# Grant Agreement Intake Form

Please complete all sections of this form. The information provided will be used to generate the formal Grant Agreement in compliance with CRA requirements.

## Section 1: General Information

Charity Name & Number (default: DevXchange International Programs, 846885523 RR0001)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grantee Legal Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grantee Registration / Incorporation Details

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grantee Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Registration

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Officer / Contact Person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 2: Agreement Details

Agreement Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Start Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration (default 1 year auto-renew)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Risk Assessment Level (Low / Moderate / High)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 3: Grant & Activities

Grant Amount (CAD)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disbursement Schedule (dates & amounts)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Activity Objectives

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Core Activities

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Grant Activity

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deliverables & Performance Objectives

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partners / Contractors Involved (if any)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Real Property Involved? (Y/N). If yes, provide details

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 4: Reporting

Quarterly Reporting Dates

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Reporting Deadline

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 5: Insurance & Compliance

Type/Amount of Insurance Required

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Conditions (e.g., publicity, trademarks, compliance)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 6: Signatories

Authorized Signatory for Grantee (Name & Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signatory for DevXchange (Name & Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_