

**2009 CATCH RESIDENT FUNDS  
TAX IMPLICATIONS FOR AWARD RECIPIENTS**

**To avoid personal tax liability on the part of the grantee, the grant funds should be issued directly to a tax-exempt organization (eg, charitable, educational, religious) designated by the grantee. The following procedures apply.**

- A check for 50% of the grant amount can be issued only upon submission of this signed form with the name(s) of the payee and/or institution and upon the return of the documents listed in the award letter. Request that the organization provide us with a letter (on the organization's letterhead) stating that they will manage your funds, with the understanding that grant funds may not be used for physicians' salaries or fees, fiscal agent fees, administrative overhead or other indirect costs, payroll taxes or fringe benefits. The letter also should include all pertinent contact information, and a copy of the organization's Federal Tax Exempt letter should be enclosed. If you cannot identify a fiscal agent that will agree to manage your funds without charging a fiscal agent fee, your CATCH program coordinator will assist you. Refer to the attached "Tips on Finding a Fiscal Agent for Your Grant."
- After you have expended the first installment, the balance will be released after the submission of a summary of expenses and receipts documenting at least 80% of the first installment expenditures. Follow the format of your original or approved revised budget. Itemized expenses should correspond to each line item in the budget. Fully describe the activity that generated the expense. Please see the [CATCH Grantees website](#) for detailed instructions and an example
- Receipts totaling the second installment (and the balance of the first installment, if applicable) should be included with the final expense report and submitted to the CATCH program coordinator upon completion of the grant project. Follow the format of your original or approved revised budget. Itemized expenses should correspond to each line item in the budget. Describe the activity that generated the expense.
- Any budget revisions should be submitted for prior approval to the CATCH program coordinator.

Name of pediatric resident grantee: \_\_\_\_\_ Date \_\_\_\_\_

Signature of pediatric resident grantee: \_\_\_\_\_

I agree to the conditions above and agree to submit the required final report at the completion of my grant.

Name of fiscal agent: \_\_\_\_\_

Signature of fiscal agent: \_\_\_\_\_ Date \_\_\_\_\_

I agree to the conditions above.

Please make check(s) payable to: \_\_\_\_\_

Address, as it should appear on check: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tax ID# (REQUIRED): \_\_\_\_\_

**Please enclose a letter from the organization that will be managing your funds stating that they agree to act as fiscal agent for your grant, as described above.**