APPLICATION FOR FISCAL SPONSORSHIP

ORGANIZATION INFORMATION:
Individual, organization, or group submitting request:
  Name: ________________________________________________________________________
  Organization: __________________________________________________________________
  Mailing Address: ________________________________________________________________
  Phone: ___________________ E-mail: _______________________________________
  Contact Person: ________________________________________________________________

For what period of time is the Montrose Community Foundation (MCF) being asked to serve as fiscal sponsor?
  Beginning Date: ___________________________ Ending Date: _____________________
  How did you arrive at the end date? _____________________________________________
  ______________________________________________________________________________

Has your group incorporated as a separate legal entity responsible for its own actions? __________
  If you answered yes, please attach relevant correspondence.

Has your group ever had a 501(c)(3) application rejected? ____________ If yes, please explain.
  ______________________________________________________________________________

Does your program plan to become recognized as a non-profit by the IRS by obtaining its own 501(c)(3) status? ____________ If you answered no, why not? __________________________________________
  ______________________________________________________________________________

  If you answered yes, what has been done to date in preparation for securing 501(c)(3) status?
  (please attach relevant correspondence) ____________________________________________
  ______________________________________________________________________________

Do you have liability insurance? ______________________________________________________

11/24/2015
Would other fiscal sponsors be involved in your program in addition to the MCF? If so, why? __________
_____________________________________________________________________________________

PROJECT DESCRIPTION:
What specific, measurable charitable or education outcomes does your group hope to bring about and when? (The lives of how many people will be better and in what specific measurable ways?) __________
_____________________________________________________________________________________
_____________________________________________________________________________________

Who is serving on the Advisory or Steering Committee for this project? (Please attach list.) What other groups or organizations have been involved in planning this effort? _______________________________________________________________________
_____________________________________________________________________________________

The MCF primarily serves the greater Montrose area. What geographic community(ies) do you expect to benefit? _______________________________________________________________________
_____________________________________________________________________________________

The MCF strives to work with all sectors of the community. What specific groups of citizens will benefit? _______________________________________________________________________

A primary objective of the MCF is to encourage endowment building. If your plans include an endowment-building component to help assure long-term attention to your charitable objectives, please describe them. _______________________________________________________________________
_____________________________________________________________________________________

ADMINISTRATIVE INFORMATION:
How much money do you anticipate being contributed to this fund within one year of the first deposit? ____________ How much money over the life of the fund? ________________

When do you expect the first deposit to be made (month/year)? _______________________________________________________________________

11/24/2015
What funds to you anticipate raising for this program, and why do you think these funds will be contributed? How do you plan to raise money? Will you hold events?

___________________________________________________

__________________________________

_____________________________________________________________________________________

Please attach your budget and business plan. How many receipts for expenses or requests for grants do you think the MCF will be asked to process?

_____________________________________________________________________________________

When do you expect to ask the MCF to make the first expense payment or grant?

The MCF requires two signatures on any invoices or request for funds from the project account. Who will submit invoices or requests for grants to the MCF for payment from the fund?

_____________________________________________________________________________________

If you need services from the MCF beyond accepting, receipting, managing or disbursing funds, please indicate what those services are (there may be additional fees for those extra services).

_____________________________________________________________________________________

If you have a written plan of activity for your program, please attach it to this application. If not, explain why?

_____________________________________________________________________________________

Signing this application indicates that the organization’s governing committee has authorized this application, has received a copy of the Montrose Community Foundation’s Fundraising Guidelines, and agrees to abide by those Guidelines.

In serving as your fiscal sponsor, the Montrose Community Foundation must ensure that the outcomes of your program are charitable. By signing this request, you are agreeing to provide the MCF with minutes of your board or steering committee meetings, and to respond in writing to periodic questions from the Foundation regarding activities of your program. We reserve the right to request additional information.

Signature ________________________________ Date _______________

Title ___________________________ Organization ________________________