

# **Fiscal Sponsorship Agreement**

This form is required for grants from the La Crosse Area Community Foundation to an applicant group with a fiscal sponsor if the organization does not already have an agreement in place. This form must be submitted with your online application. If you are having trouble uploading the form, please contact Ellen Heydon, Grants Specialist, at ellen@lacrosseareafoundation.org

This Fiscal Sponsorship Agreement defines the requirements, roles, and responsibilities of both the Sponsored

Name of <b>Applicant Group</b>	Legal Name <b>of Fiscal S</b>	ponsor Organizatio
Mailing Address of Fiscal Sponsor Organization	EIN of Fiscal Spons	sor Organization
nis Agreement shall be in effect from:	through	

**Note**: This agreement must cover the grant period, which is a year from the deadline of this grant program. Example – February 1, 2024 through January 31, 2025 for the 2/15/24 spring deadline.

### **REQUIREMENTS**

Fiscal Sponsor must be one of the following types of eligible organizations:

- Nonprofit, charitable organizations tax-exempt under section 501(c)(3) of the Internal Revenue Code and also classified as an organization described in sections 509(a)(1) or 509(a)(2)
- Municipalities
- Public schools
- Public agencies working for the State of Wisconsin
- Indian tribal governments (or political subdivisions) recognized by the Department of the Interior.

#### Applicant Group must meet the following conditions:

- No pre-existing tax status
- Organized to carry out a specific charitable project or program
- Clearly articulated mission statement or project goal with a not-for-profit purpose that serves the public
- Established advisory board or oversight committee (unrelated) demonstrating broad community support.

## **ROLES**

<u>Fiscal Sponsor</u> receives and disburses funds for the project in a timely manner and maintains prudent and accurate records of all transactions as required by the State of Wisconsin and the Internal Revenue Service. Any and all disbursements to the Applicant Group are at the discretion of the Fiscal Sponsor.

Applicant Group requests funds or reimbursement of funds from the Fiscal Sponsor in a timely manner in order to conduct the activities described in the Group's proposal to the La Crosse Area Community Foundation. In addition, the Applicant Group maintains prudent and accurate records of all activities as required by the State of Wisconsin and the Internal Revenue Service.

## **AGREEMENT**

The Applicant Group and Fiscal Sponsor representatives should <u>initial</u> each box below to indicate that they have reviewed and come to an agreement regarding each of the following items:

Applicant Group	Fiscal Sponsor	Items to be Agreed Upon
		Proposed budget including specific line items
		General timeline for use of funds
		<ul> <li>Fiscal Sponsor's policies for disbursement of funds (including time needed to respond to check requisitions)</li> </ul>
		. ,
		Administrative fees: Total amount or percentage Applicant Group is
		to pay to:
		Fiscal Sponsor (if any):
		Terms of payment (if any):

This form must be signed by the top leadership executive (CEO, ED, President, Board Chair, etc.) of both groups entering into this Fiscal Sponsorship Agreement. If you are unable to submit physical signatures, simply type the information below, upload the form to our online application, and have the fiscal sponsor send an email verifying this agreement before the deadline to Ellen Heydon at ellen@lacrosseareafoundation.org. *Note: Applications will not be reviewed unless verification is received.* 

Signature of Applicant Group Officer	Date
Printed Name and Title	
Signature of <b>Fiscal Sponsor Officer</b>	Date
Printed Name and Title	