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<td>Debrief forum and next steps</td>
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<td>Mission and Vision discussion and next steps</td>
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<td>Review action items, plan next agenda</td>
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Lakewood Wellness Foundation Task Force

Community Forum Notes – 11/15/16

The following questions were posed to Lakewood residents that attended the community forum and participated in table discussions. Many of the comments and suggestions that were shared by the forum attendees are listed in bold after each question.

1) Wellness
The community survey process lifted up that “wellness” is the most reasonable approach or area of focus for the new foundation, as it centers on prevention and therefore is more affordable or “do-able” (versus health or health care). Do you agree with this premise? Why or why not?

- Wellness is so broad. Can encompass much bigger picture.
- Prevention within city limits is important.
- Access to wellness is a reason to be a resident.
- Agree with wellness but hard to achieve because it is so broad. Where can it be the most effective in improving people’s health?
- Wellness offers the greatest ROI over time.
- Wellness is “contagious” – ex. Teaching good eating habits helps 5 people in a family, or helping a mom with addiction benefits the entire family.
- Most reach would be possible with a wellness focus.
- The effort should have a role in public policy shaping.
- Structure: If grants are given, healthcare providers should be eligible for funds - not for healthcare but for prevention programs.
- Opportunity to take risks, try some things, but maximize the money (“fishes and loaves”). Opportunity for partnerships and piloting programs. Lakewood can be a petri dish!
- Encourage the foundation to focus on something instead of everything – can’t be a “jack of all trades.” Collaborate and identify what is underserved.
- What are you going to do with data? What are people searching on google, ex. work outside the box – chance to do what no one else is doing. Be innovative.
- Don’t think the foundation should fund healthcare but there may be cases where screenings can help.
- Prevention – if focus is primarily prevention, much would be missed – ex. Someone with diabetes can still benefit from prevention.
- If it’s in the spirit of the hospital, then wellness should not be the focus.
• If focus is on wellness, how does it improve housing stock and overall stature of the community.
• Wellness comes once basic needs are met. Health first!
• Consider paying for ambulatory services for those needing to make medical visits.
• Think broader – the establishment of a community center could be considered a wellness initiative (youth sports, accessibility to quality services, equipment, etc.) Rich kids get this but the middle class can’t afford it. Poor residents lost the most when the hospital left.
• Focus on Chronic Disease Management.
• Transportation is a key barrier.
• Make people aware of available resources...educate them.
• Wellness is lifestyle, Health requires treatment. Not sure that the foundation will be in position to address health care.
• Not healthcare due to duplication of services already being an issue in Lakewood.
• Prevention is more cost effective. It’s lifestyle changes.
• Expensive to funnel into specified disease prevention. Root cause of illness related to bad behavior – focus on that.
• Community culture around wellness – education. Could spark investment of other organizations.
• Frame everything in terms of health – all conversations.

Although not unanimous, the general theme of “wellness” seems to be understood and accepted as a more viable approach for the foundation.

2) Board Composition
a) As there are many constituent groups in Lakewood, many believe that the board of the new foundation should be widely representative of the community in the broadest sense. Do you agree or disagree?

• Table 5 all agreed.
• Different areas of expertise and group representation important.
• Size upwards of 10-20 to encompass all parameters and individual members.
• If you’re doing fundraising, people will be needed to network communities.
• Don’t take Noah’s Ark approach...instead identify what skills are needed to achieve mission.
• Have an advisory board representing the community and constituencies serve in an advisory role.
• Advisory Board can help with succession planning and board subcommittees.
• Board of Trustees – “Owners” of fiduciary responsibilities.
• Larger could be better because of abstentions due to possible COI’s.
• Table 3 agreed that this is important.
• Keep the influence of the Clinic under control. They should have minority representation on the board.
• Board should vary in skill set and expertise. Define skill sets first to avoid politics.
• Too many foundations...they should come together under one board.
• Who will appoint replacements to the board as terms expire?
• Don’t impulsively add “opposers “to board just to appease them.
• Hard to be representative of the entire community.

All respondents agreed that broad community representation is important for the success of the foundation.

b) Who are the important groups or organizations that should be considered for positions on the new Lakewood Wellness Foundation Board? Why?

