

**United Way Centraide Canada:
Emergency Community Support Fund (ECSF)
Community Program Application**



SECTION 5 – AUTHORIZATION AND CONFIRMATION

I/We declare the information provided in this application to be accurate and complete and complies with the eligibility criteria found in the guidelines. (If information is found to be inaccurate, in part or in whole, funding could be withdrawn.)

Yes No

I /We declare that the organization is not insolvent

Yes No

Signatures

I/we declare that I/we have the ability to legally bind the organization:

Yes No

Person One:

Person Two:

Name

Name

Signature

Signature

Position

Position

Email

Email