



We, the undersigned, certify to the best of our knowledge that the information provided in this Health, Social and Safety Grant application is accurate, complete and endorsed by the organization we represent. On behalf of the organization, we also certify that in addition to meeting all the eligibility criteria as stated in the Program Guidelines, we agree to the following conditions set out below and as per any other conditions approved by City Council if we receive a grant from the City of Richmond:

☐ **Organization Commitment**

The organization is committed to providing programs and services that are inclusive, equitable and supportive of people of all ages, abilities, sexual orientations, gender identities, ethnicities, cultural backgrounds, under-represented groups and socio-economic conditions (except when a program must focus on a specific group to meet their needs effectively).

☐ **Governance & Accountability**

Voting members of the Board do not concurrently hold any paid staff positions with the organization nor receive any remuneration (other than expense reimbursement). The organization will maintain proper records and accounts available for inspection by the City and/or its auditors, and will immediately notify the Health, Social and Safety Grant Administrator (in writing) of any changes to the organization's proposal, including the proposed grant budget, as presented in this application. The organization will submit an interim report at the midpoint of the funding term, as applicable, and a final report by the end of the funding term. Additionally, it will provide reports or related documentation upon request by the City at any point during the funding term. The organization will return any surplus in grant funding to the City upon the conclusion of the funding term. If grant funds are not used for the purpose as described in this application, funds will be repaid to the City in full.

☐ **Funding & Acknowledgement**

The organization will make or continue to make every effort to secure funding from other sources as indicated in this application and will appropriately acknowledge the City's support in all information and promotional materials related to funded activities.

☐ **Communication Consent**

The organization consents to the Health, Social and Safety Grant Administrator sending email notifications regarding this request and/or any future grants and related opportunities which might be applicable to the organization.

Signatory 1 (Full Name)

Board Position/Title

Signature

Date

Signatory 2 (Full Name)

Board Position/Title

Signature

Date