

North Carolina Emergency Solutions Grants Program

FY 2024-2025 Fiscal Sponsor Application

Funding for the 2024 Program Year (January 1, 2025 – December 31, 2025)

For submission information, refer to the NC ESG Application Instructions

Select your CoC

Fiscal Sponsor Summary

1. Fiscal Sponsor Information

Legal Name of Organization: (as it appears on your Organization's tax return):	Select Organization Type: Choose One
Physical Address, including City, State and Zip:	Mailing Address, including City, State and Zip:
Telephone:	Website:
Federal Tax ID Number:	UEI
Date of Incorporation: mm/dd/yyyy	Organization's Fiscal Year: mm/dd to mm/dd
Has the organization previously been a Fiscal Sponsor? Select yes or no	
If yes, please provide the year(s) that the organization was a fiscal sponsor:	

2. Fiscal Sponsor's Primary Contact

Provide the following information for the person to whom all communication regarding this application should be directed.

Name:	Title:
Telephone:	E-mail:

3. Sponsored Organizations

Name of Organization(s) Sponsored:
Of these organizations, list the organizations that were previously sponsored:
Of these organizations, list the organizations that will be newly sponsored:

4. Signatory Authority

Enter the information for the person authorized to sign contracts for the organization.

Name:	Title:
Telephone:	E-mail:
Mailing Address:	

Fiscal Sponsor

5. Capacity

The following questions should be answered by the Fiscal Sponsor.

1. Does the Fiscal Sponsor have paid staff to provide administrative support for the ESG funds?
Select yes or no
2. Does the Fiscal Sponsor have the financial capacity to pay subrecipients while waiting for reimbursement from the NC ESG Office? **Select yes or no**

2.1 If yes, please explain the organization's process for paying subrecipients.

3. Describe the procedures for reviewing subrecipients requisitions, grant spend down rates, and monitoring (ESG contract compliance, client file reviews, etc.).

4. Describe the follow up procedures to assure that all issues and findings are addressed.

5. Describe the procedures and process used by the organization for contracting with subrecipients.

6. CoC Selection

The following questions should be answered by the CoC Lead Agency. If the CoC lead is the Fiscal Sponsor, a designated individual who is in CoC leadership but not at the Fiscal Sponsor organization must complete and sign the form. (ex. Membership Committee Chair, Alternate Lead Org., etc.)

1. Please describe how the Fiscal Sponsor was selected.

2. Is the Fiscal Sponsor imposing any additional requirements on one or more of the project applicants?
Select yes or no

2.1 If yes, please describe the additional requirements and the rational for doing so.

Certifications

7. CoC Certification

To the best of my knowledge and belief, all information in this fiscal application is true and correct.

Name of CoC Lead Agency Organization	
Name of Authorized Official	
Title	Date
Signature	

If the CoC lead is the Fiscal Sponsor, a designated individual who is CoC leadership but not employed with the Fiscal Sponsor organization must complete and sign the form. (ex. Membership Committee Chair, Alternate Lead Org., etc.)

8. Fiscal Sponsor Certification

I certify that we understand the duties as described above and will perform them for all applicants in the CoC/Local Planning Area. To the best of my knowledge and belief, all information in this application is true and correct.

Name of Fiscal Sponsor Organization	
Name of Authorized Official	
Title	Date
Signature	

Sponsored Agency Certification

I certify that we wish to have the above named fiscal sponsor, and we agree to the terms as a subrecipient of the fiscal sponsor. To the best of my knowledge and belief, all information in this application is true and correct.

Name of Sponsored Organization	
Name of Authorized Official	
Title	Date
Signature	

Sponsored Agency Certification

I certify that we wish to have the above named fiscal sponsor, and we agree to the terms as a subrecipient of the fiscal sponsor. To the best of my knowledge and belief, all information in this application is true and correct.

Name of Sponsored Organization	
Name of Authorized Official	
Title	Date
Signature	

Sponsored Agency Certification

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Name of Sponsored Organization	
Name of Authorized Official	
Title	Date
Signature	

Sponsored Agency Certification

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