PARKSVILLE-QUALICUM Community Foundation

Community Fund Grant Intermediary Partnership Form

The Parksville-Qualicum Community Foundation (PQCF) recognizes that meaningful community work is often led by organizations, groups, and initiatives that are not registered charities or qualified donees.

This Sponsorship & Intermediary Partnership Form is required when an applicant organization is applying for a Community Fund Grant with a sponsoring qualified donee. The form helps ensure there is a clear, shared understanding of roles, responsibilities, and financial accountability, in accordance with Canada Revenue Agency (CRA) requirements.

This form must be completed and signed by both parties and uploaded as part of the Community Fund Grant application.

Applicant Organization / Group Information

1. Name of Applicant Organization or Group
(If informal or unincorporated, please provide the name commonly use)

_____

2. Primary Contact for Applicant Organization

Contact Name: _____

Title/Role: _____

Email: _____ Phone: _____

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Sponsoring Intermediary Partner Qualified Donee Information

1. Legal Name of the Sponsoring Organization

_____

2. CRA Charitable Registration Number or Qualified Donee Designation

_____

3. Primary Contact for Sponsoring Organization

Contact Name: _____

Title/Role: _____

Email: _____ Phone: _____

4. Confirmation of Management of Grant Funds

The sponsoring organization confirms that it will:

- Receive the grant funds directly from PQCF
- Maintain appropriate financial records related to the grant
- Ensure the funds are used for the charitable purpose described in the application

☐ Yes

Nature of Relationship

Please describe the relationship between the applicant organization and the sponsoring organization (e.g., long-standing partnership, new arrangement, shared history, informal collaboration). Option to attach a separate document. *(We Recommend up to 200 words)*

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Applicant and Sponsor Declaration & Signatures

By signing below, both parties confirm that:

- The information provided in this form is accurate
- They understand and agree to their respective roles and responsibilities
- The sponsoring organization accepts legal and fiduciary responsibility for the grant funds
- The funded work will be carried out for the charitable purpose described in the application

APPLICANT

_____	_____
Name	Signature
_____	_____
Title	Date

INTERMEDIARY PARTNER/SPONSOR

_____	_____
Name	Signature
_____	_____
Title	Date

Questions or Support

If you have questions about sponsorship arrangements or are unsure whether this form is required, please contact PQCF staff. We are happy to discuss options and support pathways that align with your work.