

## Arkansas Foundation

## **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, dated «Submission\_InitialSubmitDate», which was submitted by «Organization\_Name». A copy can be located in the Foundant Applicant Dashboard and is incorporated herein by reference.
- 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. Each report will contain a narrative on progress or final results and a financial accounting on the expenditure of grant funds. Reporting forms will be accessible throughout the duration of the grant period via Foundant.
- 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. Any modification of the original grant request must follow the terms described during the application process. All requests must be submitted through Foundant.
- 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. Grantor will not fund travel (mileage) or lodging expenses to the annual network meeting.

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:	By:
«Applicant_First_Name»	Jim Couch, President
«Applicant_Last_Name»,	Delta Dental of Arkansas Foundation
«Applicant_Business_Title»	
«Organization_Name»	
Date	Date