

STRATFORD AND PERTH COUNTY COMMUNITY FOUNDATION QUALIFIED DONEE AGREEMENT

PURPOSE OF THIS AGREEMENT:

Stratford and Perth County Community Foundation (the Foundation) provides grants directly to organizations that are registered charities under the Income Tax Act (Canada) and/or to the following qualified donees under the Income Tax Act (Canada): registered national arts service organizations, municipalities in Canada, municipal or public bodies performing a function of government, and the Government of Canada, a province, or a territory.

Signing of the Qualified Donee Agreement is required between an **Applicant Organization** and the **Qualified Donee** when the **Applicant Organization** is not a registered charity or registered entity as described above.

The **Qualified Donee** and the **Applicant Organization** named in this agreement have an established and/or collaborative relationship. The **Qualified Donee** agrees to accept and disburse the funds to the **Applicant Organization** only for the purpose as detailed in the **Applicant Organization's** grant application.

APPLICANT ORGANIZATION – CONTACT INFORMATION:

Name of Applicant Organization (Full Legal Name of Applicant Organization)

Public Name of Applicant Organization

Contact

Title

Address

City/Town

Province

Postal Code

Phone

Email

QUALIFIED DONEE - CONTACT INFORMATION:

Name of Qualified Donee (Full Legal Name of QD as filed with CRA)

Public Name of Qualified Donee

Charitable Business Number (For Non-Charity QD - Ontario Corporation Number)

Contact

Title

Address

City/Town

Province

Postal Code

Telephone

Email

PROJECT DESCRIPTION:

Briefly describe the project the Applicant Organization is asking the Qualified Donee to act as the agent to receive funds on their behalf.

QUALIFIED DONEE AGREEMENT:

WHEREAS the “Qualified Donee” wishes to act as the agent for the project described by the “Applicant Organization” in the description above; and

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

The “Qualified Donee” and the “Applicant Organization” hereto agree as follows:

1. The “Qualified Donee” will act as agent for the “Applicant Organization”.
2. Subject to sufficient funding to proceed with the project, the “Qualified Donee” will provide the total sum received from the Foundation on behalf of the project, to the “Applicant Organization” for the purpose of carrying out the project.

3. The "Qualified Donee" agrees to withhold funds from the "Applicant Organization" if said organization is unable to fulfill their responsibilities.
4. The "Applicant Organization" will provide a brief report to both the "Qualified Donee" and Stratford and Perth County Community Foundation on the use of the funds, if such a report is requested, and will permit the "Qualified Donee" to inspect the project if the "Qualified Donee" deems this appropriate.
5. The "Applicant Organization" will not assign the rights or obligations under this Agreement without prior written consent of the "Qualified Donee".
6. The "Applicant Organization" shall not change any part of the project without the prior written consent of the Stratford and Perth County Community Foundation.
7. Acknowledge the contribution from the specified named fund held at the Stratford and Perth County Community Foundation.
8. This Agreement shall be governed by the laws of the Province of Ontario.

Signing of this agreement by the appropriate signing authorities of the Qualified Donee and the Applicant Organization will signify agreement with the responsibilities of each party as set out in the Agreement.

This Agreement is hereby made.

BETWEEN: _____ "Applicant Organization"
(Full Legal Name)

AND: _____ "Qualified Donee"
(Full Legal Name)

This Agreement is effective this _____ day of _____, _____.
Day Month Year

Applicant Organization (Full Legal Name): _____

Name (please print)	Title	Signature (Authorized Signing Officer)
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Name (please print)	Title	Signature (Authorized Signing Officer)
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Qualified Donee (Full Legal Name): _____

Name (please print)	Title	Signature (Authorized Signing Officer)
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Name (please print)	Title	Signature (Authorized Signing Officer)
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