Fiscal Sponsorship Agreement
To be completed by ALL applicants

Date:
Fiscal Sponsor:
Fiscal Sponsor Contact Person and Email:
Fiscal Sponsor Full Mailing Address:
Sponsored Organization Conducting Project:
Project Name:
(Fiscal Sponsor, hereafter referred to as The Sponsor) has agreed to serve as a fiscal/program sponsor for the (Organization conducting project, hereafter referred to as the Sponsored Organization) as outlined in the attached application and supporting materials. The Board of Directors of The Sponsor has passed a resolution adopting the Sponsored Organization's project as a program or project consistent with the Sponsor's purpose and mission. The Sponsored Organization's financial activities will be accounted for as a program of The Sponsor for IRS auditing and financial reporting purposes.
Since the Sponsored Organization is not recognized by the IRS as a charitable tax-exempt entity, The Sponsor must exercise full control over the Sponsored Organization's disbursement of funds resulting from this grant application.
The Sponsored Organization is responsible for ensuring completion of timely reports and submission of necessary information to the Enhance Hamilton County Foundation (501 Bank Street, Webster City, IA 50595). Failure to insure timely reporting will also result in a loss of good standing.
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 agree to the terms stated above in this agreement:
Fiscal Sponsor Representative Signature:
Printed Name: Date:
Sponsored Organization Representative Signature:
Printed Name: Date:

^{*}Attach to this agreement the Fiscal Sponsor's 501(c)(3) Tax-Exempt Determination Letter or comparable proof of charitable exemption.(i.e. a letter from a City, confirming their status as a government entity. Contact our Administrative Office with questions, or for examples of a letter from a City.)*