

# Sutherland Harris Memorial Hospital Foundation

## Letter of Agreement

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

Project Title: \_\_\_\_\_

Grant Request: \_\_\_\_\_ Date: \_\_\_\_\_

The Sutherland Harris Memorial Hospital Foundation has approved this grant request with the understanding that the following commitments are being made by your organization. As the proponent, you agree to:

- Execute the project towards its intended goals and the results defined in the submission;
- Carry out the project within any and all legal confinements;
- Maintain the relationship between the Foundation and your organization at arm's length with no obligations being reflected back upon the Board;
- Carry out the project according to the planned timeline;
- **Please return the attached Funding Feedback Form to the Sutherland Harris Memorial Hospital Foundation upon completion of the project.**

This grant has been approved by the Foundation with the following special stipulations:

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Signed by a senior officer of the proponent organization:

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| Name | Office | Date |
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Signed on behalf of the Sutherland Harris Memorial Hospital Foundation:

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| Name | Office | Date |
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