# 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_