



Fiscal Partners Annual Update

Account Name: _____

Account Number: _____

Any Current Park Projects: _____

****City of Atlanta Friends of the Park Groups****

Pay \$50 annual Friends of the Park registration by:

Fiscal Partner Account

Check (enclosed)

Designated Fiscal Liaison:

- No change
- Change (fill out attached "Appendix A: Authorization of Fiscal Liaison")

Fiscal Partner Officers (please list full names of officers):

President: _____

Secretary: _____

Treasurer: _____

Goals for upcoming year (list any planned or potential activities/projects/etc.):

Any estimated expenditures for upcoming year:

Signature of Fiscal Partner Authorized Representative

Date

Printed Name and Title of Fiscal Partner Authorized Representative



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Appendix A: Authorization of Fiscal Partner Liaison

(fill out ONLY if information has changed)

As of _____ [insert today's date], _____, [Insert partner name] has authorized the individual(s) named below as the designated Fiscal Partner Liaison/s (with authority to approve expenditures) for the Fiscal Partner Account designated for _____ [Insert partner name].

Signature of Fiscal Partner Authorized Representative

Date

Printed Name and Title of Fiscal Partner Authorized Representative

Designated Project Liaison Info

Printed Name of Fiscal Partner Liaison

Phone (circle) HOME WORK CELL

Mailing Address

E-Mail Address

Signature of Fiscal Partner Liaison

Date

Position with Organization:

- Chair
- Treasurer
- Other (please specify) _____

Optional - Additional Fiscal Partner Liaison Info

If desired, Partner may designate an additional Fiscal Partner Liaison with equal authority to approve expenditures. No more than two individuals may be authorized as Liaisons at one time.

Printed Name of Additional Liaison

Phone (circle) HOME WORK CELL

Mailing Address

E-Mail Address

Signature of Additional Project Liaison

Date

Position with Organization:

- Chair
- Treasurer
- Other (please specify) _____