

(Group Name)

Local Coordinating Council (LCC) of the Governor's Commission For A Drug-Free Indiana

Recipient: _____

By accepting the grant funds in the amount of _____, you agree to the following conditions:

1. That the grant shall be used for the purposes described in the grant application and program description.
2. That bills, invoices, canceled checks, receipts, etc., which document the disbursement of funds will be maintained by you. Copies of such documents shall be furnished (when the final grant report is submitted) or (upon request).
3. That under no circumstances may grant funds be expended, borrowed (inter-fund), pledged or transferred for reasons not associated with the stated purposes contained in the grant application.
4. That any unused portion of the grant will be returned to the (insert name) with the final report.
5. Your project must be completed by (insert date).
6. That you will abide by any special conditions noted in the cover letter.
7. That the (insert name) will be mentioned in all promotional materials, brochures, t-shirts, plaques, publicity, etc.
8. That (insert name) will be notified of changes in project advisors and/ or changes in address.
9. All funds must be used for the direct benefit of _____ County and its residents.
10. Failure to comply with these conditions will effect future funding.

We agree to abide by the above stated terms and conditions.

Project Director, (person who will submit reports) Signature, Date

Executive Director, CEO, Principal or Sponsoring Agency Signature and Title, Date