



## Fiscal Agent Form

grant applicant name \_\_\_\_\_

fiscal agent organization name \_\_\_\_\_

mailing address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_

zip \_\_\_\_\_ county \_\_\_\_\_

EIN \_\_\_\_\_ UEI \_\_\_\_\_

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 \_\_\_\_\_