



Passport Agency Services: Agreement Terms and Authorization

Terms:

Date form completed:	
Passport Recipient Name:	
Passport Recipient's Primary Contact Person (name):	
Passport Recipient's Primary Contact Person (address):	
Service Provider Agency:	
Detailed Description of Services to be Provided:	
Amount of Funding to be Used during the Fiscal Year:	

Budget Details:

Staffing Costs: Hourly Rate	
Admin Costs (max 10% of total funding):	
Other, specify: Click here to enter text.	
Total budget:	

Authorizations and Signatures by Passport Recipient or Passport Primary Contact:

Authorization	Initial
I authorize the use of my funding in the manner described above and that these services are consistent with the Ministry's Passport Guidelines and allowable uses of Passport funding (please refer to website for information on guidelines and admissible expenses www.handstfhn.ca)	
I authorize the service provider agency to directly invoice Hands TheFamilyHelpNetwork.ca and receive reimbursement from Hands TheFamilyHelpNetwork.ca on my behalf up to the total amount of funding identified in this Agreement	
I authorize that I am at least 18 years of age or older	
I will direct all questions, comments and concerns about the services provided directly to the service provider agency	
I acknowledge that Hands TheFamilyHelpNetwork.ca is not responsible for the provision of service by the service provider agency nor its quality; its role is to reimburse allowable Passport expenses as per the Agency Services: Agreement Terms and Authorization form	

Signature of Passport Recipient or Primary Passport Contact:

Name & Relationship:	
Full Address:	
Phone Number:	
Email Address:	
Date:	
Signature:	

Authorizations and Signatures by the Service Provider Agency:

Authorization	Initial
The service provider agency agrees to provide the services as described above and that these services are consistent with the Ministry's Passport Guidelines and allowable uses of Passport funding (refer to the Hands website for details www.handstfhn.ca)	
The service provider agency agrees to directly invoice Hands TheFamilyHelpNetwork.ca and receive reimbursement from Hands TheFamilyHelpNetwork.ca on behalf of the Passport recipient up to the total amount of funding identified in this Agreement	
The service provider agency agrees that the submission of an invoice means that the agreed-upon service was provided to the Passport recipient	
The service provider agency agrees that it will manage all questions, comments and concerns about the services provided from the Passport Recipient and/or their contact person	
The service provider agency acknowledges that Hands TheFamilyHelpNetwork.ca is not responsible for the provision of service by the service provider agency nor its quality; Hands TheFamilyHelpNetwork.ca role is to reimburse allowable Passport expenses as per the Agency Services: Agreement Terms and Authorization form	
The Agency acknowledges that this Agreement shall be for the sole benefit of the Applicant and shall not be transferred or assigned by the Agency to any other person.	

Reimbursement Details:

Agency Voided Cheque Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Invoice Frequency: Invoice must be submitted at least monthly Invoices are processed by Hands TheFamilyHelpNetwork.ca on a bi-weekly basis Please refer to Hands TheFamilyHelpNetwork.ca website for invoice & deposit schedule details www.handstfhn.ca Allow up to 30 business days for payment from the date received at the Hands TheFamilyHelpNetwork.ca North Bay office	

Service Provider Agency Authorized Representative:

Name and Position:	
Full Address:	
Phone Number:	
Email Address:	
Date:	
Signature:	

Hands TheFamilyHelpNetwork.ca Use Only:

Agreement reviewed by (print name/position): _____ Passport Coordinator

Date _____