

Fiscal Sponsorship Application Questionnaire

Name of Project:				
Date of request:	Name of Principal Contact:			
Title:	Telephone:			
Email:				
Mailing Address:				
1. What is the legal status of this project? (clean Sole proprietorship Unincorporated association California nonprofit corporation 501(c)(3) corporation California nonprofit corporation that has	,			
2. Purpose of the project (one sentence):				
3. Current project assets (how much do you	have now?): \$			
4. Anticipated annual budget: \$				

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5.	Anti	cipated source(s) of revenue:		
6. if "y	es." Y	you have an Advisory Commi es lo	ttee? (check one below). Pleas	e list names and titles below
7. one	•	you anticipate having employ	ees, volunteers, and/or indeper	ndent contractors? (check
	· \	Yes No If yes, how many of each?:		
	I	Employees	Volunteers	Independent contractors
8.	; I	you anticipate doing any lobb Yes No If yes, please describe anticip	,	
anti	cipa tos, \		ed any significant intellectual pr program materials, electronic m ts)?:	



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14. Are you exploring other fiscal sponsors for this project?: Yes No Who?:	
13. If you have a current fiscal sponsor, please describe their attitude toward this	s transfer:
12. Are you currently using another fiscal sponsor?: Yes No Name:	
11. Do you anticipate any administrative difficulties for Center for Volunteer & No Leadership in managing this project?: Yes No If yes, please describe:	onprofit
Do/would any of your anticipated project activities involve risk or require spectoverage?: Yes No If yes, please describe:	cial insurance

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14.	How	did	vou	find	us?
17.	1 10 11	aiu	you	IIII	uО

15. Project location/area of service by county (check all that apply):

Alameda

Contra Costa

Marin

Napa

San Francisco

Solano

Sonoma

San Mateo

Santa Clara

Other California counties/regions:

Other U.S. locations:

16. Field of interest (check all that apply):

Arts & Culture Education

Environment

Health Human Services

Public Affairs

Other (please identify):

17. Center for Volunteer & Nonprofit Leadership qualifier (check all that apply):

A project seeking incubation

• Have you applied for a 501(c)(3) status?

Yes

No

• Do you anticipate applying within the next five years?

Yes

No

Maybe

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A funder-instigated or multi-funder collaborative project

•	Is more than one foundation involved in launching this project?
	Yes
	No

Is this project the result of a single funder's initiative?
 Yes
 No

A project of limited duration

Is this project a one-time special event?
 Yes
 No

Do you anticipate this project being completed within the next two years?
 Yes
 No

 Do you anticipate this project being completed within the next five years Yes
 No

Do you anticipate the project lasting ten years or more?
 Yes
 No

APPLICATION CHECKLIST

Have you:

Filled out all items on this questionnaire?
Attached a description of your project indicating the following?

- o When it began
- o Its size, scope, and aspirations
- o Its nonprofit purpose
- o The number of participants

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- o The target beneficiaries of your activity
- o Attached an income-and-expense budget for this current year and past year, if available?
- Attached a list of your Advisory Committee (minimum of three) with their contact information and brief biographies?

Please submit your application to lmwamba@cvnl.org or mail to:

Center for Volunteer & Nonprofit Leadership 65 Mitchell Blvd., Suite 101, San Rafael, CA 94903 Attn: Lievin Mwamba