



Working together for children and families



Fayette County Family Resource Network  
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Fayetteville, WV 25840  
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### Fiscal Agent Request Application

Organization Name: \_\_\_\_\_

Organization Contact: (name, phone, email) \_\_\_\_\_

Organization Mission: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Date(s): \_\_\_\_\_

Program Purpose: \_\_\_\_\_

Budget Amount: \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

Structure of Program: (ie. paid staff,  
Board of Directors, etc.) \_\_\_\_\_

Frequency of funds: (ie. daily,  
biweekly, monthly, quarterly) \_\_\_\_\_

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Reason for fiscal agent request: \_\_\_\_\_

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Other Information or Comments:

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I hereby certify the facts set forth in the above application are true and complete to the best of my knowledge.

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Signature

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Date

The FRN Board of Directors will review your proposed fiscal agent request at their next available convenience. The Board will reach out to the Organization Contact listed above with questions, comments or concerns. This contact will be notified in writing once a decision has been made.

If you have any questions or concerns regarding your application, please contact Diane Callison at [fayettefrn@gmail.com](mailto:fayettefrn@gmail.com) or at 304-574-4338.