



FISCAL SPONSOR COMMITMENT

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

We understand that this statement will be reissued as a contract between the Fiscal Sponsor and The Health Foundation of Central Massachusetts to be jointly executed if funding is granted. This indicates the understanding of and willingness to accept the terms of such a contract and provide evidence of insurance coverage consistent with the Foundation's requirements.

Name of Entity being Sponsored

Name of Sponsoring Organization

EIN # (Tax ID)

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Title

Authorized Representative Email

Phone