



**Fiscal Agent**

Fiscal Agent Name: \_\_\_\_\_

Agrees to serve as fiscal agent for the Applicant for the purpose of receiving funding from Martin County Youth Foundation.

Address: \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_