

## MEMORANDUM OF AGREEMENT

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QUALIFIED DONEE (Registered Charity/Municipality/Other Qualified Donees as approved by CRA)

-and-

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NON-CHARITY (Ex: Your community group's name)

This agreement will be in effect for the **2019** calendar year.

### PURPOSE

Both the Qualified Donee and Non-Charity have agreed to enter into a partnership, formalized by this Memorandum of Agreement (MOA). The agencies in this partnership agreement seek to provide. State partnership goals below.

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The purpose of the partnership is to facilitate the transfer of charitable funds --- in a manner that is in accordance with the CRA *Income Tax Act* --- received by the Qualified Donee from Cambridge & North Dumfries Community Foundation (CND CF) as grants, in support of projects or programs approved for funding.

### PARTNERSHIP ROLES AND RESPONSIBILITIES

In order to achieve the above purpose, QUALIFIED DONEE and NON-CHARITY agree to perform the following roles and responsibilities:

#### QUALIFIED DONEE

- Facilitate the transfer of charitable funds received from the Community Foundation to Non-Charity ( \_\_\_\_\_ ) for the sole purpose of carrying out the activities related to any project or program approved for funding.

#### NON-CHARITY

- Take full responsibility in carrying out all the activities related to the programs or projects receiving approved funding.
- Be responsible for submitting grant evaluation reports showing usage of funds, lessons learned from the project(s) or program(s), and its outcomes.
- Indemnify the Qualified Donee against all actions, liability, proceedings, claims, demands, loss, costs, damages and expenses whatsoever which may be brought against or suffered by the Qualified Donee or which it may sustain, pay or incur as a result of or in connection with the performance, purported performance or non-performance of this Agreement by Non-Charity.

**CONTACT INFORMATION**

1. The Qualified Donee’s contact person for the purpose of this agreement is:

\_\_\_\_\_   
Contact Name, Position/Title

\_\_\_\_\_   
Qualified Donee Organization Name

\_\_\_\_\_   
Address

\_\_\_\_\_   
E-mail

\_\_\_\_\_   
Tel. No.

2. The Non-charity’s contact person for the purpose of this agreement is:

\_\_\_\_\_   
Contact Name, Position/Title

\_\_\_\_\_   
Non-Charity Name

\_\_\_\_\_   
Address

\_\_\_\_\_   
E-mail

\_\_\_\_\_   
Tel. No.

Signatures of Partners:

\_\_\_\_\_   
Name,   
Qualified Donee

\_\_\_\_\_   
Date Signed

\_\_\_\_\_   
Witness

\_\_\_\_\_   
Date Signed

\_\_\_\_\_   
Name, Title/Position   
Non-Charity

\_\_\_\_\_   
Date Signed

\_\_\_\_\_   
Witness

\_\_\_\_\_   
Date Signed