

Workforce Development Agency – Office of Adult Education
201 North Washington Square, 3rd Floor
Lansing, Michigan 48913
Phone: 517/373-8800
Fax: 517/335-3630

Michigan Adult Education Reporting System (MAERS)

Fiscal Agent Form

Section 1 – General Information

Fiscal Agency Code: _____ (School District or Recipient Code)

Type of Agency: Local Educational Agency Four Year College or University
 Community Based Organization Other Institution of Higher Education
 Faith Based Organization Correctional Institution
 Library Other Institution (non-correctional)
 Community, Junior, Technical College All Other Agencies

Fiscal Agency Name: _____

Mailing Address: _____

City	State	Zip Code
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Contact: Name: _____

Telephone: (_____) _____ Fax: (_____) _____

E-Mail Address: _____

Section 2 – Approval

Approved by: _____

Printed name of Superintendent or Adult Education official authorized for signature

Signature

Title

Date

Adult Education Staff only –

Reviewed and Approved by: _____ Date: _____

Funding Sources: _____

Michigan Adult Education Reporting System (MAERS)
Fiscal Agent Form – Step by Step Instructions

Section 1 – General Information

Note: The Fiscal Agent, for the purposes of Adult Education and MAERS, is the legal entity that receives Adult Education funds from the Michigan Department of Education.

1. Fiscal Agency Code: This is the code assigned by the Michigan Department of Education which enables you to draw down funds. If you do not have a fiscal agent code, please contact the Michigan Department of Education. This code is a five-digit code for school districts, a seven-digit code for intermediate school districts and a ten-digit code ending in a letter for all other organizations.
2. Type of Agency: Indicate the fiscal agency type by placing a checkmark or “x” in the box preceding the description.
3. Fiscal Agency Name: Enter the legal name of the fiscal agency.
4. Mailing Address: Enter the mailing address of the contact person.
5. Contact: Enter the name, telephone, fax and e-mail address for the contact.

Section 2 – Approval

This form must be signed by the Superintendent of the school or the authorized official for the Adult Education program for other organizations.

Completed forms should be faxed to (517) 335-3630 or mailed to:

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Victor Office Center, 3rd Floor
201 North Washington Square
Lansing, Michigan 48913