

Acknowledgement of Compliance

20__ OPERATING GRANT

Return completed form to: Saddle Hills County
Box 69
Spirit River, AB
T0H 3G0 Fax: 780-864-3904

Organization _____

I certify that the following information is true and correct:

1. The entire operating grant received from Saddle Hills County for the **20__ calendar year** was used for operating expenditures such as gas, power, insurance, janitorial, and other operating expenses.

_____ YES _____ NO

Signature of Duly Authorized Signing Officer

Print Name

Telephone Number

Date