## Fiscal Sponsor Information

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| --- | --- |
| Name of Organization:      | Select Organization Type: |
| Street Address:      | Mailing Address:      |
| Telephone:      | Website:      |
| Federal Tax ID Number:      | DUNS #:      |
| Date of Incorporation:mm/dd/yyyy | Organization’s Fiscal Year: mm/ yy to mm/ yy |

## Fiscal Sponsor’s Primary Contact

*Please provide the following information for the person to whom all communication regarding this application should be directed.*

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| --- | --- |
| Name:      | Title:      |
| Telephone:       | E-mail:       |

## Signatory Authority

Please enter the information for the person authorized to sign contracts for your organization.

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| --- | --- |
| Name:       | Title:      |
| Telephone:      | E-mail:      |
| Mailing Address:       |

## Fiscal Sponsor Capacity

1. Does the Fiscal Sponsor have paid staff to provide administrative support for the ESG funds?
2. Do you have the financial capacity to pay subrecipients while you await reimbursement from the NC ESG Office?
3. Describe the procedures for reviewing projects applicants’ audits, requisitions, and grant spend down rates.

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1. Describe the follow up procedures to assure that all issues and findings are addressed.

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1. The Fiscal Sponsor is required to perform the following activities:
* Hold the ESG contract with the State
* Sub-contract with all other ESG agencies
* Reimburse ESG sub-contractors for eligible ESG activities
* Submit reimbursement requests to the State on behalf of the region
* Be the central point of contact for all reporting requirements
* Coordinate monitoring visits and training opportunities in the region

Does the Fiscal Sponsor commit to performing these duties?

## Attachments

The Fiscal Sponsor must attach forms as described in Appendix A: Application Checklist found in the ESG Application Information Packet.

## Certification

I certify that we understand the duties as described above and will perform them for all applicants in our Local Planning Area.

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| Name of LPA Lead Agency Organization      |
| Name of Authorized Official      |
| Title      | Date      |
| Signature |