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Fiscal Agent

Fiscal Agent Name: _____

Organization: _____

Tax ID (Federal): _____ Tax ID (State): _____

Address: _____

Phone: _____

Email: _____

The undersigned agree to ensure the funds awarded by this grant will be used to complete the plans outlined in this application and achieve School Readiness for children in the service area.

Community Early Childhood Council Chair

Community Early Childhood Council Fiscal Agent

Notary Public
My commission expires on: _____

Notary Seal