Fiscal Sponsorship Agreement

Between _______________________________________________________________ and 
(Nonprofit Fiscal Sponsor)
________________________________________________, a project of the Fiscal Sponsor.
(Sponsored Project)

The Colorado Health Foundation encourages projects and fiscal sponsors to establish the 
clearest possible understanding regarding each of their roles and responsibilities. Fiscal 
sponsors should be well-informed of the risks and have the organizational structure and 
capacity to manage and accept these risks before agreeing to serve as a fiscal sponsor. The 
Foundation considers the fiscal sponsor to be the recipient and manager of funds, who therefore 
assumes legal and financial responsibility.

The Foundation does not intend to interfere with or mediate disputes between projects and 
fiscal sponsors. However, the Foundation does require:
• The project to align with the fiscal sponsor’s charitable mission
• The fiscal sponsor to have full discretion and control over the funds granted from the 
  Colorado Health Foundation
• A system in place to track the activities and balances of TCHF funds specifically related 
  to the project.

By signing below, both organizations agree that these requirements have been met.

__________________________________        ______________________________________ 
Signature – Fiscal Sponsor Representative        Signature – Sponsored Project Representative

______________________________________     ________________________________________
Printed Name                                                                                   Printed Name

__________________________________        _____________________________________
Title                                                                                           Title

________________________         _____________
Date                                                                                           Date