

**BLUE GRASS COMMUNITY FOUNDATION**

499 East High Street, Suite 112  
Lexington, Kentucky 40507-1714  
(859) 225-3343

**APPLICATION FOR FISCAL SPONSORSHIP**

**Organization Information:**

1. Individual, organization, or group submitting request:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

2. For what period of time is BGCF being asked to serve as fiscal sponsor?

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

How did you arrive at "End Date"?

3. Has your project incorporated as a separate legal entity responsible for its own actions?

Yes                      No

*(Attach relevant correspondence and documents)*

4. Does your program plan to become recognized as a nonprofit by the IRS by obtaining its own 501(c)(3) status?

Yes                      No

If you circled "no" above, why not?

If you circled "yes" above, what has been done in preparation for securing 501(c)(3) status? *(Attach relevant correspondence)*

**Project Description:**

1. What specific, measurable, charitable or educational outcomes does your project hope to bring about and when?
2. Who is serving on the Advisory Board for this project? (*Attach List*)
3. What other groups or organizations have been involved in planning this effort?
4. What geographic area does your project expect to benefit?
5. BGCF strives to work with all sectors of the community. What specific groups of citizens do you expect to benefit?

**BGCF Services Requested:**

1. 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? \$\_\_\_\_\_.
2. When do you expect the first deposit to be made (month and year)?  
\_\_\_\_\_.
3. What funds do you anticipate raising for this program, and why do you think these funds will be contributed? How do you plan to raise the money? Will you hold fundraising events? Marketing strategies?

4. Please attach your annual budget. How many receipts for expenses or requests for grants from the Fund do you think BGCF will be asked to process? \_\_\_\_\_ per month or \_\_\_\_\_ per year.
  
5. When do you expect to ask BGCF to pay the first expense or grant?
  
6. Who will submit invoices or requests for grants to BGCF for payment from the Fund, and how has this person been given this authority?
  
7. If you need services from BGCF beyond accepting, acknowledging, managing and disbursing funds, please indicate what those services are:
  
8. If you have a separate plan of activity for your project, please attach it to this application.

If BGCF serves as your fiscal sponsor, it must ensure that the outcomes of your project are charitable. By signing this Application, you are agreeing to provide BGCF with minutes of your meetings and to provide BGCF will additional information, as it becomes necessary, throughout the course of this Agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title or Capacity: \_\_\_\_\_