



ArkansasFoundation

COMMUNITY GRANT AGREEMENT

Recipient: The Delta Dental of Arkansas Foundation, Inc. ("Grantor") agrees to provide funding to «Organization_Name» ("Grantee"):

«Organization_Address_1»
«Organization_Address_2»
«Organization_City», «Organization_State»
«Organization_Postal_Code»

Original Grant Amount: Amount Awarded

Requirements: The following terms are conditions of this grant:

- 1. The Grantee will use the funds solely for the purposes described in the original grant proposal...
2. Grantor reserves the right to review all expenditures for the project to ensure spending is consistent with project justification.
3. Grantee will follow interim and final reporting schedule as agreed upon during the application process.
4. Grantee agrees that it shall repay any portion of the grant funds not used in accordance with these terms to Delta Dental of Arkansas Foundation, Inc.
5. Grantee is required to attend the Delta Dental of Arkansas Foundation annual network meeting on January 31st, 2020 and may bring up to two staff members from each organization.

To the extent permitted by applicable law, Grantee shall be responsible for its acts of misfeasance, malfeasance and/or malpractice associated with the disbursement of grant funds and the services purchased using said funds, and the Grantee accepts all legal and fiduciary responsibility for the use of Delta Dental of Arkansas Foundation, Inc. grant funds.

Grantee accepts the Delta Dental of Arkansas Foundation, Inc. grant under the above terms and conditions.

By: _____
«Applicant_First_Name»
«Applicant_Last_Name»,
«Applicant_Business_Title»
«Organization_Name»

By: _____
Jim Couch, President
Delta Dental of Arkansas Foundation

Printed Name

Printed Name

Date

Date