



Vermont Arts Council · 136 State Street, Drawer 33 · Montpelier, VT 05633-6001  
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## Fiscal Agent Form

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**Name of Organization / Persons for whom you are serving as Fiscal Agent:** .....

Fiscal Agent Organization Name: .....

Mailing Address: ..... FEI Number: .....

..... Email Address: .....

City: ..... State: ..... Zip: .....

Telephone ..... County: .....

Fax: ..... Website Address: .....

Contact Person: *(title included)* .....

Contact Phone:  
*(if different than above)* .....

Authorizing Official:  
*(if different from contact person)* .....

**AGREEMENT:** I certify that the proposal is true and complete to the best of my knowledge. I understand and agree that any funds granted as a result of this application are to be used for the purposes set herein. Any changes in the project or budget will be submitted in writing. Changes are subject to the approval of the Executive Director of the Vermont Arts Council. It is agreed that the undersigned is the individual authorized to commit the applicant to abide by the legal and other requirements as printed in the Council's grant guidelines.

Signature of Authorizing Official: ..... Date: .....