Edintore Community Benefit Fund

Confirmation of Grant Spend

I, the undersigned, a committee member or office bearer of the organisation below, confirm that all grant monies awarded to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (organisation)

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

were spent according to the details in our application. This is supported by evidence in the form of signed receipts and invoices.

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I understand that failing to comply with the terms and conditions of grant award means any future applications to the Edintore Community Benefit Fund from this organisation will not be considered by the Decision Making Panel.

Signed Date