



PO Box 1911 • Great Bend, KS 67530 • (620) 792-3000

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. What is the purpose of your group? _____

3. 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”? _____

4. Has your group incorporated with the Secretary of 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.
5. 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.

6. Do you have liability insurance? ___ no ___ yes If so, please attach a copy of the policy.
7. Please attach a revenue and expense budget for the current year of operations.

8. 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

9. 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*?)

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

11. The Foundation's service area is Barton, Pawnee, Rush, and Stafford counties. What geographic community(ies) do you expect to benefit?

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

13. 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.) _____

14. A primary objective for 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.

Golden Belt Community Foundation Services Requested

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

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

17. How do you plan to raise the money? Will you hold special events?

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

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

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

22. 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. _____

While serving as your fiscal sponsor, the Golden Belt 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 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.

Signature: _____

Date: _____

Name: _____

Position: _____