

## Letter of Understanding Between

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**Person Managing Funds (print name)**  
and  
Passport Funding Broker

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**Service Agency**  **Broker**  (Please print name & select one )

Client Name:	Client Code:
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### The purpose

To allow the Service Agency and/or Broker the ability to process PassportONE invoices on behalf of the Person Managing Funds (PMF). The intent of this process is to reduce the demand on the PMF to manage the Passport funding.

### Accountability Measures

1. The PMF gives authority to the Service Agency and/or Broker to complete the PassportONE invoice, sign the invoice on behalf of the PMF, and submit it to PassportONE for reimbursement.
2. Only the actual hours of support provided and related expenses with receipts can be included in the PassportONE invoice.
3. The signed Notification of Service Agency form outlines the service details and funding to be reimbursed.
4. The Service Agency and/or Broker will work with the Passport recipient, and the PMF to select services and supports that meet the needs and goals of the Passport recipient. Further, the Service Agency and/or Broker, Passport recipient, and the PMF will agree on fees and/or work schedules for the hired services and supports.
5. The Service Agency and/or Broker are responsible for keeping all financial records associated with the service provision as per general accounting principles. The PMF reserves the right to audit or review these records at any time.
6. The Service Agency and/or Broker acknowledge that the PMF reserves the right to terminate this agreement at any time.
7. No amendment, change or modification of this agreement shall be valid unless in writing signed by both parties.

### Acceptance of Terms and Conditions of this agreement

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Signature of Service Agency / Broker (please circle) Representative Date

**X** \_\_\_\_\_  
Signature of Person Managing Funds Date

# Ontario Passport Program

## Notification Form

- Initial  
 Update



### Client Information

Name:	
Client Code:	

### Service Provider Information:

Service Provider name:	Passport Funding Broker		
Service Provider type: please select one	<input type="checkbox"/> Transfer Payment Recipient <input type="checkbox"/> Service Agency <input checked="" type="checkbox"/> Broker		
Relationship to the client (if Broker is selected):	None		
Start date:	Initial:	Update:	
Annual funding amount to be administered:			
Administrative charge (up to 10%):	10 %		
Description of services and supports to be provided:	- planning - budgeting - purchasing - Invoice payments - contract worker hiring - updates - submission of claims - coordinate supports & service - tracking/bookkeeping - receipts - reimbursements		

### Passport Agency contact information:

Passport Agency Name:	Hamilton-Niagara Passport Program
Coordinator:	Shené Puentes
Phone number:	1-866-288-9659 x287
Email address:	shene.puentes@contacthamilton.ca

**Person Managing Funds authorization:**

By signing this form,

- I provide consent to the Passport program to reimburse the Passport funding amount to the Service Provider listed above, in exchange for supports and services provided or arranged by the Service Provider within the context of the Passport program guidelines.
- I understand that I may choose to amend the amount of funding or the Service Provider, at any time.
- I agree to notify the Service Provider of the termination of this agreement in accordance with the terms and conditions.
- I agree to notify the Passport Agency within 30 calendar days if the Client decides to terminate this agreement with the Service Provider.

\_\_\_\_\_  
First and last name of Person Managing Funds (please print)

\_\_\_\_\_  
Signature of Person Managing Funds

\_\_\_\_\_  
Date

**Service Provider authorization:**

Name:	Rose Quong
Role / Title:	Founder / Broker
Phone number:	289-228-7782
Address:	1599 Lakeshore Road, Selkirk ON N0A 1P0
Email:	passportbroker@outlook.com

By signing this form,

- I confirm that the details on this form are true and accurate.
- I confirm that the expenses submitted for reimbursement are admissible under the Passport program guidelines.
- I agree to submit invoices on a monthly or, at most, quarterly basis.
- I agree to provide services and supports to the Client in good faith, in the best interest of Client and in accordance with the Passport guidelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Ontario Passport Program

## Payee Information Form

<input type="checkbox"/>	Initial
<input type="checkbox"/>	Update



Effective Date: \_\_\_\_\_

### Client information:

Name:	_____
Client code:	_____

### Complete one form for each Payee.

I have attached a void cheque or direct deposit form

Name/Organization:	Passport Funding Broker
Relationship to the client:	Broker
Home phone number:	—
Cellphone number:	289-228-7782
Business number:	289-228-7782
Address:	1599 Lakeshore Road, Selkirk, ON NOA 1P0
Email address:	passportbroker@outlook.com

### Choose one of the following options for notification of direct deposit:

<input checked="" type="checkbox"/>	Email		
<input type="checkbox"/>	Voicemail message to home	<input type="checkbox"/>	cellphone
<input type="checkbox"/>	Text message to my cellphone		
<input type="checkbox"/>	Do not notify me of direct deposit		

\_\_\_\_\_  
Signature of Payee

\_\_\_\_\_  
Date

### Person Managing Funds authorization:

I authorize the above-named person or organization to be reimbursed for expenses submitted to PassportONE.

\_\_\_\_\_  
First and last name of Person Managing Funds (please print)

\_\_\_\_\_  
Signature of Person Managing Funds

\_\_\_\_\_  
Date