



Initial Application for Fiscal Sponsorship

Date of Request: _____ Desired Date for Acceptance: _____
Primary Contact: _____ Name of Project: _____
Telephone: _____ Email: _____
Address: _____ Website: _____

*(application remains active for 30 days from date of request - re-application required after 30 days)

1. Please describe your project including its activities. Provide flyer/materials if available.
2. How does your project address community need(s) in NECN's service area?
3. How does your project address the issue of "equity" in relation to: target audience/participants, community engagement and/or community benefits?
4. Who is involved with this project? What is their experience level for a project of this type? Please list all community partners involved and their anticipated roles.
5. What is the anticipated timeline for the project? (start date, major milestones, end date)

6. Project location/area of service by neighborhood (check all that apply):

- | | | | |
|------------------------------------|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> Eliot | <input type="checkbox"/> Irvington | <input type="checkbox"/> Sullivan's Gulch |
| <input type="checkbox"/> Boise | <input type="checkbox"/> Grant Park | <input type="checkbox"/> King | <input type="checkbox"/> Vernon |
| <input type="checkbox"/> Concordia | <input type="checkbox"/> Humboldt | <input type="checkbox"/> Sabin | <input type="checkbox"/> Woodlawn |

7. Project type (check all that apply):

- | | | | |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Education | <input type="checkbox"/> Health | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Civic Affairs | <input type="checkbox"/> Environment | <input type="checkbox"/> Human Services | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Land Use & Transportation | <input type="checkbox"/> Other: | | |

www.necoalition.org

8. What is the legal status of this project? (Check one.)

- Individual
- Sole Proprietorship
- Un-incorporated association
- Oregon nonprofit corporation
- 501(c)(3) Corporation
- Oregon nonprofit corporation that has applied for 501(c)(3) status
- Governmental Agency
- Other: _____

9. Current project assets – how much do you have now? (Give numbers.)

Volunteers: _____ In-Kind: _____
Revenue: _____ Other: _____

10. Anticipated project budget:

Please complete attached project budget on last page

What is the anticipated annual budget amount? \$ _____

11. Anticipated source(s) of revenue; please indicate source(s) and status of funding (including: received, committed, applying, etc.):

Foundation Grants: _____

Government Grants: _____

Donations: _____

Events: _____

Fee for Service: _____

Other: _____

12. Do you have a Board of Directors? _____ If so, how many? _____

13. Do you have an Advisory Committee? _____ If so, how many? _____

14. Do you anticipate having employees, volunteers, and/or independent contractors?

Yes No If yes, how many of each:

Employees: _____ Volunteers: _____ Independent Contractors: _____

15. Do you anticipate doing any lobbying?

Yes No If yes, please describe anticipated activities:

16. 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)?

Yes No If yes, please describe

17. Do/would any of your anticipated project activities involve risk or require special insurance coverage?

Yes No If yes, please describe:

18. Are you currently using another fiscal sponsor? Yes No
Fiscal Sponsor Name: _____

Name of Contact: _____

Phone: _____ Email: _____

19. Are you exploring other fiscal sponsors for this project? Yes No

20. How did you find us?

