



Fiscal Sponsorship Verification Form

Applicant Organization / Group: _____

Project Name: _____

Fiscal Sponsor Organization: _____

Fiscal Sponsor Mailing Address: _____

Fiscal Sponsor Contact Name: _____

Phone: _____ Email: _____

Fee or percentage charged by fiscal sponsor for service: _____

_____ (hereafter referred to as Sponsor) has agreed to serve as a fiscal/program sponsor for _____ (hereafter referred to as Applicant) as outlined in the attached grant application and supporting materials.

The governing Board of the Sponsor has formally approved adopting the Applicant as a program or project consistent with its purpose and mission.

Since the Applicant is not a recognized tax-exempt entity, the Sponsor must exercise full control over the Applicant's financial administration, management and disbursement of funds resulting from this grant application. If a grant is awarded, the Sponsor is legally responsible for complying with the terms of the grant.

This agreement will be in effect from the date of a grant award to support the above-named project until the grant funds are expended and the final report has been submitted and accepted.

We, as fiscal sponsor, agree to the terms stated above:

Auth. Legal Rep Signature

Date

Name

Title