



APPLICATION FOR FISCAL SPONSORSHIP – MODEL C (PRE-APPROVED GRANT)

SECTION 1: PROJECT INFORMATION

Date of application	
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Name of Project	
Address	
City/State/Zip	
Contact Name/Title	
Contact E-mail	
Contact Phone	
Project Website	

Please describe your project's charitable purpose, including your mission statement.	
Date founded:	
What is your legal corporate status? <input type="checkbox"/> Washington State nonprofit corporation <input type="checkbox"/> Nonprofit corporation in other state _____ <input type="checkbox"/> Unincorporated entity <input type="checkbox"/> Public Benefit Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other status (specify) _____	
Do you have General Liability and Directors & Officers insurance coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide coverage levels. If no, please provide information for your plan to obtain coverage.	

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 in 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 name, contact person and phone number/email address, and provide reason for seeking a new fiscal sponsor.

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 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 a Board of Directors or other advisory body overseeing the project's operations? Does the project have Bylaws? Are minutes kept of governing/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 this 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 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.

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.

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:

- Grant information form (attached to this application – please complete one information form for each grant that would be covered under a fiscal sponsorship agreement)
- 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)
- List of Board or Advisory Committee members *(with affiliations)*
- List of key staff and/or volunteers *(with description of responsibilities)*
- 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
- 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 Beth Harvey, Executive Director, at beth@evergreensocialimpact.org

Questions? Call us at (206) 569-5587

GRANT INFORMATION

Please use a separate sheet for each grant being contemplated under this proposed fiscal sponsorship agreement

Project Name		Date	
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Funder		Funder Website	
Funder Contact		Contact Email	

(Expected) Grant Award		(Expected) Grant Period	
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Current Grant Status	<input type="checkbox"/> Not applied yet <input type="checkbox"/> LOI <input type="checkbox"/> Application in process <input type="checkbox"/> Application submitted <input type="checkbox"/> Grant Award Pending <input type="checkbox"/> Grant Awarded <input type="checkbox"/> Other (describe) _____
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Please describe the purpose of the grant. What are the activities, outputs/deliverables, proposed outcomes? Please also provide information about your readiness to carry out the activities under the grant – staffing, partnerships, etc. (If possible/available, please attach a copy of the grant proposal in lieu of completing this section).

Please describe the expected grants terms & conditions, including all reporting requirements (program and financial), match requirements (if any), insurance requirements (if any), etc. (If possible/available, please attach a copy of the funder's grant agreement/agreement template in lieu of completing this section).

Please provide any other information regarding this grant that could help us to review/assess this opportunity and help us make a decision regarding approving this application for sponsorship.