

Greater Manhattan Community Foundation

Fiscal Sponsorship Application Form

Submission of this application implies that you have read, understand, and agree to the information provided about Fiscal Sponsorship with the Greater Manhattan Community Foundation.

Organization Information

1.	Individual, organization, or group submitting request: Name:				
	Street Address:				
	City/State/ZIP:				
	Phone:	Fax:	Email:		
	Contact Person				
2.	. For what period of time is the Greater Manhattan Community Foundation being asked to serve as fiscal sponsor? Start date: End date: How did you arrive at that "end date"?				
	riow aid you dirive	at that the date :			
3.	 Has your group incorporated as a separate legal entity responsible for its own actions? Circle one. (Attach relevant correspondence.) Yes 				
4.	Does your program pla own 501(c)(3) status? Yes		nized as "nonprofit" by the IRS by obtaining its		
	If no, why not?				
	If yes, what has been done to date in preparation for securing 501(c)(3) status? (Attach relevant correspondence.)				
5.	Does your program ha Yes	ve liability insuranco No	e? Circle one.		
6.	Does your group have Yes	Bylaws? Circle one No	e. If yes, attach a copy.		

Project Description

1.	What are the goals of this project? How do your goals relate to the purposes of the Greater Manhattan Community Foundation?
2.	What specific, measurable charitable or educational outcomes does this project hope to bring about and when? (The lives of how many people will be better and in what specific, measurable ways?)
3.	What criteria will guide the grant making from the fund?
4.	Who is serving on the Advisory or Steering Committee for this project? (Attach list.) What other groups or organizations are involved in this effort?
5.	What community/communities and populations do you expect to benefit?
6.	A primary objective of the Greater Manhattan Community Foundation 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 it.
7.	Before accepting an application for fiscal sponsorship, the Greater Manhattan Community Foundation must be assured that an appropriate and effective fundraising plan is in place. Please attach a copy of your fundraising plan and/or indicate the fundraising goals and strategies you have identified.

Services Requested from the Greater Manhattan Community Foundation

1.	How many contributors do you expect to have and how much money do you anticipate being contributed to this fund in the first year ? # \$
	# \$ How many contributors do you expect to have and how much money do you anticipate being contributed over the life of the fund? # \$
2.	When do you expect the first contribution to be made (month and year)?
3.	Please attach your operating budget. How many receipts for expenses or requests for grants from the fund do you think Greater Manhattan Community Foundation will be asked to process? per month or per year? When do you expect to request Greater Manhattan Community Foundation to pay the first expense or grant?
4.	Who will submit invoices or requests for grants to Greater Manhattan Community Foundation for payment from the fund, and why does that person or persons have this authority?
5.	If the Greater Manhattan Community Foundation does not serve as fiscal sponsor for this effort, please indicate which other nonprofit, governmental, or religious organizations could be likely candidates to do so, and your reasons for not making this request to them.
do ch ad (w	ne Greater Manhattan Community Foundation will accept "pass-thru" funds in order to help mors achieve their philanthropic goals. These funds which promote or support the general aritable good of the community are established as a service of the Foundation. An additional liministrative fee of 1% or \$10, whichever is greater, will be charged per distribution request hen distribution, or grant, checks are written from the fund) for expendable or pass-thru ntributions. This fee is in addition to the 1% Annual Administration Fee described above.
en yo fur wi	t agrees to serve as your fiscal sponsor, Greater Manhattan Community Foundation must sure that the outcomes and methods of your program are charitable. By signing this request, u are agreeing to abide by Greater Manhattan Community Foundation policies, including the adraising and grant making policies; to provide Greater Manhattan Community Foundation th minutes of meetings; and to respond in writing to periodic questions from Greater anhattan Community Foundation regarding the activities of your program.
Sid	nnature Date

Fiscal Sponsorship Application Checklist

 Completed and signed application form
 Articles of Incorporation
 Bylaws
 IRS determination letter
 Fundraising plan
 Operating budget