

FISCAL SPONSORSHIP CERTIFICATION

The Community Foundation of Western Massachusetts (CFWM) may make a grant to a fiscal sponsor to further its charitable work by assisting and supporting programs and projects of a non 501(c)(3) organization that are consistent with the mission of the fiscal sponsor. The fiscal sponsor has complete discretion and control over the funds granted to support the sponsored program or project. By completing and signing this form, the fiscal sponsor agrees to:

- Carefully monitor the sponsored group's progress in successfully completing the funded program and providing all required reports to the CFWM
- Assure that the board of directors (or equivalent) has agreed to be the fiscal sponsor for the applicant
- Review the sponsored organization's proposal prior to its submission to the CFWM
- Retain records documenting how grant funds were used

All advised fund grant recommendations and competitive grant applications are subject to completing this agreement. Other documentation may be required for CFWM competitive grant programs. **Requests for fiscal sponsorship will be considered by the CFWM, if complete documentation is provided, up to 10 business days prior to the deadline for any competitive grant program.** Please complete the bottom portion of this agreement and provide the following documents:

- A fully signed copy of the written agreement between the fiscal sponsor and the sponsored organization documenting the relationship and the charitable nature of the undertaking. The written agreement can be a contract, Memorandum of Understanding, or a grant agreement.
- A copy of the minutes of the meeting where the fiscal sponsor's Board of Directors approved this contract or a copy of the Board resolution allowing the 501(c)(3) organization to act as the fiscal sponsor for the non 501 (c)(3) entity or a copy of the Board resolution allowing the executive director to enter into a fiscal sponsorship relationship.
- Current audited or reviewed financial statements. Compiled financial statements will not be accepted.

The parties listed below agree to this partnership for the period of ___/___/___ - ___/___/___.

501(c)(3) Fiscal Sponsor Organization Name: _____

Fiscal Sponsor EIN #: _____

Fiscal Sponsor Address: _____

Fiscal Sponsor Phone #: _____

Signature of Head of Fiscal Sponsor

Name & Title of Fiscal Sponsor Representative

Email Address of Head of Fiscal Sponsor

Date

Name of Sponsored Organization: _____

Sponsored Org. Address: _____

Sponsored Org. Phone #: _____

Name & Title of Sponsored Organization Representative

Email Address of Sponsored Organization Representative

Please email this completed form and attachments to grants@communityfoundation.org or mail to the Community Foundation of Western Massachusetts at PO Box 15769, Springfield, MA 01115.