

**Maryland Certified Public Manager® Program for Public Safety Professionals
Fiscal Agent Statement**

Applicant Name: _____

Applicant Title: _____

Applicant Organization: _____

As the duly authorized fiscal agent for the organization listed above, I commit the organization to pay _____ of the \$6,500 program fee for the applicant to participate in Maryland Certified Public Manager® Program for Public Safety Professionals, I understand that participants in the Maryland Certified Public Manager Program® receive 300 hours of professional development training over an 11-month period.

I understand that the tuition is **NON REFUNDABLE** unless participants withdraw 30 days prior to the first session. I understand our organization has the option of providing an alternate up to the first day of class if the applicant withdraws from the program prior to the first session. Unless other arrangements are made, the tuition is due in full by **December 15, 2019.**

Signature of Fiscal Agent: _____ Date: _____

Fiscal Agent Contact Information

Name: _____

Title: _____

Organization: _____

Phone number: _____

Email Address: _____