



SUPPORTING DOCUMENTATION FOR FISCAL SUPPORT FEES

Summary of Fiscal Sponsor Activities for the Month ending20.....

Name of Fiscal Sponsor:

Name of Provider:

CSC Funded Program:

Describe the Fiscal Sponsorship services provided and received in the categories below as applicable (write N/A if not applicable):

TECHNICAL ASSISTANCE (i.e. Client file reviews, SAMIS data entry, invoicing, financial feedback):

CERTIFICATION (i.e. Insurance and licensing requirements):

HUMAN RESOURCES (i.e. Personnel issues, staff vacancies, staff meeting contractual requirements):

OTHER (Specify):

Fees requested this period: \$.....
(Agrees to amount on SAMIS Invoice)

Signed:
Fiscal Sponsor Representative

Signed:
Service Provider Representative

Date:

Date: