

ATTEST:

Gloria Leija, City Clerk

CERTIFICATION BY LEGAL COUNSEL

In accordance with the requirements of A.R.S. § 11-952(D), the undersigned Attorney acknowledges that (i) she/he has reviewed the above agreement on behalf of her/his client and (ii) as to her/his client only, has determined that the Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

City Attorney

DIGNITY HEALTH, a California
non-profit corporation

By: _____
Its: _____

COMMUNITY ALLIANCE AGAINST FAMILY ABUSE,
an Arizona non-profit corporation

By: Abigail Poyer
Its: Interim Executive Director

WINGED HOPE FAMILY ADVOCACY FOUNDATION, INC.,
an Arizona non-profit corporation

By: _____
Its: _____