

**Saskatchewan Drama Association
HIP Grant
Signature Page**

Administrator Signature(s):

I/We have read the HIP Application and will monitor and support its completion. I/We agree that our school/community will abide by the parameters of this grant.

Signature: _____ Date: _____

Signature: _____ Date: _____

SDA Adult Member(s) Signatures(s):

I/We understand and support the HIP description in the grant application.

I/We will use the funds awarded in the fiscal year in which it is awarded.

I/We agree to submit a Grant Summary Report to Saskatchewan Drama Association within thirty (30) days of the completion.

Your Signature(s) signifies your agreement with the terms listed above.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____