**FISCAL AGENT / FISCAL CONDUIT**

**RELATIONSHIP CERTIFICATION FORM**

*(To be retained by Local Board and Fiscal Agent/Fiscal Conduit)*

As a recipient (through the fiscal agent/fiscal conduit noted below) of Emergency Food and Shelter National Board Program funds made available for Phase 40 and as the duly authorized representative of

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***(Name of Agency)***

*I certify that my public or private organization:*

* Has the capability to provide emergency food and / or shelter services;
* Will use funds to supplement and extend existing resources and not to substitute or reimburse ongoing programs and services;
* Is nonprofit or an agency of government
* Has a fiscal agent / fiscal conduit approved by the Local Board:

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***(Name of Fiscal Agent / Fiscal Conduit)***

* Practices non-discrimination (if an agency with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing in any program receiving Emergency Food and Shelter Program funds);
* Has or will secure Federal Employer Identification Number (FEIN);
* If private, not-for-profit, has a voluntary board;
* Will comply with the Phase 40 Roles and Responsibilities Manual, particularly the Eligible and Ineligible Costs section, and will inform appropriate staff or volunteers of EFSP requirements;
* Will provide all required information to the Fiscal Agent / Fiscal Conduit;
* Will incur expenses for eligible program costs and will submit complete documentation on all expenditures to the Fiscal Agent / Fiscal Conduit for payment;
* Will spend all funds and close-out the program by my jurisdiction’s selected end-of-program and return any unused funds to the National Board ($1.00 or more; make checks payable to Emergency Food and Shelter National Board Program / United Way of America); and
* Has no known Emergency Food and Shelter compliance exceptions in this or any other jurisdiction.

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| Name: |  |
| Title: |  |
| Agency: |  |
| Date: |  |
| Federal EIN: |  |