NON-PROFIT ACCOUNTING RETAINER AGREEMENT

This Non-Profit Accounting Retainer Agreement (the "Agreement") is entered into and made effective as of ________________, by and between:

The Organization:
Name: ________________________________
Address: ________________________________
Tax-Exempt Status/EIN: ________________________________

And

The Accountant:
Name/Firm: ________________________________
Address: ________________________________
Professional License/Credentials: ________________________________

1. Engagement & Services

The Organization hereby engages the Accountant to perform accounting, bookkeeping, and financial consulting services tailored to non-profit operations, and the Accountant agrees to provide such services. The scope of services shall include, but is not limited to, the following:

- Fund accounting and tracking of restricted, temporarily restricted, and unrestricted net assets.
- Preparation of monthly, quarterly, and annual financial statements, including Statement of Financial Position and Statement of Activities.
- Assistance with budget preparation, cash flow monitoring, and grant financial reporting compliance.
- Preparation and filing of annual IRS Form 990, Form 990-EZ, or Form 990-N, and any applicable state informational returns.
- Coordination and preparation of documentation for annual independent audits or reviews.
- Advisory services regarding internal controls, Board financial presentations, and non-profit tax compliance.

2. Term & Termination

This Agreement shall commence on ________________ and shall continue on a month-to-month basis. Either party may terminate this Agreement at any time, with or without cause, by providing ________ days' prior written notice to the other party.

3. Retainer & Payment Terms

In consideration for the services rendered, the Organization agrees to pay the Accountant as follows:

a. **Monthly Retainer:** A recurring monthly retainer fee of $________________ shall be paid by the Organization to the Accountant. This retainer covers up to ________ hours of service per month.
b. **Hourly Rate for Excess Hours:** Any services exceeding the monthly allotted retainer hours shall be billed at an hourly rate of $________________ per hour, subject to prior written approval by the Organization.
c. **Invoicing:** The monthly retainer is payable in advance on the ________ day of each month. Invoices for any additional services shall be issued monthly and are due within ________ days of receipt.

4. Responsibility of the Organization

The Organization shall timely provide the Accountant with all necessary financial records, bank statements, donor reports, payroll records, invoices, receipts, and other documentation required to perform the services. The Accountant is not responsible for delays caused by the Organization's failure to provide accurate and timely information.

5. Confidentiality & Data Security

The Accountant acknowledges that they will have access to proprietary information, donor records, financial statements, and sensitive personal information of the Organization's employees, donors, and beneficiaries. The Accountant agrees to maintain strict confidentiality of all such information and to implement industry-standard security measures to safeguard digital and physical data.

6. Independent Contractor Status

The Accountant performs services under this Agreement solely as an independent contractor. Nothing in this Agreement shall be construed to create an employer-employee relationship, partnership, or joint venture between the parties.

7. Governing Law

This Agreement shall be governed by, and construed in accordance with, the laws of the State of ________________.

8. Entire Agreement

This Agreement constitutes the entire understanding between the parties regarding the subject matter hereof and supersedes all prior agreements, representations, or understandings, whether written or oral.

IN WITNESS WHEREOF, the parties hereto have executed this Non-Profit Accounting Retainer Agreement as of the date first written above.

For the Organization:	**For the Accountant:**
______________________________	______________________________
Authorized Signature	Authorized Signature
______________________________	______________________________
Print Name & Title	Print Name & Title
______________________________	______________________________
Date	Date