

Unincorporated Applicant Acceptance of Liability

Complete all sections and sign the form.

1. Legal Name of your organization/your group (required) Click to enter applicant's legal name	
2. Project Title (required) Click to enter project title	
<p>Where the organization/group is not incorporated, it is agreed that all members of the organization/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 organization/group. This form requires signatures of a majority of representatives.</p> <p>The unincorporated organization/group must open a bank account in the name of its group (organization/group's name) (required). In the event that funding should be awarded by the Department of Canadian Heritage, a payment will be issued in the organization/group's name.</p> <p>We, the undersigned, are the majority representatives of the organization/group. We also certify that this organization/group is not-for-profit.</p>	
Organization or Group Members	
Authorized Representative: person(s) who has/have authority to sign legally binding documents on behalf of the organization or group (such as the contribution agreement).	
Member #1 (required)	Member #2 (required)
Name and Title (required) Click to enter name and title	Name and Title (required) Click to enter name and title
Authorized Representative (required) <input type="radio"/> Yes <input checked="" type="radio"/> No	Authorized Representative (required) <input type="radio"/> Yes <input type="radio"/> No
Home Address (include city, province and postal code) (required) Click to enter home address	Home Address (include city, province and postal code) (required) Click to enter home address
Signature	Signature
Member #3 (required)	Member #4 (if applicable)
Name and Title (required) Click to enter name and title	Name and Title (required) Click to enter name and title
Authorized Representative (required) <input type="radio"/> Yes <input type="radio"/> No	Authorized Representative (required) <input type="radio"/> Yes <input type="radio"/> No
Home Address (include city, province and postal code) (required) Click to enter home address	Home Address (include city, province and postal code) (required) Click to enter home address
Signature	Signature
Member #5 (if applicable)	Member #6 (if applicable)
Name and Title (required) Click to enter name and title	Name and Title (required) Click to enter name and title
Authorized Representative (required) <input type="radio"/> Yes <input type="radio"/> No	Authorized Representative (required) <input type="radio"/> Yes <input type="radio"/> No
Home Address (include city, province and postal code) (required) Click to enter home address	Home Address (include city, province and postal code) (required) Click to enter home address
Signature	Signature