
BRIAN TODD MEMORIAL COMMUNITY FUND

Partnership Agreement

(to be completed by all applicants that are not a registered charity and submitted with application)

Applicant:

Name of Organization:

Contact Person:

Position in Organization:

Address:

Phone:

E-Mail Address:

_____ agrees to:
Name of Organization

- a. Ensure that its project is consistent with the charitable mandate of the Supporting Registered Charity.
- b. Keep separate accounts and provides written reports to the Supporting Registered Charity when requested.
- c. Provide written receipts for all expenses incurred in the project to the Supporting Registered Charity when requested.
- d. Ensure that there are sufficient volunteers to carry out and complete the project.
- e. Provide a written evaluation of the project upon completion to the Supporting Registered Charity and to the Brian Todd Memorial Community Fund

Applicant Name

Applicant Signature

Date

BRIAN TODD MEMORIAL COMMUNITY FUND

Partnership Agreement

(to be completed by all applicants that are not a registered charity and submitted with application)

Supporting Registered Charity:

Name of Organization:

Contact Person:

Position in Organization:

Charitable Registration #

Address:

Phone:

E-Mail Address:

_____ agrees to:

Name of Supporting Registered Charity

- a. Ensure that the project of the Applicant as described in the application is consistent with the charitable mandate of our organization.
- b. Accept and continue to accept any and all monies received from the Brian Todd Memorial Community Fund for the project.
- c. Disburse such monies received from the Brian Todd Memorial Community Fund to the Applicant in respect of the project described in the application.

Name

Signature

Date