



APPLICATION FOR FISCAL SPONSORSHIP – MODEL A (COMPREHENSIVE)

SECTION 1: PROJECT INFORMATION

Date of application:	
Name of Project	
Address	
City/State/Zip	
Contact Name/Title	
Contact E-mail	
Contact Phone	
Project Website	
Please describe your project's charitable purpose.	
Date founded:	
Is the project incorporated as a nonprofit corporation? ☐ No ☐ Yes, in Washington State (UBI number): _____ ☐ Yes, in another state (specify) _____	
Does the project have a Federal Employer Identification Number? ☐ No ☐ Yes If yes, please provide the FEIN: _____	
Has the project applied, or does it plan to apply, for 501(c)3 tax exemption? ☐ No ☐ Yes, 501(c)3 tax exemption granted on (date) _____ ☐ Yes, applied on (date) _____ ☐ Yes, plan to apply within 1-2 years ☐ Yes, plan to apply in 3 or more years ☐ Don't know	
Does the project have a current or previous fiscal sponsor? ☐ No ☐ Yes	

If yes, provide fiscal sponsor name, contact person(s) and phone number(s)/email address(es), and provide reason for seeking a new fiscal sponsor.

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Number of full-time paid employees:		Number of part-time paid employees:	
Number of volunteers:		Number of volunteer hours per week:	

Who keeps the project's books? ☐ Staff ☐ Volunteer ☐ Contract bookkeeper ☐ Fiscal sponsor ☐ Other (specify) _____ ☐ Not applicable
What accounting software does the project use? ☐ Quickbooks ☐ Other (specify) _____ ☐ Not applicable
Who owns the accounting software? ☐ Project ☐ Fiscal sponsor ☐ Other (specify) _____ _____ ☐ Not applicable
Does the project currently use a donor database/CRM? ☐ No ☐ Yes (specify): _____
If you use a donor database, is it owned by your project or by another entity such as a fiscal sponsor? ☐ Project ☐ Fiscal sponsor ☐ Other (specify) _____

Does the project have a bank account in its own name? ☐ No ☐ Yes
If yes, please provide the bank name, address and contact name/phone number, and the name(s) of the authorized signer(s) on the account.

Please describe the structure of the project, e.g.: How are project decisions made? Is there an advisory body overseeing the project's operations? Does the project have Bylaws? Are minutes kept of advisory body proceedings?

Please describe the project's current activities and recent accomplishments. What are your services and how do you deliver them? What outcomes do you/will you achieve?

Who benefits from the project? Describe any communities or groups that benefit from its work. How do the staff and volunteers reflect the communities served by the project?

Describe how the project connects with the community. How does it reach out to/involve the community it serves? How does it engage with clients/participants, stakeholders, supporters, and funders?

What groups and/or individuals does/will the project collaborate with in carrying out its mission?

How does/will your project raise money, and who are your donors? Please attach your fundraising plan, or describe below, and include a breakdown of where your revenue comes from (e.g., individuals, foundations, government grants, fundraising events, earned income). Please also include your best estimate of the number of separate donations you receive per year.

Does the project have any assets (e.g., savings/checking accounts, real property, buildings, computers, furniture, etc.)? ☐ No ☐ Yes If yes, please describe, or attach a list of assets.

Does the project have any debt (loans, mortgages, leases, etc.)? ☐ No ☐ Yes If yes, please describe.

Is this project involved in any pending litigation, has it been involved in past litigation, and does it have any outstanding judgements? ☐ No ☐ Yes If yes, please describe in detail.

Do other projects or organizations provide the same or similar programs in Washington State or your geographical area? ☐ Yes ☐ No If yes, please list those projects or organizations, and describe what distinguishes your project from similar projects (e.g. population served, geographic area served, etc.)

Does the project try to influence elections (e.g., endorse candidates for office, support campaigns, or host candidate forums)? ☐ No ☐ Yes If yes, please describe the nature and scope of your activities.

How did you learn about Evergreen Social Impact, and why does your project seek fiscal sponsorship from Evergreen Social Impact?

SECTION 2: SUPPORTING DOCUMENTS

Required:

- Operating budget¹
- Project financial statement from most recent completed fiscal year or (current year) fiscal period, if applicable (please provide independently audited, reviewed or compiled statement if available)
- Current organization chart
- List of Board or Advisory Committee members, if any (*with affiliations*)
- List of key staff and/or volunteers (*with description of responsibilities*)
- Copies of Board or Advisory Committee meeting minutes for past two years, if any
- Strategic or business plan

¹ You may use your own budget template, or you may complete the template provided to you with this application. If using your own template, please indicate the time period covered by the budget.

Optional (please attach as many as apply):

- | | | |
|---|-----------------------------------|---|
| • Articles of Incorporation | ☐ Attached | ☐ Not applicable |
| • Bylaws | ☐ Attached | ☐ Not applicable |
| • IRS Form 1023 | ☐ Attached | ☐ Not applicable |
| • 501(c)3 tax exemption letter | ☐ Attached | ☐ Not applicable |
| • Project organizational chart | ☐ Attached | ☐ Not applicable |
| • Fundraising plan | ☐ Attached | ☐ Not applicable |
| • List of assets | ☐ Attached | ☐ Not applicable |
| • List of debts/obligations | ☐ Attached | ☐ Not applicable |
| • Letters of support from community partners and/or funders | ☐ Attached | ☐ Not applicable |

SECTION 3: REFERENCES

Please list contact information for two people or groups familiar with your project that we may contact:

Name/Title/Employer			
Email		Phone	
Relationship to project			
Name/Title/Employer			
Email		Phone	
Relationship to project			

By my signature below, I attest that:

1. I am authorized on behalf of the project to provide the requested information, and
2. The information provided here is accurate and complete to the best of my knowledge.

Signature

Date

Name/Title: _____

*Please submit completed applications to the Evergreen Social Impact team at
receptionist@evergreensocialimpact.org*