



APPLICATION FOR FISCAL SPONSORSHIP

Organization Information

1. Individual, organization or group submitting request: _____
Full Name of Contact Person (Project Leader): _____
Mailing Address: _____
Phone: _____ Cell Phone: _____ Email: _____
2. What is the name of the program or project? _____
3. Does the Project have a Federal Employer Identification Number (FEIN)? _____
4. What is the purpose of your group? _____

5. For what period of time is the Foundation being asked to serve as Fiscal Sponsor (how long do you expect the project to last)? Begin date: _____ End date: _____
How did you arrive at that "end date"? _____
6. Has your group incorporated with the MS Secretary of State as a non-profit and a separate legal entity responsible for its own actions? Yes No (Articles of Incorporation Form F-0001)
If so, please attach a copy of articles of incorporation, bylaws, and board or committee lists. If not, please explain your organizational structure in an attachment.
7. Has your group registered as a Charity with the MS Secretary of State? Yes No
8. Is your group registered as a non-profit tax-exempt entity 501(c)(3)? Yes No
9. If no, does your group plan to obtain non-profit 501(c)(3) status? Yes No
If no, why not? _____
If yes, what has been done to secure 501(c)(3) status. _____

10. Do you have liability insurance? Yes No If yes, please attach a copy of the policy.
If no, are your limits covered under another organization? Yes No
11. Please attach a revenue and expense budget for the current year of operation.

Project Description

12. Please describe your project (please include the specific charitable outcome your group hopes to bring about and when? (For example: the lives of *how many* people will be better, *in what specific ways* and *by when?*)

13. If you have a written plan of activity for your project, please attach it to this application. If not, please explain. _____

14. Who is serving on the Advisory or Steering Committee for this project? _____

15. Does anyone on the Advisory or Steering Committee receive payment for services from your organization?

Yes No

16. The PineBelt Foundation’s service area is the Pine Belt. What geographic community or communities do you expect to benefit? _____

17. The PineBelt Foundation strives to work with all sectors of the community. Please describe the specific group(s) of citizens you expect to benefit. _____

18. What other individuals or groups have been involved in planning this effort? _____

19. A primary objective of the 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 them. _____

The Greater PineBelt Community Foundation Services Requested

The PineBelt Foundation can receive (not solicit) tax-deductible contributions from a variety of sources in order to make a grant(s) per this proposal and to realize this charitable project. Said contributions will be segregated to a restricted fund for purposes of the Project. The PineBelt Foundation will have complete discretion and control over the funds. The PineBelt Foundation will fund the Project only to the extent that sufficient contributions are received from donors and after approval of grant recommendation.

20. How much money do you anticipate being directed to this fund within the first twelve months after the first deposit has been made? \$_____. How much over the life of the fund? \$_____.

21. When do you expect the first deposit to be made (month and year)?_____.

22. Please identify the expected source(s) of gifts to the PineBelt Foundation for this grant proposal

- Individual contributions Fundraising (see PineBelt Foundation's fundraising policy)
 Corporate contributions Other
 Private foundation grants

*Please note: The Grantee may be interested in applying for grants from various sources for the Project. As such, this is **solely the responsibility of the Grantee and not that of the PineBelt Foundation**. Further, the Grantee may desire that such grants be made directly to the PineBelt Foundation and name the PineBelt Foundation as the direct recipient. **Because of the reporting and responsibilities surrounding such grants, the PineBelt Foundation will generally not accommodate this. If accepted, all reporting requirements are the responsibility of the Grantee.** The PineBelt Foundation may consider special arrangements or opportunities for grants on a case by case basis.*

23. Will you hold special events? (please describe) _____

24. Please estimate the number of actual contributions the PineBelt Foundation can expect to receive for this Project (by range). (Checks should be made payable to The Greater PineBelt Community Foundation; name of the Project / Fund should be on the memo line).

- 1 - 25 26 - 50 51 - 75 76 - 100 100+

Please note: The PineBelt Foundation will provide gift acknowledgments to all donors for tax purposes. HOWEVER, it will only do so after it receives DETAIL from the Project regarding the value of goods or services each donor received, if any.

25. Please estimate the number of disbursements (grants) the PineBelt Foundation can expect to make for this project (by range). 1-10 11-25 25+

Please note: Any individual or organization receiving any grant disbursement will be required to provide a W-9 and will receive an IRS Form 1099 at year-end.

26. When do you expect to ask the Foundation to make the first disbursement? _____

27. Who will submit invoices or requests for reimbursements for payment; and, why does that person or group of people have this authority? _____

28. If you need (or may need) services beyond accepting, managing and disbursing funds, please indicate what those services will be: _____

29. If the Foundation does not serve as fiscal sponsor for this effort, please tell which other non-profit, governmental or religious organization(s) could be a likely candidate to do so and your reasons for not making this request to them. _____

Please note: this is simply an application which is subject to the PineBelt Foundation's Board of Director's final approval, and if approved, the project will be required to read the Fiscal Sponsorship Policy and read and sign the Fiscal Sponsorship Agreement.

While serving as your fiscal sponsor, The Greater PineBelt Community Foundation must ensure that the outcomes of your project are charitable. By signing this request, you are agreeing that to the best of your understanding, the outcomes of your project are charitable and that you will provide the PineBelt Foundation activity updates regarding your Project and will respond in writing to periodic questions regarding the activities of your project.

- Fund / Project Approved by the PineBelt Community Foundation Funds Acceptance Committee
- Fund / Project NOT Approved by the PineBelt Community Foundation Funds Acceptance Committee

If Approved:

- I have read the Fiscal Sponsorship Policy
- I have read and signed the Fiscal Sponsorship Agreement

Signature: _____

Date: _____

Name (Please Print): _____

Position: _____