



# CEKC Memorandum of Understanding

COMMUNITY ENRICHMENT FOR KLICKITAT/SKAMANIA COUNTY

**CEKC Mission:** To enrich community services and engage in activities that strengthen the social and economic well being of Klickitat and Skamania County residents.

1. Brief description of approved project:

2. The Project will complete and return all required paperwork within 14 days. The Project will report to the CEKC Board the status of their organization, annual budget changes, all events and future plans. The Project will pay for any event insurance coverage; please list anticipated qualifying events here. Insurance coverage is subject to annual review.

3. When requesting a grant or outside funding the following will apply:

- The CEKC Board must approve all grant applications prior to submission. The Project will provide CEKC with a copy of the completed application.
- The Project must provide a completed Application for Use of 501(c)(3) and applicable Special Event Insurance review with each new undertaking. Prior to any event, contact Linda Williams for further screening. When CEKC serves as fiscal sponsor only, no liability insurance will be offered.
- CEKC and the Project have agreed to enter into a collaborative agreement in which CEKC will be the lead applicant for all grants.

• 4. Roles and Responsibilities:

It is hereby agreed, by and between CEKC and the Project, to the following:

- CEKC will be responsible for filing IRS form 990 annually. Project reports are due January 1.
- CEKC will serve as Fiscal Sponsor.
- CEKC will collect a 5% administrative fee for all grants, donations and fundraising proceeds in excess of \$1,000.
- The Project must provide all required reporting; see Project Guidelines for comprehensive list.
- The Project's use of funds is restricted to charitable purposes in line with CEKC's mission statement and 501(c)(3) eligibility requirements.
- The Project must adhere to all expectations and requirements set forth in the grant application, CEKC Project Guidelines, and other CEKC forms.

5. We, the undersigned have read and agree with this MOU.

BY: \_\_\_\_\_ Date: \_\_\_\_\_

CEKC Director

BY: \_\_\_\_\_ Date: \_\_\_\_\_

Project Applicant/Director

*CEKC does not discriminate against any person on the basis of race, color, national origin, disability, sex, age or sexual orientation in admission, treatment, or participation in its programs, services and activities, or in employment. No person shall be excluded from participation in, or be denied the benefits of any service, or be subjected to discrimination because of race, color, nationality, religion, sex, age, disability, or sexual orientation.*