• Seniors
• Refugees
• Low-Income
• Youth
• There is value in keeping the board Lakewood-exclusive
• Look to individuals with certain skills, not organizations
• A conflict of interest policy will be important
• Once the foundation is forming, we’ll know what skill sets are needed
• All racial/ethnic groups should be represented
• Governance can outline percentage of Lakewood residents
• Don’t forget about people who work and/or own businesses here
• Ex-officio members? – Clinic for example
• Avoid group think – Chance to take risks and try something new
• Look at organizations already doing things (Family Room).
• The board could have representatives from chosen groups or the agencies that serve them
• Adults with disabilities
• Jim O’Brien
• Lakewood Alive
• Lakewood Library
• Chamber of Commerce
• ADAMHS Board
• Asia, Inc.
• YMCA
• Barton Center
• LCSC
• Teachers/educators.
• Chuck Garven.
• Northcoast Health
• Parks and Recreation
• County Health Department
• Civic Groups
• Churches/Mosques
• Many on this list would be good for the community advisory council.

c) How do you think the board should be selected?

• Shouldn't be more than 7 because of how to decide, but any larger must be careful. (Concern of less than 9 because of CCF interests).
• Base composition/terms on whether its perpetuity or spend down.
• Lakewood resident requirement?
• Diversity will be important.
• Teens?
• Self-perpetuating (nominating committee) with comments from social media posts to public.
• Check best practices - organizational research available?
• Submit applications.
• Define criteria - demographics, professions. Engaged community members.
• Most boards are set-up with rotation system.
• Not an election.
• No one employed by City Hall should serve on the board.
• Create a selection committee that is comprised of individuals with no interest in serving on the board (w/ parameters).
• Consider people outside of the "health and wellness" professions.
• Open calls to prospective members in the Lakewood Observer.
• City Hall appointments would be upsetting.
• Conflict of interest less of a concern than skills/qualifications.
• Task Force should pick the board or establish a committee to pick a board.
• Without a Director initially, how can you get right skill set, diversity - avoid diluting?
• Transparency in selecting board is critical.

There were many perspectives shared in response to this question, ranging from the task force selecting the board to an open application process for self-nominations. All seemed to agree that the criteria for the board needs to be
established, including the skills, experience and expertise that would best guide the work of the foundation.

3) Communications

a) The Wellness Foundation is supposed to be a foundation seeking to enhance wellness of all residents of Lakewood. Therefore, it is critical to hear from all facets of the community. Have you seen any information about the Wellness Foundation, and if so, where?

- Referral by friend
- Facebook
- Twitter
- Observation Deck
- City Hall Releases
- Lakewood Observer
- Organizations sharing information.
- Water Bill
- Through other community members
- Involved in outdoor basketball committee
- Active in the city
- Website
- Lakewood Patch

Many of these sources were mentioned by several of the break-out groups.

b) How do you receive information about important activities and initiatives taking place in the community?

- Facebook
- Twitter
- Lakewood Community Facebook
- Jenny (Finance@Lakewood)
- Jim O'Brien
- Observer
- Small Business Promotions
- Library
- Schools
- Water Bill
- Northcoast Health staff
- Senior Center
- Early Childhood PTA
- Mailings – Door to Door Literature
- Block Clubs
• Physicians outreach - Flyer
• All of the above

c) What types of community outreach would prove most effective to share information about the Wellness Foundation and initiate resident engagement?

• Mailer – Water Bill.
• Recreation Department Booklet.
• Continue to hold community meetings.
• Target people who are most engaged whether organic or paid.
• Be as inclusive as possible.
• On-line.
• Go to the organizations that serve people that we want to help.
• What the task force has done to-date has been good.
• Write an article that’s in-depth about what’s happened and answer questions. This is specifically for the Lakewood Observer because it reaches older people.
• Give bullets on how we got to the task force.
• Answer questions.
• Post On Deck because of the number of readers (10-15K).
• On-line page views by young people is good, but the younger population needs to be present for forums such as this.
• Work with schools through kids back to parents. Block Clubs and their leaders.
• Chamber of Commerce
• Lakewood Alive
• Ask community groups to help promote.

4) Foundation Structure

a) The Wellness Foundation will receive its assets or funds over an extended number of years. Were you aware that the funds would be spread out over so many years?

• Most did not (Table 5).
• Not until recently – thought it was four years or so.
• Focus on timeline of funding in communications.
• Table 3 was aware.

The complexities of the multi-year and multi-faceted funding formula appeared to be new information for the majority of the audience. Notwithstanding, it was well received.
b) Does this change your views of how the foundation should carry out its work in Lakewood?

