



COMMUNITY  
FOUNDATION  
GREY BRUCE

We're here for good.

## **DECLARATION OF AFFILIATION AFFILIATION BETWEEN GRANT APPLICANT AND QUALIFIED SPONSOR**

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### **PURPOSE OF THIS DECLARATION:**

Community Foundation Grey Bruce (CFGB) provides grants directly to organizations that are registered charities with the Canada Revenue Agency. Organizations not a registered charity with CRA, require a sponsor who is a "Qualified Donee" as described by CRA.

### **REQUIREMENTS FOR CONSIDERATION TO USE A SPONSOR:**

1. The applicant (hereinafter referred to as the "Agent") must have a direct affiliation with the sponsoring organization (hereinafter referred to as the "Qualified Donee"). Examples – Shared charitable purpose, membership in an umbrella organization, etc.
2. This "Declaration of Affiliation Agreement" must be completed AND uploaded along with the summary page from the "Qualified Donee's" audited statement into the "Agent's" application.
3. The "Agent" must provide to the "Qualified Donee":
  - a copy of this agreement
  - a copy of the application and Project Budget
  - a copy of the final report at the project's completion
4. Questions regarding the "Qualified Donee's" responsibilities may be directed to Wendy Bachiu, Grant Co-ordinator, Community Foundation Grey Bruce 519-371-7203

**GENERAL INFORMATION REGARDING THE QUALIFIED DONEE:**

1. Name of Sponsor (“Qualified Donee”)

\_\_\_\_\_

Contact Person: \_\_\_\_\_

2. Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

3. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

4. HST Number: \_\_\_\_\_

5. Nature of the affiliation or relationship with the “Agent” undertaking the project:

\_\_\_\_\_  
\_\_\_\_\_

6. Mandate (Mission/Vision) of the “Qualified Donee” organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please list names of Board or governing committee or attach a separate list:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. “Qualified Donee” financial statement for the last complete fiscal year (**summary or balance page from audited statements ONLY**).

Attached

**GENERAL INFORMATION RE THE APPLICANT ORGANIZATION (AGENT):**

1. Name of Applicant (Agent) organization

\_\_\_\_\_

Contact Person: \_\_\_\_\_

3. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Description of the project that the Applicant Organization (Agent) is asking the "Qualified Donee" to sponsor:

**A G R E E M E N T**

**WHEREAS** the "Qualified Donee" wishes to act as sponsor for the project described in the Grant Application by the "Agent" to the Community Foundation; and

**WHEREAS** the project is at law, a charitable or other activity qualified to receive charitably donated funds from a Community Foundation under the Income Tax Act (Canada).

**The "Qualified Donee" and the "Agent" hereto agrees as follows:**

1. The "Agent" will act as agent for the "Qualified Donee" for the purpose of establishing, maintaining, and completing the project.
2. The project will be completed as stated in the Community Foundation Grey Bruce application.
3. Subject to sufficient funding to proceed with the project, the "Qualified Donee" will provide the total sum received on behalf of the project, to the "Agent" for the purpose of carrying out the project.
5. The "Agent" will report as required by the agreement with the Community Foundation Grey Bruce to both the "Qualified Donee" and Community Foundation Grey Bruce and will permit the "Qualified Donee" to inspect the project at such times as the "Qualified Donee" deems appropriate.
6. The "Agent" will not assign the rights or obligations under this Agreement without prior written consent of the "Qualified Donee".
7. The "Agent" shall not change any part of the project without the prior written consent of the Community Foundation Grey Bruce.
8. This Agreement shall be governed by the laws of the Province of Ontario.
9. This Agreement is hereby made

BETWEEN: \_\_\_\_\_ "Qualified Donee"

AND: \_\_\_\_\_ "Agent"

10. This Agreement is effective this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Name of Sponsor) "Qualified Donee"

\_\_\_\_\_  
(Name of Organization) "Agent"

Per: \_\_\_\_\_  
(Authorized Signatory)

Per: \_\_\_\_\_  
(Authorized Signatory)