

**EXAMPLE ONLY—DO NOT SIGN  
FISCAL AGENT DESIGNATION AND ACCEPTANCE AGREEMENT FY 2026**

<b>EXAMPLE ONLY—DO NOT SIGN</b>	
<b>Fiscal Agent Designation and Acceptance Agreement</b>	COUNTY: _____
<p>The _____ agrees to serve  <small>legal name of agency or board</small></p> <p>as the Fiscal Agent for the _____  <small>name of Georgia Family Connection Collaborative</small></p> <p>for the period of July 1, 2025 through June 30, 2026.</p> <p>The Fiscal Agent certifies they 1) understand this is a 12 month commitment, 2) understand expenses are reimbursable on a quarterly basis, 3) agree to receive all financial correspondence and payments relating to the funds, and make all records available for any required financial audit, 4) have appropriate accounting and financial systems to document costs incurred and claims made and 5) agree the local Family Connection Collaborative governing body is the body responsible for all decisions associated with budgeting of these funds, but will ensure such decisions shall be in compliance with the Fiscal Agent's own policies and procedures.</p>	
<b>EXAMPLE ONLY DO NOT PRINT</b>	
<p><b>Family Connection Collaborative Chairperson:</b></p> <p>_____                  (Signature in ink)</p> <p>_____                  (Print Name in Block Letters)</p> <p>Date: _____</p> <hr/> <p><b>Family Connection Coordinator:</b></p> <p>_____                  (Signature in ink)</p> <p>_____                  (Print Name in Block Letters)</p> <p>Date: _____</p>	<p><b>Fiscal Agent:</b></p> <p>Fiscal Agent's fiscal year end date                  (month and day): _____</p> <p>_____                  (Signature of agency representative legally responsible to enter into contract.                  Signature in ink)</p> <p>_____                  (Print Name in Block Letters)</p> <p>Title: _____                  (Print Title in Block Letters)</p> <p>Date: _____</p>

11/21