



Partnership Agreement

On behalf of _____,
Name of Organization

I agree to adhere to the Supplementary Fundraising Policy.

I agree to have a photo of the cheque presentation to our organization published.

I agree to promote United Way Cape Breton positively in our Community.

I agree to have a representative from our organization work at one of United Way Cape Breton's Special Events.

I agree to provide evidence of positive community impact directly related to programs funded by United Way Cape Breton. I have attached a copy of the tools that are being used to measure and evaluate our programs.

I agree to provide program stats via e-CImpact application software, at the beginning of the program (during application submission), mid-way point and end of program.

I have read thoroughly and understand the new policy and procedure's manual regarding programs application.

Board President (please print)

Board President (signature)

Executive Director (please print)
(signature)

Executive Director

Date