



**Billings Community Foundation
APPLICATION FOR FISCAL SPONSORSHIP**

Organization Information

1. Individual, organization or group submitting request:

Organization Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Contact: _____ Title: _____

Employee ID No. (Tax ID) _____

2. Please attach a list of committee or board members.

3. What is the purpose of your group? _____

4. 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"? _____

5. Has your group incorporated with the state as a separate legal entity responsible for its own actions? (circle one) yes no

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.

6. Does your group plan to obtain non-profit 501(c)(3) status? (circle one) yes no
If you circled "no", why not? _____

If you circled "yes", what has been done to date in securing 501(c)(3) status?

7. Do you have liability insurance? ____ no ____ yes If so, please attach a copy of the policy.

8. Please attach a revenue and expense budget for the current year of operations.
9. If you have a written plan of activity and fundraising for your program, please attach a copy. If you do not, please explain why. _____

Project Description

10. What specific charitable outcomes does your group hope to bring about and when? (The lives of *how many* people will be better, *in what specific ways* and *by when*?)

11. Who else is currently providing this service to the community? _____

12. The Foundation's service area is the greater Yellowstone Valley community. What geographic community(ies)" do you expect to benefit? _____

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

14. What other individuals or groups have been involved in planning this effort? When did they begin? (Please include approximate number of people and tell why they have been involved.) _____

15. A primary objective for the Foundation is to encourage endowment-building. Do your plans include an endowment-building component to help assure long-term attention to your charitable objectives? Please describe them. _____

Billings Community Foundation Services Requested

- 16. How much money do you anticipate being directed to this fund within the first twelve months after the first deposit has been made? \$ _____
- 17. When do you expect the first deposit to be made (month & year)? _____
- 18. How do you plan to raise the money? Will you hold special events?

- 19. How many donations do you think the Foundation will be asked to process?
_____ per month or _____ per year _____
- 20. When do you expect to ask the Foundation to make the first disbursement?

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

- 22. If you need (or may need) services beyond accepting, managing and disbursing funds, please tell what those services are: _____

While serving as your fiscal sponsor, The Billings 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 if asked you will provide the Foundation with written notification of all meetings of your board or steering committee and will respond in writing to periodic questions regarding the activities of your project.

Please note that we charge a 6-10% fiscal sponsorship fees to cover our costs for providing these services. The actual percentage is determined on a case-by-case basis depending on the level of service needed.

Signature: _____

Date: _____

Name: _____

Position: _____