Applications must be received by Tuesday, October 31, 2023.

**Please review the application handbook before completing the application.**

# 2024 Community & IDEA Communications Grants

**– Fiscal Sponsor 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** |