



GMCF Fiscal Sponsorship Application Form

Organization Information

1. Individual, organization, or group submitting request:

Name / Contact: _____/_____

Address/City/State/ZIP: _____

Phone/Email: _____/_____

2. For what period of time are you asking for a fiscal sponsor? Start date: _____ End date: _____

3. Does your program plan to obtain its own 501(c)(3) non-profit status? (circle) Yes No

4. Does your program have liability insurance? (circle) Yes No

5. Does your group have Bylaws? Circle one. If yes, attach a copy. (circle) Yes No

Project Description

1. What are the goals of this project?

2. What specific, measurable outcomes does this project hope to bring about and when?

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.)

Services Requested

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. 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?

Agreement

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

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.

Signature

Date