

# LWFRA Community Grant Letter of Agreement

## February 2024 version

Name of Organization: \_\_\_\_\_

Amount of LWFRA Funds Received: \$ \_\_\_\_\_

Date LWFRA Grant Received: \_\_\_\_\_

Date LWFRA Community Grant Final Report Required: \_\_\_\_\_

Are there any specific conditions LWFRA has set for this grant? If yes, please indicate them below.

*This is where LWFRA would include any statements regarding, where applicable:*

- *Holding back any funds and what conditions must be met for the release of those funds.*
- *Specific restrictions and/or guidelines surrounding the use of funds.*

1. An LWFRA Grant Close-Out report must be submitted to the LWF Community Board by 12 months from the date of the grant. Where possible, please include before and after photos that LWFRA can post on social media. (Close-out report form is attached.)  
If an LWFRA Grant Close-Out report is not properly completed and returned, no further grants from that organization will be considered.
2. Funds are released within the fiscal year they are assigned.
3. Recognition of LWFRA's support of the project funded is encouraged be it through social media, press releases or other communications methods used to announce the project.
- 4.

Please provide a brief description of your project, as well as estimated timelines.

--

# LWFRA Community Grant Letter of Agreement

## February 2024 version

As part of the project close out reporting process, certain metrics and impacts will be expected to be included, as per the list below (*examples of these metrics include # of LWFRA residents impacted, duration of impact of project, project successfully delivered on time and within budget*)

--

On behalf of the organization _____, the under-signed accept \$ _____ from the LWFRA in accordance with the terms and conditions as described in this Letter of Agreement.	
Printed Name of Authorized Representative*	Printed Name of Second Signatory **
Position	Position
Signature	Signature
Date	Date

\*Authorized Representative has signing authority for your organization.

\*\* Second Signatory can be the Chair of the Board, Treasurer, or a major project partner

Printed Name of Authorized LWFRA Representative	Position
Signature	Date

For Office Use only

APPLICATION NUMBER (refer to initial application number):

DATE RECEIVED:

--