



**Share Our Strength's Cooking Matters®
Arkansas Hunger Relief Alliance
Acceptance of Requirements
Cooking Matters Course Stipend**

Please initial each statement on the line provided and return to Arkansas Hunger Relief Alliance.

As a stipend recipient, on behalf of my organization, I agree to:

_____ Implement 3 Cooking Matters courses by June 31, 2013 that reach a minimum of 45 Cooking Matters graduates.

_____ Implement the courses with low income children, teens, adults, and/or families only.

_____ Offer the courses without compensation from participants.

_____ Use these funds to support the implementation and/or growth of the Cooking Matters program only (i.e. food purchases, equipment costs, childcare expenses, transportation expenses, coordinator expenses, etc.).

_____ Use these funds by June 31, 2013.

Please submit a written request in advance if you wish to change the purpose of the stipend or if funds are not expected to be expended within this time frame. By cashing the stipend check, you agree to abide by the guidelines and conditions set forth in this document and the Satellite Partner Agreement.

Please read the following statement and sign below.

On behalf of my organization, I agree to comply with the requirements set forth in this document and the Satellite Partner Agreement.

Printed Name of Agency Director or Authorized Representative

Signature of Agency Director or Authorized Representative

Date

Name of Partner Agency

Agency Mailing Address

Federal Tax ID

Name on Check

Office Use Only
\$ <u>1100</u>
Stipend Amount

Check Number