

Acknowledgment of Compliance

20__ CAPITAL ASSISTANCE GRANT

Return completed form to: Saddle Hills County
Box 69
Spirit River, AB
T0H 3G0

Organization _____

Name of Project	Grant Amount
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I certify that the following information is true and correct:

1. The entire grant, (plus any income earned, if applicable) was used for the purpose(s) stated in Schedule "A" of the original conditional grant agreement, without material alteration, as signed by Saddle Hills County on _____ or as amended on _____.
2. The grant (plus any income earned, if applicable) was expended and the work was completed by December 31, _____ or by _____.
3. The Organization did not use any portion of the grant to pay for any item not associated with the project.
4. The Organization did not use any portion of the grant to pay for work done or materials obtained before the original conditional grant agreement was approved by the County.

Signature of Duly Authorized Signing Officer

Print Name

Telephone Number

Date