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**Unincorporated Applicant Acceptance of Liability**

**Indigenous Languages and Cultures Program (ILC 2022-2023)**

**Complete all sections and sign the form.**

|  |  |
| --- | --- |
| 1. Name of your unincorporated organization / your ad hoc committee, hereafter known as “the Applicant”   Enter legal name | |
| 1. Address of the Applicant   Enter address | |
| 1. Project Title   Enter project title | |
| Where the applicant is not incorporated, it is agreed that all members of the applicant 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 applicant.  **This form requires signatures of a majority of representatives: more than two representatives are required.**  **Mandatory Requirement**:  The unincorporated applicant must open a bank account in the name of the committee (group applicant name). The bank account cannot be in the name of an individual person, it must be in the name of the group. In the event that funding should be awarded by FNCCEC, a cheque will be issued in the committee’s name. | |
| **Community / Organization or Group Members** | |
| We, the undersigned, are the majority representatives of the applicant.  Authorized Representative: person(s) who has/have authority to sign legally binding documents on behalf of the Applicant (such as contracts). | |
| **Member #1** | **Member #2** |
| Name and Title  Enter name and title | Name and Title  Enter name and title |
| Authorized Representative | Authorized Representative |
| Home Address (include city, province and postal code)  Enter home address | Home Address (include city, province and postal code)  Enter home address |
| Signature | Signature |
| **Member #3** | **Member #4** |
| Name and Title  Enter name and title | Name and Title  Enter name and title |
| Authorized Representative | Authorized Representative |
| Home Address (include city, province and postal code) (required)  Enter home address | Home Address (include city, province and postal code) (required)  Enter home address |
| Signature | Signature |
| **Member #5** | **Member #6** |
| Name and Title  Enter name and title | Name and Title  Enter name and title |
| Authorized Representative | Authorized Representative |
| Home Address (include city, province and postal code)  Enter home address | Home Address (include city, province and postal code)  Enter home address |
| Signature | Signature |