**Operating Grant Financial Statement Board Approval**

**We, the three undersigned board members on behalf of the Board of**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization’s Registered Name** (must match provincial registration name)

**have reviewed and approved the enclosed year-end financial statement of the aforementioned organization.**

President or Chair’s Name \_\_\_ Mr. \_\_\_ Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone (required)\_\_\_\_\_\_\_\_\_\_ \_ Evening / Cell phone (required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Email (required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_ \_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_

Date (*yyyy-mm-dd*) President’s/Chair/Signature

Treasurer Name \_\_\_ Mr. \_\_\_ Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone (required) \_\_\_\_\_\_\_\_\_\_\_\_\_ Evening / Cell phone (required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (*yyyy-mm-dd*) Treasurer’s Signature

Board Member’s Name \_\_\_ Mr. \_\_\_ Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Date (*yyyy-mm-dd*) Board Member’s Signature