**Application Authorization/Verification**

We, the undersigned, do hereby certify that this application and all appended forms and/or documents contain a full and accurate account of all matters stated and permission to share the grant application package with other donors (when/if a private donor is interested in the grant application; the signers of the application give the foundation staff consent to share the grant application package with the interested donor).

**Board Executive**

Name: Title:

Phone: E-mail address:

Authorized signature: Date:

**Senior Staff – Authorized Signatory**

Name: Title:

Phone: E-mail address:

Authorized signature: Date:

**Reporting Requirements**

The Central Okanagan Foundation must be accountable to their donors to ensure that monies distributed through our Grant Programs are indeed used for the purposes they were intended. Successful applicants are required to submit a project evaluation (project)/progress report (multi-year) to foundation staff by the date indicated on the letter of approval. Neglect of submission by the due date will affect future grant recommendations from the Central Okanagan Foundation. Please initial.

**Board Executive: \_\_\_\_\_\_ Senior Staff: \_\_\_\_\_\_**