

City of Pittsburgh Donation Acceptance Form

This is to confirm that on _____ the City of Pittsburgh received from
University of Pittsburgh Medical Center the following:

☐ \$ _____ in a lump sum

☒ \$ 25,000,000 in 5 payments of \$ 5,000,000 in
yearly installments

☐ \$ _____ in value of goods or services

Describe products, services, investment securities, real property, etc. in the space below:

☒ Check this box if the donation is to be limited to the following uses:

First responder needs with primary initial focus on EMS vehicles and eq

☐ City will publicly recognize donor by:

In administering this agreement, the Donor and City shall engage through the following primary representatives:

	City of Pittsburgh	Donor
Primary Representative:	Rea Price	Sean Logan
Address:	414 Grant Street	600 Grant Street, Pittsburgh, PA 15219
Telephone:	412-255-2640	
Email:	rea.price@pittsburghpa.gov	logans@upmc.edu

Submitted by

Name: Matt Singer
Title: Deputy Chief of Staff
Date: 7/9/26
Signature: /s/ Matt Singer

Necessary Actions:

Less than \$500

\$500 to \$4,999.99

\$5,000 or Greater

OMB approval

OMB approval, reading and adoption by Council

OMB approval, full legislative approval