

**NATIVE HAWAIIAN ORGANIZATION STEWARDSHIP TRAINING PROGRAM  
FISCAL SPONSOR AUTHORIZATION**

The Sponsoring Organization named below, a non-profit organization, has agreed to act as Fiscal Sponsor for the Native Hawaiian Organization \_\_\_\_\_ to facilitate that organization’s activities related to the Native Hawaiian Organization Stewardship Training Program for the project \_\_\_\_\_.

We understand the requirements of a Fiscal Sponsor, for the purposes of applying for the program, include:

1. The sponsored organization’s project is compatible or consistent with our organization’s mission or purpose.
2. We, as fiscal sponsor, have formally adopted the above-referenced project. We have:
  - a. Reviewed the project;
  - b. Passed a board resolution of the adoption of the project;
  - c. Accepted responsibility to document the status and progress of the project.
3. We, as fiscal sponsor, are responsible for monitoring and controlling the expenditure of funds in keeping with the purpose of the NHO Stewardship Training Program.
4. We, as fiscal sponsor, are responsible for complying with the terms of the project agreement and contract.

Our Board of Directors/Trustees has formally approved a resolution agreeing to be Fiscal Sponsor for the Sponsored NHO and has authorized the execution of this form.

**CONTACT INFORMATION**

Fiscal Sponsor	
Fiscal Sponsor FEIN:	
Contact Name (First, Last)	
Mailing Address	
Telephone	
Email	
Website	

**SIGNATURE**

Fiscal Sponsor Authorized Representative (Printed)	Fiscal Sponsor Authorized Representative Signature
Title of Authorized Representative	Date