

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: \_\_\_\_\_

**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: 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: Director or Executive Director (with signing authority)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_