

102-160 Harbourfront Drive NE Box 624 Salmon Arm, BC V1E 4N7 Ph: 250-832-5428

Email: info@shuswapfoundation.ca

## 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 stated purposes and to ensure a final project evaluation report is submitted to 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 #:		
Contact Person:	Position	n:
Phone #:	Em	ail:
Mailing Address:		
Street:	Bc	ox:
City:	Postal Cod	
NOT-FOR-PROFIT  Name of Not-For- Profit being hosted:	INFORMATION (GROUP SEEKING FUNDING)	
BC Society Reg. #:		<u> </u>
Contact Person:	Positio	on:
Phone #:	Em	ail:
Mailing Address:		
Street:	Bo	ox:
City:	Postal Co	de:

PROJECT DESCRIPTION:

Anticipated Start Date:	Anticipated Completion Date:	
SIGNING AUTHORITIES (Required Contact Information)		
Registered Charity (Host):		
Name:	(Chair/ President)	
Phone:	Email:	
Name:	(Director or Executive Director - with signing authority)	
Phone:	Email:	
Not-For-Profit Group (Group seeking funding):		
Name:	(Chair/ President)	
Phone:	Email:	
Name:	(Director or Executive Director - with signing authority)	
Phono:	Email:	

CONNECTING PEOPLE WHO CARE WITH CAUSES THAT MATTER