

HLA FUNDING AGREEMENT

Date:

Organization Primary Contact First Name:

Organization Primary Contact Last Name:

Organization Name:

Organization Address:

Organization City:

Organization State:

Organization Postal Code:

Project Name:

Dear (Organization Primary Contact First Name),

HLA South is most pleased to inform you that its Area Executive/Board Members has approved your funding request in the amount of (Amount Awarded) to the (Organization Name).

Enclosed please find two copies of this award letter and indemnity agreement. *You will need to return one signed copy of each to HLA South with your signature and date. You may retain the other copy for your records.* Funds will not be released until HLA South has received the signed award letter, indemnity agreement and proof of liability insurance (naming HLA South as an additional insured).

All of the funds are to be used for, and only for, the charitable purpose of **Approved Description of Project**. Use of any portion of the grant funds, including any interest earned thereon, for any other purpose must have the prior written approval of the HLA South. If there are any changes, external or internal, to your organization that might affect the purposes for which the grant was originally intended, please let us know immediately. Any portion of the grant funds not committed to the purposes described above must be returned to the HLA.

Again, we offer our heartfelt congratulations to you! We are grateful for the opportunity to be partners with you in making our community such a special place. Please do not hesitate to contact us with whatever assistance you might need.

Best Regards,

(Organization Name)

By: _____

Print Name: _____

Title: _____

Date: _____

HLA Representative