- No. But need to be careful during those initial years when funds are coming in.
- Yes.
- Need to determine mission before function.
- If you can eradicate the problem, spend the money.
- Have we seen examples of foundations that are tasked to sunset or spend down money? (We've seen examples of healthcare conversions.)
- Hire fewer people.
- Fund organizations properly once selected.
- Should be in perpetuity (unanimous for Table 3).
- Not happy about lengthy payout, banking of money and paying interest.
- If spend down is adopted as the plan, it may cost too much in salaries.
- Plans for the foundation should dictate spend down or spending strategies.
- The foundation is small and can't do many things. This will force us to be smarter.
- Table 5 was split, including support for both perpetuity and spending down.

c) Do you have any thoughts about whether or not this foundation should conduct fundraising efforts beyond what is expected from the hospital sale?

- No. So many others are already raising money in Lakewood.
- Yes. May want to see the foundation continue depending on what the initial years bring.
- Fundraising vs. donor development.
- This impacts board composition. Every board has a role, and this one might include helping to draw outside investment for more return and finding partnerships.
- Yes, it should fundraise because it can create ownership in the community and help bridge gaps.
- What would be the goals for fundraising and would the community support the idea?
- Fundraising seems like a good idea unless there are defined disadvantages.
- Depends on the focus of the foundation.
- Fundraising requires significant capacity and resources.
• Fear of spending all of it on the wrong thing.
• No fundraising.

Although there are mixed feelings about fundraising there appeared to be more in favor of it than those who opposed it.

5) Other

a) Please share any other information or ideas that should be included for discussion that will help the overall process.

• Narrow the decision – keep moving...tighten the conversation.
• Many of these issues should be decided by the board.
• Will there be an Executive Director and staff?
• Need to reach everyday people.
• Consider investing in the Lakewood community circulator transit system which Lakewood had many years ago.
• The pressing priorities should be youth and seniors.
• Consider sending a mailer to residents that would ask them to vote on what the priorities should be.
• Draw in younger families.
• Incorporate nutrition and healthy eating, grocery stores, etc.
• Still very few people aware of the foundation.
• Targeted messaging very important.
• Thank you for the discussion.
• There are two competing Facebook pages in Lakewood.
• Advocate alignment between clinical and public health.
• Concerned about under 60 population that doesn’t have the same level of health care supportive resources.
• Present draft of foundation structure to the community.
CHRONIC DISEASE: Conditions that keep coming back, or persistent conditions, that are the nation's leading causes of death and disability (i.e., high blood pressure, diabetes, asthma, heart problems, and mental illness). Most of the time, these conditions could have been prevented. They can lead to lifelong disability. They negatively impact an individual's quality of life, and they lead to high healthcare costs.

CULTURE: An integrated pattern of learned core values, beliefs, norms, behaviors and customs that are shared and transmitted by a specific group of people. Some aspects of culture, such as food, clothing, modes of production and behaviors, are visible. Major aspects of culture, such as values, gender role definitions, health beliefs and worldview, are not visible.

DIVERSITY: The visible and invisible mixture of differences and similarities between people that frame how we see the world and interact with others.

ENVIRONMENTAL FACTORS: Conditions that impact the health of people and communities. The amount of money, power, and resources that people have in their daily lives shapes these conditions. Examples include access to healthy food, as well as safe places to play and exercise; levels of stress; financial instability; insufficient or lack of employment; lack of quality education; unstable housing; and substandard health care.

EQUALITY: The quality or state of being equal and refers to the identical distribution of resources, decision making and outcomes regardless of level of need.

EQUITY: Providing all people with fair opportunities to achieve their full potential.

EQUITY LENS: The lens through which you view conditions and circumstances to assess who experiences benefits and burdens as the result of a program, policy, or practice.

HEALTH: A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

HEALTH DISPARITY: Differences in health status among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities.

HEALTH OUTCOMES: A change in the health of an individual, group, or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.

INCLUSION: Active, intentional, and ongoing engagement with diversity, including intentional policies and practices that promote full participation and sense of belonging among all members of a group or organization.

INEQUITY: Differences in well-being between and within communities that are systematic, patterned, unfair, and can be changed. They are not random, as they are caused by our past and current decisions, systems of power and privilege, policies and the implementation of those policies.
PEOPLE OF COLOR: Refers to groups of African Americans, Asian & Pacific Islanders, Native Americans, and Hispanics.

POPULATION HEALTH: Population health is the distribution of health outcomes across a geographically-defined group which result from the interaction between individual biology and behaviors; the social, familial, cultural, economic and physical environments that support or hinder wellbeing; and the effectiveness of the public health and healthcare systems.

PREVENTION: A systematic process that promotes healthy behaviors and reduces the likelihood or frequency of an incident, condition, or illness. Ideally, prevention addresses health problems before they occur, rather than after people have shown signs of disease or injury.

