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| **FOR OFFICE USE ONLY** |
| Protected B when completed |



**Unincorporated Applicant Acceptance of Liability**

**Indigenous Languages and Cultures Program**

**Complete all sections and sign the form.**

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| 1. Name of your unincorporated organization / your ad hoc committee, hereafter known as “the Applicant”

Enter legal name |
| 1. Address of the Applicant

Enter address |
| 1. Project Title

Enter project title |
| Where the applicant is not incorporated, it is agreed that all members of the applicant group named above shall undertake to be personally, jointly, and severally liable for all obligations, covenants, promises, liabilities, and expenses arising out of the financing, which may be granted to the applicant. **An ad hoc committee must have no less than 3 members**. **This form requires signatures of a majority of representatives and no less than two signatures.** The unincorporated applicant must open a bank account in the name of its group (applicant’s name) (required)      . In the event that funding should be awarded by First Nations Confederacy of Cultural education Centres, a cheque will be issued in the applicant group’s name. We, the undersigned, are the majority representatives of the applicant. |
| **Organization or Group Members** |
| Authorized Representative: person(s) who has/have authority to sign legally binding documents on behalf of the Applicant (such as contracts). |
| **Member #1**  | **Member #2**  |
| Name and Title Enter name and title | Name and Title Enter name and title |
| Authorized Representative  | Authorized Representative  |
| Home Address (include city, province and postal code) Enter home address | Home Address (include city, province and postal code) Enter home address |
| Signature | Signature |
| **Member #3**  | **Member #4**  |
| Name and Title Enter name and title | Name and Title Enter name and title |
| Authorized Representative  | Authorized Representative  |
| Home Address (include city, province and postal code) (required) Enter home address | Home Address (include city, province and postal code) (required) Enter home address |
| Signature | Signature |
| **Member #5**  | **Member #6**  |
| Name and Title Enter name and title | Name and Title Enter name and title |
| Authorized Representative  | Authorized Representative  |
| Home Address (include city, province and postal code) Enter home address | Home Address (include city, province and postal code)Enter home address |
| Signature | Signature |