



Fiscal Agent Form

grant applicant name _____

fiscal agent organization name _____

mailing address _____

city _____ state _____

zip _____ county _____

EIN _____ D-U-N-S number _____

contact person _____ email _____

telephone _____ website _____

agreement: I understand that in serving as fiscal agent, this organization becomes the legal applicant for this grant and is therefore ultimately responsible for meeting all published requirements of the grant program.

authorizing official (if different from contact person) _____

signature of authorizing official _____ date _____