PUBLIC HEALTH: Public health promotes and protects the health of people and the communities where they live, learn, work and play. Public health deals with health from the perspective of populations, not individuals.

QUALITY OF LIFE: An individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person’s physical health, psychological state, and level of independence, social relationships, personal beliefs, and their relationship to important features of their environment.

SOCIAL DETERMINANTS OF HEALTH: the circumstances, in which people are born, grow up, live, work, and age. These circumstances are, in turn, shaped by a wider set of forces: economics, social policies, and politics.

SOCIOECONOMIC: Relating to, or concerned with, the interaction of social and economic factors.

WELLNESS: Wellness is an active process of becoming aware of and making choices toward a healthy and fulfilling life. It is a dynamic process of change and growth.

Sources for Definitions:
CommonHealth ACTION: https://www.aamc.org/download/442880/data/chahandout2.pdf
Policy Link: http://www.policyleaders.org/about/mission-statement
D5 Coalition: http://www.d5coalition.org/tools/dei/
Regional Equity Atlas: http://regionalequityatlas.org/toolkit/definitions-of-equity
World Health Organization: http://www.who.int/social_determinants/en/
Health Improvement Partnership Cuyahoga: http://hipcuyahoga.org/key-terms/
UC Davis https://shcs.ucdavis.edu/wellness/what-is-wellness
National Wellness institute http://www.nationalwellness.org/?page=six_dimensions
Tentative Timeline for LWFTF (2017-18)

November, 2017 Meeting -
- "This or That" Discussion
- Definition/Agreement on Terms (Equity, Social Determinants, etc.)
- Timeline Discussion
- Recap of Community Forum
- Mission/Vision Discussion Introduction
- Structure and Communications Updates

December, 2017 Meeting -
- Mission/Vision Draft Discussion 2
- Timeline Updates/Approval
- Structure Draft Discussion 1
- "This or That" Priorities Discussion
- Board Composition Recommendations
- Communications and CE Updates

January, 2018 Meeting -
- Mission/Vision Final Approval
- Structure Draft 2 Revisions
- Board Composition Revisions
- Communication and CE Updates

February, 2018 Meeting -
- Final Recommendations for Structure
- Final Recommendations for Board Composition
- Present Criteria for a Community Advisory and the Board and Related Selection Process
- Communication and CE Updates
  (Coordinate a March Forum to Present Full Draft to the Community)

Early March, 2018 -
Community Forum to Present Overall Draft Plan

March, 2018 Meeting -
Recap Community Input/Critiques from Forum
Tweak Documents as Needed
Finalize the Criteria for Community Advisory Board (Decide if Task Force or Board makes Selections or Recommendations)
Communication and CE Updates

April, 2018 Meeting -
Present Recommendations to Mayor and City Council and Other Relevant Parties
Communication and CE Updates

May, 2018 Meeting -
Foundation Board and Structure Completed
Board Members Named/Appointed
Task Force Responsibilities Formally Concluded
Lakewood Wellness Foundation Task Force

***Very Rough Drafts of Possible Mission and Vision Statements***

**Mission Statements**

To educate Lakewood residents about healthy practices and community health resources and to serve as the catalyst that links the needs of the residents with the services of providers.

To improve the health of vulnerable and/or underserved populations in Lakewood through program investments, strategic partnerships and public policy advocacy.

To provide upstream or proactive funding support that eliminates or impedes health challenges for Lakewood residents, thereby improving the long-term health outcomes of the city.

To address the social determinants of health and financially support programs which mitigate the likelihood of specific health problems or conditions becoming or remaining formidable in the City of Lakewood.

**Vision Statements**

To make Lakewood a national model for collaboration, innovation and service delivery that results in high quality health and wellness outcomes for all of its citizens.

To make access to supportive health and wellness services readily available to every resident of Lakewood.

To make Lakewood, Ohio known as the city with the longest life expectancy of any city in the Midwestern United States.
What exactly is the Foundation Planning Task Force doing?

1. Are you Lakewood Hospital Foundation, or employed by Cleveland Clinic?
   No. We are volunteer citizens appointed by city council and the mayor after an open application process in 2016, to determine the structure and mission of the new wellness foundation. We are not the board of the new foundation

   Lakewood Hospital Foundation is a separate nonprofit organization that was originally created to support Lakewood Hospital. They are going through a similar process to determine their next steps now that the hospital no longer exists.

2. Are you the group that made the decisions for the former Lakewood Hospital property?
   No. The foundation task force has nothing to do with the development of the hospital property. None of our task force members were associated with that panel. To get more info on that, go here.

