**Appendix C: Fiscal Sponsor Agreement Template**

**Fiscal Sponsorship Agreement Template**

Written agreement between fiscal sponsor (Registered Charity) and Sponsoree (Not-for-profit organization)

**Name of fund / project being sponsored** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Registered Charity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered Charity Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has entered Into a Formal Agreement with:**

Name of Not-For-Profit organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have the following items of your partnership been discussed? Circle Yes or No**

|  |  |
| --- | --- |
| Conflict resolution process | Yes / No |
| Clearly defined goals and objectives of each partner | Yes / No |
| Clarity around financial responsibilities | Yes / No |
| Flexibility to adapt to changing circumstances | Yes / No |
| Open communication | Yes / No |
| Evaluating the partnership at the end of the fund term | Yes / No |

**The sponsor (Registered Charity) has the following responsibilities:**

* Perform administrative functions on behalf of the sponsored organization.
* Completes progress reports and reconciliations reports by the due dates.
* Sign contract and comply with all terms and conditions set out in funding agreement.
* Manage disbursement of funds to sponsoree (not-for-profit organization)

**Name and signature of President / authorized signatory of Registered Charity**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and signature of President / authorzed signatory of Not-For-Profit**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_