

MONTHLY RETAINER AGREEMENT FOR NON-PROFIT ACCOUNTING SERVICES

This Monthly Retainer Agreement (the "Agreement") is entered into and made effective as of _____, 20____ (the "Effective Date"), by and between:

The Client:

Organization Name: _____

Address: _____

Represented by: _____

The Provider:

Firm/Accountant Name: _____

Address: _____

Represented by: _____

1. ENGAGEMENT AND PURPOSE

The Client, a registered non-profit organization, hereby engages the Provider to perform professional accounting, bookkeeping, and financial advisory services tailored to the requirements of non-profit operations, and the Provider agrees to provide such services under the terms and conditions set forth herein.

2. SCOPE OF SERVICES

The Provider shall perform the following monthly accounting services in compliance with Generally Accepted Accounting Principles (GAAP) and applicable regulatory standards for non-profit entities:

- Maintenance of the general ledger and categorization of transactions.
- Fund accounting and tracking of restricted, temporarily restricted, and unrestricted net assets.
- Monthly bank, credit card, and merchant account reconciliations.
- Preparation of monthly financial statements, including the Statement of Financial Position, Statement of Activities, and Statement of Functional Expenses.
- Assistance with budget preparation, variance analysis, and grant financial reporting.
- Preparation of documentation required for the annual Form 990 filing and annual external audit or review.

3. RETAINER FEE AND PAYMENT TERMS

In consideration for the services described above, the Client agrees to pay the Provider according to the following terms:

- Monthly Retainer:** The Client shall pay a flat monthly retainer fee of \$ _____.
- Payment Due Date:** The retainer fee is due in advance on or before the _____ day of each calendar month.
- Additional Services:** Services requested by the Client outside the scope of this Agreement will be billed at an hourly rate of \$ _____ per hour, subject to prior written approval by the Client.
- Late Payment:** Payments unpaid for more than _____ days from the due date shall accrue interest at a rate of _____ % per month.

4. TERM AND TERMINATION

This Agreement shall commence on the Effective Date 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 written notice to the

other party. Upon termination, the Provider shall be compensated for all services rendered up to the effective date of termination, and the Provider shall deliver to the Client all completed reports, records, and working papers.

5. CLIENT COOPERATION AND DATA ACCESS

The Client agrees to provide the Provider with timely access to all necessary financial records, bank statements, donor reports, invoices, receipts, and other source documents. The Provider shall not be held liable for any errors, omissions, or penalties resulting from inaccurate, incomplete, or delayed information provided by the Client.

6. CONFIDENTIALITY AND DATA SECURITY

The Provider acknowledges that during the course of this engagement, they will have access to confidential donor information, employee data, and financial records. The Provider agrees to maintain strict confidentiality of all such information and shall not disclose it to any third party without the Client's prior written consent, except as required by law.

7. INDEPENDENT CONTRACTOR STATUS

The relationship of the Provider to the Client is that of an independent contractor. Nothing in this Agreement shall be construed to create a partnership, joint venture, agency, or employer-employee relationship.

8. GOVERNING LAW

This Agreement shall be governed by, construed, and enforced in accordance with the laws of the State of _____, without regard to its conflict of law principles.

9. ENTIRE AGREEMENT

This Agreement constitutes the entire understanding between the parties regarding the subject matter hereof and supersedes all prior discussions, negotiations, or agreements. Any amendments to this Agreement must be made in writing and signed by both parties.

IN WITNESS WHEREOF, the parties hereto have executed this Monthly Retainer Agreement as of the Effective Date written above.

CLIENT:

PROVIDER:

Authorized Signature

Authorized Signature

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____