

RASKOB FOUNDATION FOR CATHOLIC ACTIVITIES, INC.

FISCAL AGENT FORM

Organizations located outside the United States must provide a Fiscal Agent Form as a requirement which accompanies the submission of the Abstract. The organization that serves as the fiscal agent must be a U.S. organization which is listed in the *Official Catholic Directory (P.J. Kenedy & Sons)*.

Fiscal agents serve two important and necessary functions for the Raskob Foundation in its consideration of abstract proposals from organizations outside the U.S. One is a due diligence function; the other is providing a safe and effective means to pay a grant, if one is eventually made.

The Raskob Foundation requires fiscal agents to have knowledge of and a relationship with the organization and its projects. The fiscal agent, by signing this form, acknowledges that the organization requesting funds from the Foundation, is known by the fiscal agent, and that its projects are worthy of consideration by the Foundation. In addition, if a grant is made to the organization, the fiscal agent agrees to take responsibility for accepting and transferring the funds to the recipient.

All Fiscal Agent forms *must accompany the submission of the Abstract*. Therefore, it is necessary that a sufficient amount of time is planned in order for the organization to make available the form to the U.S. organization agreeing to serve as the fiscal agent, then have the form completed and returned so that it may be included in the abstract submission. *Forms are not to be sent directly to the Foundation by the Fiscal Agent; rather, they should be returned to the organization.*

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To be filled out by organization requesting funds:

Request Tracking ID from the Raskob Foundation's Online Grant Site: _____

Name of Organization Submitting Abstract: _____

To be filled out by Fiscal Agent:

Name of Organization Serving as Fiscal Agent: _____

Page # & Edition of Official Catholic Directory: _____ **EIN # of Fiscal Agent:** _____

Organizational Address of Fiscal Agent:

Website: _____

Name & Title of Fiscal Agent Contact: _____

Address of Contact:

Phone #: _____ **Email:** _____

Please state how you know the organization that you have agreed to act as Fiscal Agent:

Signature: _____ **Date:** _____