Application for Fiscal Sponsorship

**Organization Information:** (Who is submitting this request?)

[ ]  Individual [ ]  Organization [ ]  Group/Committee

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Primary Contact Person Telephone

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City State Zip Email Address

For what period of time is the Community Foundation being asked to serve as fiscal sponsor?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Indefinite / No end date planned

 Beginning Date End Date

How did you arrive at that “end date”?

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You are required to have an Advisory Committee.

Do you have an existing committee of at least 3 people? [ ]  Yes [ ]  No

Who is serving on the Advisory Committee for this project?

*You can attach a separate list if one already exists.*

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12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your group incorporated as a separate legal entity responsible for its own actions? [ ]  Yes [ ]  No

*Please attached any relevant correspondence.*

Does your organization plan to obtain your own 501(c)(3) status? [ ]  Yes [ ]  No

If “No” above, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If Yes” above, what has been done to date in preparation for securing 501(c)(3) status?

*Please attached any relevant correspondence.*

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**Project Specifics:**

What specific, measurable, charitable outcomes do you hope to accomplish?

*Include information about the lives of how many people will be impacted or improved and in what specific, measurable ways.*

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What other groups or organizations have been involved in planning this effort?

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The Community Foundation’s service area is the Greater Itasca County Area.

What geographic communities or area do you expect to benefit?

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The Community Foundation strives to work with all sectors of the community.

What specific groups of citizens do you expect to work with, impact or benefit?

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The Community Foundation encourages endowment building.

Do you plan to start and build an endowment?

[ ]  Yes [ ]  No [ ]  Please provide information about endowments

If you responded Yes, please describe your plans.

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**Funding your Project:**

When do you expect the first deposit/contribution to be made? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MM/YYYY

What amount do you anticipate raising for this project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Amount

Why do you think these funds will be contributed?

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How do you plan to raise the money?

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Will you hold fundraising events?

Please check all that apply.

[ ]  Yes [ ]  No [ ]  Occasional [ ]  Regularly Scheduled [ ]  Unknown

*If yes, please describe fundraising:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Receipts for expenses and requests for grants are processed by the Foundation in similar ways.

How many receipts or requests do you estimate the Community Foundation will be asked to process?

[ ]  \_\_\_\_\_\_\_\_\_\_ [ ]  \_\_\_\_\_\_\_\_\_\_ [ ]  \_\_\_\_\_\_\_\_\_\_ [ ]  \_\_\_\_\_\_\_\_\_\_

 per month per quarter per year other

**Please attach your budget.**

When do you expect to ask the Foundation to pay the first grant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MM/DD/YYYY

**Receiving Foundation Services:**

Receipts for expenses or requests for grants are submitted online through our Grant Portal by authorized member(s) of your Advisory Committee.

Who will submit receipts or requests to the Community Foundation?

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How was this authority determined?

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If you need services from the Community Foundation beyond accepting, receipting, managing and disbursing funds, please indicate what those services might be.

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**If you have a separate written plan of activity for your project, please attach it to this application.**

If it serves as your fiscal sponsor, the Community Foundation must ensure that the outcomes of your project are charitable. By signing this request, you are agreeing to provide the Grand Rapids Area Community Foundation with minutes of your Advisory Committee meetings, and to respond in writing to periodic questions from the Community Foundation regarding activities of your project.

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Printed Name Title, Capacity or Authority

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Signature Date

**Application Checklist for Insured Complete Submission:**

A complete application should include the following items:

[ ]  Signed Application

[ ]  Separate list of Advisory Committee members optional if names included on application

[ ]  Project Budget

[ ]  Separate Plan of Activity optional if included on application

**Questions regarding this application can be directed to:**

Chris Fulton, Executive Director ǁ (218) 999-9100 ǁ chris.fulton@gracf.org

**Please submit your completed application:**

Via postal service:

Grand Rapids Area Community Foundation

350 NW 1st Ave., Suite E ǁ Grand Rapids, MN 55744

Via Email:

chris.fulton@gracf.org