



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: _____
- Email: _____
- Contact Person: _____

2. For what period of time is GMCF being asked to serve as fiscal sponsor?

Start date: _____ End date: _____

3. Has your group incorporated as a separate legal entity? (Attach relevant correspondence.)

Yes

No

4. Does your program plan to obtain its own 501(c)(3) status recognized as “nonprofit” by the IRS?

Yes

No

If no, why not?

If yes, what has been done in preparation for securing 501(c)(3) status?

5. Does your program have liability insurance? Circle one.

Yes

No

6. Does your group have Bylaws? Circle one. If yes, attach a copy.

Yes

No

7. Do your plans include an endowment-building component to assure long-term stability.

Yes

No

Project Description

1. What are the goals of this project?
2. Who does the project serve?
3. What geographic area will the project serve?
4. How many people will benefit from the project and when?
5. What are the measureable outcomes of the project?
6. How do your goals relate to the purposes of the Greater Manhattan Community Foundation?
7. What criteria will guide the grant making from the fund?
8. Who is serving on the Advisory or Steering Committee for this project? (Attach list.)
9. What other groups or organizations are involved in this effort?

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**? # _____ \$ _____
2. How many contributors do you expect to have and how much money do you anticipate being contributed **over the life** of the fund? # _____ \$ _____
3. When do you expect the first contribution to be made (mo/yr)? _____
4. Please attach your operating budget. How many receipts for expenses or requests for grants from the fund do you think GMCF will be asked to process? ____ per month or ____ per year?
5. When do you expect to request GMCF to pay the first expense or grant(mo/yr)? _____
6. Who will submit invoices or requests for grants to GMCF for payment from the fund, and why does that person or persons have this authority?
7. If GMCF does not serve as fiscal sponsor for this effort, please indicate which other organization could be likely candidates to do so, and your reasons for not making this request to them.

*GMCF will accept "pass-thru" funds in order to help donors achieve their philanthropic goals. These funds which promote or support the general charitable good of the community are established as a service of the Foundation. **An additional administrative fee of 1% or \$10, whichever is greater, will be charged per distribution request** (checks written from the fund) for expendable or pass-thru contributions. **This fee is in addition to the 1% Annual Administration Fee described above.***

If it agrees to serve as your fiscal sponsor, GMCF must ensure that the outcomes and methods of your program are charitable. By signing this request, you are agreeing to abide by GMCF policies, including the fundraising and grant making policies; to provide GMCF with minutes of meetings, if requested; and to respond in writing to periodic questions from the GMCF regarding the activities of your program.

Before accepting an application for fiscal sponsorship, GMCF must be assured that appropriate plans are in place. Please attach a copy of your plans and indicate the strategies you will be using to secure assets for this fund.

Signature

Date

Fiscal Sponsorship Application Checklist

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