



El Dorado County Fire Safe Council

P.O. Box 1011

Diamond Springs, CA 95619

Phone: (530) 647-1700

Email: board@edcfiresafe.org

Website: edcfiresafe.org

"Public and Private Partners Working Together to Protect People, Homes, and Natural Resources"

Date _____

Organization Name

Individual

Address

Re: Grant Application # _____

Project Name: _____

Dear:

This is to certify that the El Dorado County Fire Safe Council (EDCFSC) and _____ Associate Fire Safe Council (AFSC) have entered into an agreement for EDCFSC to act as fiscal sponsor for a grant titled _____. As fiscal sponsor, EDCFSC agrees to abide by all federal, state, and local laws and regulations that apply to the management of grant funds and to the work to be undertaken with those funds. The fiscal sponsor organization is responsible for receiving advance payments on behalf of the sponsored organization and making payments either to vendors directly or through a reimbursement agreement with the sponsored organization.

We understand that these federal grant funds cannot be co-mingled with other funds of our organization, and that these funds will be managed through our standard fiscal management system and records as governed by Federal Grant Rules under OMB Circular A-122. We also recognize that this sponsorship may cause our organization to be subject to the audit requirement of OMB Circular A-133.

In return, _____ Associate Fire Safe Council agrees to manage the project according to the scope of work and within the budget described in the grant proposal and in the agreement with the California Fire Safe Council. _____ FSC also agrees to abide by all federal, state, and local laws and regulations that apply to the management of grant funds and to the work to be undertaken with those funds and that the project will use the grant funds received to accomplish the ends described in the grant proposal.

Any change in scope or budget must be agreed upon by both EDCFSC and _____ FSC before submitting a request for change of scope or for an extension of the grant period to the funding agency.

Date:

Date:

By:

By:

Printed Name: _____

Printed Name: _____

Title: Chairperson

Title: Chairperson

El Dorado County Fire Safe Council

_____ FSC

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