



Application for Project/Fiscal Sponsorship

Organization Information

1. Individual, organization, or group submitting request:

Name: _____ Contact Person: _____

Mailing Address: _____

Telephone: _____ E-mail _____

2. For what period of time in the Community Foundation being asked to serve as fiscal sponsor and how did you arrive at this date? Begin date: _____ End date: _____

3. Has your group incorporated as a separate legal entity responsible for its own actions? YES NO
(Attached relevant correspondence)

5. Do you have an operating Board or Committee?

4. Does your project plan to become recognized as non-profit by the IRS by obtaining its own 501(c)(3) status? YES NO
If you circled "no", why not and if you circled "yes" what has been done to date in preparation for securing 501(c)(3) status? (Attach relevant correspondence)

Financial Information

1. How much money do you anticipate being contributed to the Fund after the first deposit has been made?

2. When do you expect to ask the Community Foundation to pay the first expense or reimbursement?

3. How many receipts for expenses or requests for grants from the Fund do you think the Community Foundation will be asked to process? Per month ____ or per year _____

4. Will this project include employees who will be the responsibility of the Community Foundation?

5. What is the source of funds you anticipate raising for this project, and why do you think these funds will be contributed?



6. Will you be holding Fundraising events?
7. Please attach budget if applicable.
8. Who will be the contact person submitting invoices or requests to the Community Foundation for payment from the fund? (*name, phone & e-mail*)

Project Information

1. Describe project very briefly. (Attach one page description if needed)
2. What specific, measurable, charitable or educational outcomes does your group hope to bring about and when? (The lives of how many will be improved and in what specific, measurable ways?)
3. Who is serving on the advisory or steering committee for this project? (Please attach a list of names & phone numbers.)
4. The Community Foundation's primary service includes the Greater Winona Area. What geographic "community/communities" do you expect to benefit?
5. The Community Foundation strives to work with all sectors of the community. What specific groups of citizens do you expect to benefit?
6. If you need services from the Community Foundation beyond accepting, receipting, managing and disbursing funds, please indicate what those services might be.
7. If you have a separate written plan of activity for your project, please attach it to this application.

If it serves as your fiscal sponsor, the Foundation must ensure that the outcomes of your project are charitable. If this application is approved and an agreement is completed you will be asked to provide minutes of your board or steering committee meetings and to respond in writing to periodic questions from the Winona Community Foundation regarding activities of your project.

Signature _____ Date _____

Printed Name & Title (or capacity with committee) _____

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