



Project Partnership Agreement

It is understood that the Registered Charity (Host Agency) agrees:

- A. that funds will be used for specific purposes as stated in the Registered Charity's own mandate and objectives.
- B. to retain control and discretion as to the use of the funds.
- C. to maintain records establishing that the funds were used for its purposes and to ensure a final project evaluation report is submitted to the Shuswap Community Foundation upon completion of the project.
- D. to act as a fiscal manager for the unregistered group.
- E. to ensure that the project is completed as described in the approved grant application.
- F. Signatures will only be required for applications that are approved and before grants are awarded.

Registered Charity Information (HOST):

Registered Charity Name: _____

CRA Registered Charity #: _____ BC Society Reg. #: _____

Contact Person: _____ Position: _____

Phone: _____ Email: _____

Mailing Address:

Street: _____ Box #: _____ City: _____

Province: _____ Postal Code: _____

Non-profit Group (Group Seeking Funding):

Name of Non-profit Group being hosted: _____

BC Society Reg. #: _____ Contact Person: _____

Position: _____ Phone: _____

Email: _____

Mailing Address:

Street: _____ Box #: _____ City: _____

Province: _____ Postal Code: _____

OUR MISSION:

To inspire community giving, foster donor confidence and community trust, honour memories, support community causes and provide responsible granting

Project Description:

Anticipated Start Date: _____ Anticipated Completion Date: _____

Signing Authorities (required contact information):

Registered Charity (Host Agency):

Name: _____ Title: Chair (President)

Phone: _____ Email: _____ Date: _____

Name: _____ Title: Chair Director or Executive Director (with signing authority)

Phone: _____ Email: _____ Date: _____

Signing Authorities (required contact information):

Non-profit Group (Group Seeking Funding):

Name: _____ Title: Chair (President)

Phone: _____ Email: _____ Date: _____

Name: _____ Title: Chair Director or Executive Director (with signing authority)

Phone: _____ Email: _____ Date: _____