

**Schedule B**

**PART C: Municipal Grant Request – ATTESTATION**

PLEASE PRINT THIS PAGE AND PROVIDE AUTHORIZING SIGNATURE. THIS FORM CAN BE PROVIDED TO THE TOWNSHIP AS A PDF OR HARDCOPY.

Name of Organization/Agency: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Having requested financial assistance from the Township, the Organization agrees to the following conditions if a grant in any amount is awarded:

- A) The Organization confirms that the representations contained in the application for financial assistance are true and correct in every respect and that in the event that the funds are not used for the project or programs as described in the application, or if there are misrepresentations in the application, the full amount of the financial assistance will be payable to the Township.
- B) If there are any changes in the funding of the project from that contemplated in the application, the Township will be notified prior to making any amendments to the project description or planned activities.
- C) That the Organization will make or continue to make attempts to secure funding from other sources as indicated in its application.
- D) That the Organization will keep proper books of accounts of all receipts and expenditures related to the program, services or project.
- E) That the organization will retain and make available for inspection by the Township or its auditors all records and books of accounts of the Organization upon request from the Township which may be made within 2 years of the grant award.

## Schedule B

- F) That if the programs or services proposed in the Organization's application are not commenced, or are not completed and there remain Township funds on hand, or are completed without requiring the full use of the Township funds, those funds shall be returned to the Township.
- G) That the program or services not be represented as a Township program or service, and that the Organization does not have the authority to represent itself as an agency of the Township in any way, the only relationship being that the Township has approved the granted financial assistance to the Organization.
- H) That should the Organization receive grant funding and subsequently disband, the Organization must dispose of their assets in a responsible manner that meets the approval of the Township.

### SIGNING AUTHORITY

We certify that to our knowledge, the information provided in this application for a Municipal Grant is accurate and completed, and endorsed by the organization which we represent.

**NAME (please print):**

**SIGNATURE**

**DATE**

Authorized Signing Officer #1

\_\_\_\_\_

\_\_\_\_\_

Authorized Signing Officer #2

\_\_\_\_\_

\_\_\_\_\_

Personal information is being collected on this form under the authority of the Municipal Act and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Please note, that personal information collected will form part of the public record and is public information subject to the MFIPPA regulations and may be published as part of the corporate agendas and/or public consultation processes. Questions about the collection of personal information may be directed to the Clerk at (613) 259-2398 or [lhclerk@lanarkhighlands.ca](mailto:lhclerk@lanarkhighlands.ca)