3. What do you anticipate your final work to look like, and when will it be completed?
   We will submit recommendations, to be approved by city council and the mayor, for mission, structure, and initial board makeup of the new foundation that will serve Lakewood. Our full job description can be found here. We anticipate our final work product to be done by mid-2018.

4. What permits our elected leaders to vote on the task force’s recommendations?
   Ohio Constitution Sections 18.01 & 18.03, and Ohio Revised Code 715.01, as well as city charter permits our elected leaders to consider and vote on our recommendations. As part of the Master Agreement, the city isn’t forming a non-profit entity as a member or incorporator. It is only to follow the obligations found in Section 4.1 of the Master Agreement, specifically, to work with Lakewood Hospital Association (LHA) in formulating the initial governance and documents of the new foundation. Hence, our task force formation in early 2017.

What is the source of the funds for the new foundation?

1. Who is funding the foundation?
   Per the Master Agreement’s Section 6.1, Cleveland Clinic is making the contributions on behalf of Lakewood Hospital Association (LHA) over eight years, totaling $24.4MM. This is in exchange for the right to receive LHA’s assets upon dissolution (per Section 3.3). Cleveland Clinic will also make additional contributions, which will be held in a segregated account, of $500,000 per year for 16 years, totaling $33MM. The total funding, from these private entities, will be $32.4MM. Here is the full funding schedule. (**LINK TO FUNDING SCHEDULE**)  

2. Why is the foundation being formed, can’t the City of Lakewood just take the money?
   The assets of Lakewood Hospital Association were not owned by the city. The city only owned the hospital building. LHA & Cleveland Clinic ran the hospital. Per the Master Agreement in Section 4.1, the foundation must be created and funded for the purpose of community health & wellness in the city.

3. Why is the funding being timed and delayed, can the money be disbursed immediately?
   The Master Agreement’s Section 6.1 calls for the timing of the payments. It was a heavily negotiated point within the agreement, and it was a net present value calculation each party (City of Lakewood & Cleveland Clinic) made in order to have a compromise of the timing and payment amounts. The new board can have the right to request funds on a faster schedule, but that would only be at the agreement of Cleveland Clinic.
4. Will the new foundation be a public fundraising entity?
   It is yet to be decided on the structure of the new foundation, though many options are being considered, as shown here.

How will the foundation board be selected and governed?

1. What will be the process for appointing board members, and who is responsible for appointing them?
   The task force is in the process of determining the structure of the foundation, which includes the recommended structure and makeup of the board. We anticipate making a recommendation, to be determined, on a fair process for selection. Under Section 4.1 of the Master Agreement, Lakewood’s elected officials & LHA have agreed to jointly select individual board members.

2. Will there be a conflicts of interest provision in the bylaws in order to maintain integrity and independence of board members?
   While we anticipate the answer to be yes, this has not yet been determined.

3. Will board members be required to be Lakewood residents?
   We have not yet determined our recommendation for the structure or makeup of the board. We anticipate the answers for this over the coming months.

4. What will be the size of the board, how many seats is Cleveland Clinic going to hold, and will there be term limits?
   We have not yet determined our recommendation for the structure or makeup of the board. We anticipate the answers for this over the coming months. According to Section 4.2 of the Master Agreement, the board must be 5-21 members. Of these members, two (2) will be appointees of Cleveland Clinic.

How will the money be spent for the new foundation?

1. Have you run any pro forma financial documents to show disbursements, expenses, and returns?
   Yes, we have run some estimates. These were presented at our October 19, 2017 task force meeting. The documents can be viewed here.

2. Will the new foundation seek matching funds from any other non-profit entities for programming, including, but not limited to the former Lakewood Hospital Foundation?
   As was stated in Mt Sinai Foundation Executive Director, Mitch Balko’s presentation, collaboration is very high amongst non-profits in Northeast Ohio. We will encourage collaboration, and look to avoid duplication of services.

3. Will this be a spend-down foundation, or operate in perpetuity?
   We have not yet determined our recommendation the structure of the foundation.

4. Transparency will be key to the new foundation in its grant making endeavors. How will success be gauged, and will there be public meetings?
   While not finalized, we anticipate making transparency a key element of the bylaws. Ultimately, the board will make the determination on how they disperse information beyond their required annual filings, and how they gauge success.

5. Will funds be used in Lakewood, or regionally?
   While we have not determined a structure yet, the Master Agreement’s Section 6.1(a) states the money is to be used “for the benefit of the Lakewood community and its residents”.