



FISCAL SPONSOR COMMITMENT

We indicate to The Health Foundation of Central Massachusetts, in consideration of a grant application, agreement to act as Fiscal Sponsor for the named entity below and to process all such grant funds for the program or project stated in the request, according to the budget as submitted.

We understand that this commitment will be formalized as a contract between the Fiscal Sponsor and The Health Foundation of Central Massachusetts to be jointly executed if the grant is awarded. This statement indicates the Fiscal Sponsor's understanding of and willingness to accept the terms of such a contract, which requires applicants selected for funding to provide evidence of liability insurance coverage consistent with specified limits. For more information about this specific provision or other aspects of the contract, please contact Foundation staff.

Name of Entity Being Sponsored

Name of Fiscal Sponsor

EIN # (Tax ID)

Signature of Authorized Representative of Fiscal Sponsor

Date

Name of Authorized Representative of Fiscal Sponsor

Title