

New Mexico Arts GENERAL APPLICATION FY2010
Assurance Signatures and Fiscal Agent Agreement Signatures

(Please sign in Blue Ink)

Please complete all sections. This form may be handwritten.

Assurance Signatures

Organizations using a fiscal agent must sign in both sections.

Organization Name:

I attest that this application is made with the approval of the Board of Directors. I agree to meet all administrative obligations of the proposed program if it is funded by New Mexico Arts and that no National Endowment for the Arts funds will be used to match New Mexico Arts' allocations.

Signature Authorizing Official

(Form A #9, If using a Fiscal Agent type Fiscal Agent's Authorizing Official)
 (An organization's Executive Director may not serve as Authorizing Official)
 Please Type Name and Title:

Date

Organization Address:

E-mail:

Daytime Phone:

Fax:

Signature Project Director (Form A #5, even if using a Fiscal Agent)

(Project Director must be different from Authorizing Official)
 Please Type Name and Title:

Date

Organization Address:

E-mail:

Daytime Phone:

Fax:

Fiscal Agent Agreement Signatures

Organizations using a fiscal agent must sign in both sections.

This section is to be filled out only if using a Fiscal Agent. Organizations providing Fiscal Agent services agree to assume the legal responsibility for the proposed program and understand that if a contract is not completed as stipulated in the Contract Packet, future funding from New Mexico Arts for both the Fiscal Agent and the Applicant Organization may be jeopardized. *(Before signing below, both Fiscal Agent Authorizing Official and Applicant Organization Project Director are advised to read pages 12-13, Use of a Fiscal Agent Policy and Fiscal Agent Agreement.*

We, the undersigned, have read and agree to abide by the Fiscal Agent Requirements as outlined in the Funding Guidelines.

Signature of Fiscal Agent's Authorizing Official **Date**

Signature of Project Director (Form A #5) **Date**

Fiscal Agent Organization Name (please type)

Applicant Organization Name (please type)

Address:

Address:

Daytime Phone: Fax:

Daytime Phone: Fax:

Email:

Email:

*Fiscal Agent Federal ID or Employer number: