

Partner Organization Form

1. Certification & Acknowledgement

By submitting information as part of a research application with Mount Royal University, as the authorized representative, you certify that:

- You have received approval from your organization to participate in this proposal and to commit funds and in-kind contributions.
- The information your organization provided in the funding application and related documents is true, complete, and accurate to the best of your knowledge.
- Your organization agrees with the content of the application and will provide the committed resources.
- Your organization will inform Mount Royal University immediately, in writing, of any change that affects the participation or eligibility status of the organization.
- Your organization is aware of the terms and conditions of this funding opportunity.

2. Organization Information

Organization Legal Name	
Business Name (operating as / DBA, if different)	
Address	
Website	
Contact Name	
Authorized Representative (if different from Contact)	
Type of Organization	
Sector	
Commitment (Financial / In-Kind)	

3. Authorization & Signature

Signature of Authorized Representative: _____

Date (YYYY-MM-DD):

Printed Name & Title: