
<td>142,604</td>
<td>350,804</td>
<td>65,256</td>
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### Net Patient Revenue

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<th>1,802,862</th>
<th>1,331,453</th>
<th>1,970,000</th>
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</table>

### Other Operating Revenue

|                      | -         | -         | -         |

### Total Operating Revenue

|                      | 1,802,862 | 1,331,453 | 1,970,000 |

### Operating Expenses

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<th>4/30/14</th>
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<th>FY16 Budget</th>
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<tr>
<td>Salaries &amp; Wages</td>
<td>1,109,181</td>
<td>983,393</td>
<td>1,015,384</td>
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<td>Benefits</td>
<td>335,136</td>
<td>341,046</td>
<td>359,735</td>
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<td>Contract Labor</td>
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<tr>
<td>Professional Fees</td>
<td>67,728</td>
<td>40,892</td>
<td>265,043</td>
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<td>Purchased Services</td>
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<td>-</td>
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<tr>
<td>Medical Supplies</td>
<td>232,208</td>
<td>280,551</td>
<td>85,179</td>
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<td>Drugs &amp; Pharmaceuticals</td>
<td>104,640</td>
<td>91,513</td>
<td>72,080</td>
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<td>Other Supplies</td>
<td>8,285</td>
<td>6,114</td>
<td>6,317</td>
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<td>Depreciation and Amortization</td>
<td>84,964</td>
<td>50,472</td>
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<td>Lease and Rental</td>
<td>58,247</td>
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<td>Maintenance and Repairs</td>
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<td>333</td>
<td>463</td>
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<td>Utilities</td>
<td>620</td>
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<td>Insurance</td>
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<td>Interest</td>
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<td>Bad Debt Expense</td>
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<td>Other Expenses</td>
<td>253,319</td>
<td>210,181</td>
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<td><strong>Total Operating Expenses</strong></td>
<td>2,236,161</td>
<td>2,065,626</td>
<td>2,125,235</td>
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### Excess of Revenue Over Expenses from Operations

|                      | (453,299) | (734,173) | (155,235) |

### Non-Operating Income

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<td>Unrestricted Contributions</td>
<td>146,052</td>
<td>366,795</td>
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<td>Other NonOperating Revenue\Expense</td>
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<td>Investment Income</td>
<td>8,120</td>
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<td>Interest Income</td>
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<tr>
<td>Gain(Loss) on Sale of Assets</td>
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<td><strong>Total Non-Operating Income</strong></td>
<td>154,173</td>
<td>378,426</td>
<td>366,200</td>
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</table>

### Excess of Revenue Over Expenses

|                      | (299,126) | (355,747) | 210,965 |

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• The calculations and data are presented in a clear, organized manner, making it easy to follow along with the budget scenario.

• The document provides a comprehensive view of patient revenue, deductions, and overall operating expenses, ensuring a thorough understanding of financial operations.

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- KishHealth Hospice FY16 Operating Budget
- Patient Revenue breakdown
- Deductions from Revenue summary
- Net Patient Revenue calculation
- Operating Expenses categorization
- Excess of Revenue Over Expenses from Operations analysis
- Non-Operating Income overview
- Excess of Revenue Over Expenses summary
Exhibit C: Most Recent Completed Fiscal Year’s Audit or Year-End Financial Statement
## KGH Heath System and Subsidiaries
### Consolidated Balance Sheet
April 30, 2014
(in thousands)

### ASSETS

#### CURRENT ASSETS
- Cash and cash equivalents
- Short-term investments
- Patient accounts receivable, less allowances for uncollectible accounts
- Unrestricted pledges receivable, net
- Restricted pledges receivable, net
- Due from affiliated organizations
- Interest in net assets of Kishwaukee Health Foundation
- Assets whose use is limited
- Inventory of supplies
- Other

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<tr>
<th>Kishhealth System</th>
<th>Net (in thousands)</th>
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<td></td>
<td>157</td>
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<tr>
<td></td>
<td>2</td>
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<td>183</td>
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<td>Total current assets</td>
<td>2,091</td>
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#### OTHER ASSETS
- Assets whose use is limited, less amount required to meet current obligations
- Unrestricted pledges receivable, less current portion, net
- Restricted pledges receivable, less current portion, net
- Long-term investments
- Interest in net assets of Kishwaukee Health Foundation
- Investment in subsidiaries
- Investment in joint ventures
- Goodwill
- Assets held for sale
- Physician recruitment loans receivable, net
- Other assets, net of accumulated amortization of $224

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<td></td>
<td>291</td>
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<tr>
<td>Total other assets</td>
<td>291</td>
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#### PROPERTY AND EQUIPMENT
- Land and improvements
- Buildings
- Fixed equipment
- Movable equipment
- Construction in progress

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#### TOTAL ASSETS

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Exhibit D: Grantee-Specific Obligations

Grantee agrees and acknowledges that it shall comply with the following obligations, which shall be considered to be an integral component of the Agreement:

To be determined.