



Fiscal Sponsor Certification Form

This form is to be filled out by the authorized contact at the fiscally sponsoring organization.

_____ has agreed to sponsor
Name of Fiscal Sponsor organization ("Fiscal Sponsor")

_____ towards furthering Fiscal
Name of sponsored organization, group, entity, or project (referred to in this document as "Project")

Sponsor's tax-exempt purpose.

Please select the description below that best characterizes your organization's (Fiscal Sponsor's) relationship with the sponsored Project:

- ☐ Our organization confirms the sponsored Project is aligned with our charitable mission and purpose. We retain supervision and oversight over grants awarded towards support of Project purposes, and Project submits annual or more frequent reports to us. (Model C – Preapproved Grant Relationship)
- ☐ The sponsored Project is part of our organization and is staffed by our employees and/or volunteers. The Project's resources and expenses are also provided by and paid for directly by us. (Model A – Direct Project)
- ☐ Other, as described here:

The Jacob and Terese Hershey Foundation recognizes there are costs to an organization to serve as a fiscal sponsor; the Foundation will consider funding a fiscal sponsorship fee as a direct expense in the budget for the grant application on a case-by-case basis. What is the fee your organization charges Project for its fiscal sponsorship services?

Fiscal sponsorship fee – please provide the percentage or dollar amount, or N/A if no fee is charged



Fiscal Sponsor Information	Sponsored Project Information
<i>Tax ID (EIN) of Fiscal Sponsor organization</i>	<i>Tax ID (EIN) of Sponsored Project (enter "N/A" if none)</i>
<i>Name of Fiscal Sponsor contact that JTHF may reach out to</i>	<i>Name of authorized representative of Sponsored Project</i>
<i>Title of Fiscal Sponsor Contact</i>	<i>Title of Sponsored Project Representative</i>
<i>Email of Fiscal Sponsor Contact</i>	<i>Email of Sponsored Project Representative</i>
<i>Phone number of Fiscal Sponsor Contact</i>	<i>Phone number of Sponsored Project Representative</i>
<i>Business mailing address 1 of Fiscal Sponsor Contact</i>	<i>Business mailing address 1 of Sponsored Project Representative</i>
<i>Business mailing address 2 of Fiscal Sponsor Contact</i>	<i>Business mailing address 2 of Sponsored Project Representative</i>
<i>Business mailing city, state, zip of Fiscal Sponsor Contact</i>	<i>Business mailing city, state, zip of Sponsored Project Representative</i>



As the Fiscal Sponsor, by signing this document your organization affirms that it retains complete discretion and control over all grant funds given towards accomplishing the charitable purpose of Project. The Fiscal Sponsor is the grantee and is responsible for complying with the terms and conditions of any grant it receives towards support of the purposes of the Project. Fiscal Sponsor will maintain records that establish that any grant funds received in support of the purposes of the Project are used towards tax-exempt purposes. Fiscal Sponsor confirms that its governing board is in support of the Project, and it has an agreement with Project that clearly delineates and establishes the roles and responsibilities of the Fiscal Sponsor and Project in relation to each other.

Printed name of authorized representative of Fiscal Sponsor organization ("Representative"); if same as Fiscal Sponsor contact, enter "see above" here and in the fields below

Title of Representative

Email of Representative

Phone number of Representative

Signature of Representative

Date