

**FISCAL AGENT/FISCAL CONDUIT AGENCY RELATIONSHIP**  
**CERTIFICATION FORM**

(To be retained by Local Board and Fiscal Agent/Fiscal Conduit)

As a recipient (through the fiscal agent/conduit noted below) of Emergency Food and Shelter National Board Program funds made available for Phase 28 and as the duly authorized representative of \_\_\_\_\_, I certify that my public or private agency: (NAME OF AGENCY)

- Is not debarred or suspended from receiving Federal funds,
- Has the capability to provide EFSP services,
- Will use funds to supplement and extend existing resources and not to substitute or reimburse ongoing programs and services,
- Is nonprofit or an agency of government,
- Has fiscal agent/fiscal conduit approved by the Local Board:

\_\_\_\_\_  
(Name of Fiscal Agent/Fiscal Conduit),

- Practices non-discrimination (if an LRO with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing in any program receiving EFSP funds),
- Has a Federal Employer Identification Number (FEIN),
- Has a Dun & Bradstreet (DUNs) number,
- Will not charge a fee to clients for EFSP funded services,
- Has a voluntary board if private, not-for-profit,
- Will comply with the Phase 28 Responsibilities & Requirements Manual, particularly the Eligible and Ineligible Costs section, and will inform appropriate staff or volunteers of EFSP requirements,
- Will provide all required information to the Fiscal Agent/Fiscal Conduit,
- Will incur expenses for eligible program costs and will submit complete documentation on all expenditures to the Fiscal Agent/Fiscal Conduit for payment to the vendors,
- Will spend all funds and close-out the program by the jurisdiction's selected end-of-program date, and
- Has no known EFSP compliance exceptions in this or any other jurisdiction.

Please check  Have read, understand, and agree to abide by the EFSP Responsibilities and Requirements Manual.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

LRO ID#: \_\_\_\_\_ FEIN#: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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