

## **2017** Request for Fiscal Sponsorship Application

Date of request:
Name of Project:
Name of Principal Contact / Director/ Project Manager:
Project website if available:
Telephone:
Email (required):
Mailing Address:
What is the legal status of this project? (Check one)
Unincorporated association  NM non-profit corporation  501 (c)(3) Corporation FED Tax ID#:  NM nonprofit Corporation that has applied for 501 (c)(3) status Date of Application  Governmental Agency  Other:
Do you currently have a fiscal sponsor? No Yes, it is
Contact at Fiscal Sponsorship Organization:
Phone:
Email:
PROJECT MISSION/GOALS
Nonprofit purpose of the project (one paragraph or mission statement):
How would you classify your project?
Arts & Culture

Education					
Environment					
Health Human Servic	es				
Rural Development					
Public Affairs					
Civic Engagement					
Animal Welfare					
Other:					
What geographic are	as will your project serve?				
What other organizations in your service area have a similar mission:					
What would be different about your project/goals than other like providers in your area?					
	ers and/or Advisory Comm a separate list if easier)	ittee Members and th	eir contact information		
Name:	Affiliation:	Email:	Phone:		
Name:	Affiliation:	Email:	Phone:		
Name:	Affiliation:	Email:	Phone:		
Name:	Affiliation:	Email:	Phone:		
Name:	Affiliation:	Email:	Phone:		
Name:	Affiliation:	Email:	Phone:		
ADMINISTRATION					
Do you anticipate having employees, volunteers, and / or independent contractors?					
No Yes (If yes, how	many of each?)				
Employees:					
Volunteers:					

Independent (	Contractors:				
Does your project have a bank account set up under your project's name?					
If so, bank nar	ne and location:				
Please describ	Please describe qualifications of your key staff and advisors:				
What do you a	anticipate to be the greatest	administrativ	ve challenges in managing this project?		
LOBBYING					
activities that that ask other usually include activity that a this definition,	ask policymakers to take a sp s to ask the same. In contrasses es any discussion of issues wi person or organization unde	pecific position t, the commo th policymak rtakes to infl advocacy to b	rofits, which generally only includes on on a specific piece of legislation, or on language definition of lobbying ers. "Advocacy" encompasses any uence policies. There is great latitude in the court briefs.	n	
Do you anticip	ate doing any lobbying? No	Yes	(If yes, please describe):		
FINANCIAL AN	ID BUDGET				
anticipate hav graphics, phot describe:	ing any (e.g., website, progra os, artwork, member or don	am materials, ation lists)?	ellectual property to date, or do you , electronic media, publications, No Yes If yes, please		
Is this project a funder instigated for multi-funder collaborative project? No , the funder(s) involved are:					
Current Projec	ct Assets – how much do you	have now? \$			
What is your current annual / project budget? \$ Please attach a copy.					
Is there any bu	usiness your project will enga	age in that yo	ou will collect fees for services?		
No Yes	(if yes, please describe	e):			
Are there any grant resources (other than from GCCF) you are anticipating receiving in 2017? If so, please identify the source and amount.					
Anticipated Scapplying, etc.)	• • • • • • • • • • • • • • • • • • • •	ndicate statu	s of funding (received, committed,		
•	Foundation Grants: Name of source:		Status: Amount:		

• Events:	Status				
Name of source:	Amount:				
<ul> <li>Government Grants:</li> </ul>	Status:				
Name of source:	Amount:				
<ul><li>Donations:</li></ul>	Status (Pledged)				
Name of source:	Amount				
Fee for Service:	What type of service(s):				
Name of source:	Amount:				
• Other:	Explain:				
Name of source:	Amount:				
How will your project be sustainable in the next three	ee years?				
Is this project a one-time special event? No	Yes, it will be held on				
Type of event:					
Will tickets be sold? No Yes For how r	much?: \$				
What other fundraising will need to be done around	d the event?				
DEVELOPMENT AND FUNDRAISING					
What special events are you planning this year?					
, , , , , , , , , , , , , , , , , , , ,					
What are your fundraising plans for this year?					
List any additional activities planned for current year:					
Are you planning any fundraising that would involve No Yes (if yes, please describe):	e an auction, raffle tickets or a tournament?				
Will any of your anticipated project activities for thi insurance coverage?	s year involve risk or require special				
No Yes (If yes, please describe)					
ADDITIONAL INFORMATION					
Is there any additional information you would like G	GCCF to know?				
Name of person filling out this form:					

Phone

E-mail (required)

Address

## **Application Checklist**

Filled out all items on application?

Attached a description of your project indicating the following?

- When it began
- Its size, scope and aspirations
- Its nonprofit purpose
- The number of participants
- Target beneficiaries of your activity

Attached is an income and expense budget for this current year and past year (if available)? Attached is a list of your Advisory Committee (minimum of three) with their contact information and brief biographies?

Attached is a bio or resume for the project director?

Attached is a copy of board or advisory committee resolution authorizing Fiscal Sponsorship Agreement with Grant County Community Foundation?