

4Community Solutions Request for Fiscal Sponsorship Application Questionnaire

Request Date: _____ Project Name: _____

Name, Title of Principal Contact: _____

Telephone: _____ / _____
(office) (mobile)

Email (required): _____

Address: _____

Website: _____

Applying for (*circle one*): Model 1 Model 2 Model 3

1. What is the legal status of this project? (Check one)
- Sole proprietorship
 - Unincorporated association
 - California nonprofit corporation
 - 501(c)3 corporation
 - California nonprofit corporation that has applied for 501(c)3 status
 - Governmental agency
 - A fiscally sponsored project of another 501(c)3 organization
 - Other: _____

2. Nonprofit purpose of the project (one sentence):

3. Current Project Assets – how much do you have now? \$ _____

4. Anticipated Annual Budget: \$ _____

5. Anticipated Source(s) of Revenue: (please indicate status of funding as received, committed, applying, etc.)
- Foundation grants: \$ _____
Status _____
- Government grants: \$ _____
Status _____
- Donations: \$ _____
Status _____
- Events: \$ _____
Status _____
- Fee for Service: \$ _____
Status _____
- Other: \$ _____
Status _____

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6. Number on Advisory Committee (minimum of three): _____
7. Do you anticipate having employees, volunteers, and/or independent contractors? No ___ Yes ___ If yes, how many of each?
Employees: _____ Volunteers: _____ Independent Contractors: _____
8. Do you anticipate any lobbying? No ___ Yes ___ If yes, please describe: _____
9. Has the project created or acquired any significant intellectual property to date or do you anticipate having any (e.g., website, program materials, electronic media, publications, graphics, photos, artwork, member or donor lists)? No ___ Yes ___ If yes, please describe: _____

10. Do/would any of your anticipated project activities involve risk or require special insurance coverage?
No ___ Yes ___ If yes, please describe: _____

11. Do you anticipate any administrative difficulties for 4CS in managing this project? No ___ Yes ___ If yes, please describe: _____

12. Are you currently using another fiscal sponsor? No ___ Yes ___
Fiscal Sponsor Name: _____
Name of Contact: _____
Phone: _____ Email: _____
Please describe their attitude toward this transfer: _____

13. Are you exploring other fiscal sponsors for this project?
No ___ Yes ___ Who? _____
14. How did you find us? _____
15. Project location/area of service (check all that apply):
San Diego County ___ Escondido ___
City of San Diego ___ Poway ___
16. Content type (check all that apply):
___ Arts & Culture ___ Education ___ Environment ___ Health
___ Youth ___ Disaster ___ Safety ___ Human Services ___ Seniors
___ Public Affairs ___ Other: _____

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17. 4CS qualifier (check all that apply):
- ___ A project seeking incubation
- a. Have you applied for 501(c)3 status? No ___ Yes ___
- b. Do you anticipate applying within the next five years?
No ___ Yes ___ Maybe ___
- ___ A funder-instigated or multi-funder collaborative project
- a. Is more than one foundation involved in launching this project?
No ___ Yes ___
- b. Is this project the result of a single funder's initiative? No ___ Yes ___
- ___ A project of limited duration
- a. Is this project a one-time special event? No ___ Yes ___
- b. Do you anticipate this project being completed within the next two years?
No ___ Yes ___
- c. Do you anticipate this project being completed within the next five years?
No ___ Yes ___
- d. Do you anticipate this project lasting ten years or more?
No ___ Yes ___

Application Checklist

Have you:

- Completed all questions on this application?
- Attached a description of your project indicating the following (no longer than 4 pages in length)?
- ✓ History
 - ✓ Size, scope, and aspirations
 - ✓ Nonprofit purpose
 - ✓ Number of participants
 - ✓ Partners and collaborators
 - ✓ Who will benefit from your project
 - ✓ Project objectives and goals (your vision for success)
- In addition, have you attached the following?
- ✓ An income-and-expense budget for the current year and the past year if available, with line-item detail to include "fiscal sponsorship fee"?
 - ✓ A list of your Advisory Committee (minimum of three) with their complete contact information and brief biographies?
 - ✓ A bio or resume for the project director?

Please submit your application to: 4Community Solutions, Attn: Valerie Brown, 16789 Bernardo Center Drive, 2nd floor, San Diego CA 92128, FAX 858.487.9324, or admin@4communitysolutions.com