

**Donation Agreement**  
**between**  
**Ballad Health**  
**and**  
**City of Kingsport for its Kingsport City Schools**

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**WHEREAS**, Ballad Health is a non-profit healthcare organization committed to improving the health and wellness of citizens in its service areas of Northeast TN and Southwest VA; and

**WHEREAS**, City of Kingsport for its Kingsport City Schools operates the Andrew Jackson Elementary ("School"); and

**WHEREAS** School wishes to create "reset rooms" to aid in positive mental health and stress reduction for students and teachers; and

**WHEREAS** Ballad Health believes this will improve the mental health and wellness of members of the community in keeping with its charitable purposes and is willing to assist School in creating such reset rooms by providing a monetary donation to be used for this purpose;

**NOW, THEREFORE**, the purpose of this agreement is to formalize the supportive relationship between Ballad Health and School for this purpose.

Under this agreement:

Ballad Health agrees to provide a one-time grant to School in the amount of Four Thousand Five Hundred Dollars (\$ 4,500 ) to be paid by 10/1/25. Ballad Health has no obligation beyond providing the monetary support.

The School agrees to use the funds only for the purchase of items and equipment related the reset room project.

The School will display a sign to be provided by Ballad that is reasonably acceptable to the School indicating the equipment in the room has been provided by Ballad Health. Ballad hereby grants a license to the School to display this signage at the School for the duration of this Agreement.

School agrees to provide the following initial data points to Ballad regarding room utilization monthly. School acknowledges that Ballad may request the data points or frequency of reporting may be changed in the future by Ballad. School will use reasonable efforts to meet any modified data points or reporting frequency. Initial Data reporting:

1. Date of visit
2. Time of visit
3. Grade level of student
4. Items used
5. Reason/Catalyst for visit

(Signatures next page)

Signed and agreed to by:

City of Kingsport for its Kingsport City Schools  
<SYSTEM>

Ballad Health

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

APPROVED BY BALLAD LEGAL

DEPARTMENT AS TO FORM

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ATTEST:

\_\_\_\_\_  
CITY RECORDER

APPROVED AS TO FORM:

\_\_\_\_\_  
CITY ATTORNEY