### FISCAL AGENT/FISCAL CONDUIT AGENCY RELATIONSHIP CERTIFICATION FORM

The Board of Directors of \_\_\_\_\_\_\_\_\_\_\_\_ has agreed to serve as fiscal agent  
  
for (hereby known as “Sponsored Organization”) for the purpose of receiving funds from United Way of Southeast Louisiana until such time as both parties agree to terminate this agreement.

By this action, I certify that my agency meets the following requirements to serve as fiscal agent: 501(c)(3) status

* Has a Federal Employer Identification Number (FEIN)
* Has a volunteer board of directors
* Provides health and human services
* Has accounting system in place
* Conducts an annual independent financial audit

As fiscal agent, I agree to provide the following support for Sponsored Organization:

* To establish a separate accounting record for the United Way funds, including regular reports detailing money received and disbursed.
* To disburse funds from the account to agency in a timely manner, not to exceed two weeks after receipt of United Way funds.
* To maintain all financial records relating to the United Way funding and make those available to both the agency and United Way upon request.
* To maintain oversight of the agency to ensure that funding is being spent in the manner intended by United Way of Southeast Louisiana and in accordance with the funding application.

I further provide to United Way the following documents:

* Agency Annual Report or agency brochure with description of services
* Most current Independent Financial Audit
* Federal Employer Identification Number (FEIN)
* IRS Form 990

Signature of Fiscal Agent Board President Date

Signature of Fiscal Agent Executive Director Date

Signature of Sponsored Organization Board President Date

Signature of Sponsored Organization Executive Director Date