

## Agency Declaration and Authorization

I have read, understand, and agree to abide by the course funding and reporting requirements as set out by ECALA. I declare that the information included in the attached application is true and accurate and does not omit any material facts. I certify that the funds will only be used as set forth in this application and I understand that recipients found not to comply with guidelines may be asked to repay funds.

I authorize ECALA to make inquiries about the ability of our Agency to carry out, financially and administratively, the proposed learning opportunities. Such inquiries are not limited to but may include creditors, other funding agencies, and other stakeholders. Further, ECALA may make use of the data submitted for its ongoing administration and decision-making. I authorize ECALA to share information provided by us with other funders and authorize the release of information from other funders to ECALA.

I understand that I must submit to ECALA an electronic copy of any materials produced using ECALA funding. In the event of a funding audit, I also give the appointed auditors access to all records pertaining to the purposes of the grant as outlined in the funding requirements.

**Two authorized signatories (one board member (either the Board Chair or Treasurer) and one staff) from your agency must sign to certify that the agency agrees to the above declaration.**

<b>Agency Name</b>	
Board Chair/Treasurer Signature	
Print name	
Position	
Date	

Staff Signatory Signature	
Print name	
Position	
Date	