

HLA GRANT FUNDING AGREEMENT

Date:

Organization Postal Code:

Project Name:

Dear _____ (Organization Primary Contact First Name),

Humboldt Lodging Alliance (HLA) is most pleased to inform you that its Area Executive/ Board Members have approved your funding request regarding the amount of \$ _____ 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 with your signature and date. You may retain the other copy for your records. Funds will not be released until HLA has received the signed award letter, indemnity agreement and proof of liability insurance (naming HLA as an additional insured). It is a requirement that you note that funding provided by HLA is in your promotional materials.*

All 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 HLA. No funds can be used for the benefit of any board member and/or paid staff, directly or indirectly. No funds can be used for salaries, stipends, bonuses, wages, pay, earnings or remuneration for any staff or board member. 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. At any time, HLA can request auditing the books of your organization in reference to this funding. That audit would be in the form of our CPA coming to your offices and collaborating with your staff to accomplish the same.

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: _____

HLA Representative
PO Box 4911
Eureka, CA 95501

Date: _____

