



# Fiscal Sponsorship Application

Charitable Ventures of Orange County receives more requests for sponsorship than it can accommodate. One criterion for incoming projects is that the applicant must have a minimum of \$10,000 to open an account.

## Organization Information

(individual, organization, or group submitting request)

Name _____	Date of Application _____
Address _____	Contact Name _____
City _____	Contact Title _____
State _____ Zip/ Postal Code _____	Contact E-Mail _____
Phone Number _____	Website _____
Fax Number _____	

For what period of time is CVOC being asked to service as fiscal sponsor?

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

How did you arrive at that "End date"?  
\_\_\_\_\_  
\_\_\_\_\_

Is your organization legally incorporated?  Yes  No If "yes," attach copy of Incorporation Document and your Bylaws

Does your program plan to become recognized as non-profit by the IRS by obtaining its own 501(c)3 status?  Yes  No

If "yes," what has been done to date in preparation for securing 501(c)3 status? Please attach relevant documentation, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If "no" why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much money do you anticipate being contributed to this Fund within twelve months after the first deposit has been made? \_\_\_\_\_

How much over the life of the Fund? \_\_\_\_\_

When do you expect the first deposit to be made \_\_\_\_\_

When do you expect to ask CVOC to pay the first expense or receive the first grant or donation? \_\_\_\_\_

Does your organization have insurance?  Yes  No If "yes," what kind and how much coverage? \_\_\_\_\_

What is the name of your organization? \_\_\_\_\_

Briefly state your organization's mission and/or purpose:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the client population and services you provide. Include the geographic community you expect will benefit from your activities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe past, present, and current activities (detail who, what, where, when, why). If you have a written plan of activity for your program, please attach it to this application  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What specific, measurable outcomes does your group hope to bring about and when?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your past, present and future fundraising activities and plans. Do you expect to earn any unrelated business income? Please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is currently serving on the Board of Directors, Advisory Board and/or Steering Committee for this organization? (Minimum of 3 people) Please attach list. Indicate if any are a public official or if there are any business or family relationships.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you need services from CVOC beyond accepting, acknowledging, managing and disbursing funds, please indicate those services:

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How did you hear about CVOC? \_\_\_\_\_

Are you currently using another fiscal sponsor? \_\_\_\_\_

If yes, who? \_\_\_\_\_

**Please include the following attachments with your application:**

1. A proposed budget outlining the projected costs and sources of revenue for the proposed project in the next 12 months
2. Resume of project director
3. Three letters of reference from individuals familiar with your past and present work, your character, and your commitment to improving the quality of life in your community.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Position/Title \_\_\_\_\_