Fiscal Sponsorship Renewal Application

STATEMENT OF INTENT & PROJECT SUMMARY

|  |  |  |  |  |  |  |  |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Grantee) wishes to rewew, terminate and/or add the projects listed below for fiscal sponsorship with SE Uplift Neighborhood Coalition.  We have reviewed the information provided in the Handbook and the attached application was approved by a vote of our board/leadership on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | | | | | | | |
|  | **List all projects being renewed, terminated or added for fiscal sponsorship** | | **Status** (Select one for each project by making **bold.**) | | | | |
| 1 |  | | Renew | | Terminate | | Add |
| 2 |  | | Renew | | Terminate | | Add |
| 3 |  | | Renew | | Terminate | | Add |
| 4 |  | | Renew | | Terminate | | Add |
| 5 |  | | Renew | | Terminate | | Add |
| 6 |  | | Renew | | Terminate | | Add |
|  | | | | | | | |
| **For each project we are renewing, we have (check next to each item):** | | | | | | | |
|  | Included the information about the each project on the following [Project Summary](#Summary) page | | | | | | |
|  | Attached an [Expense Worksheet](http://www.seuplift.org/wp-content/uploads/2015/11/Renewal_Expense-Worksheet-2016.docx) showing anticipated expenses for each project | | | | | | |
|  | Attached an [Annual Report](http://www.seuplift.org/wp-content/uploads/2015/11/Renewal_AnnualReport-2016.docx) describing last year’s activities for each project | | | | | | |
| **For the projects being terminated, we have (check next to each item):** | | | | | | | |
|  | Attached an [Annual Report](http://www.seuplift.org/wp-content/uploads/2015/11/Renewal_AnnualReport-2016.docx) for each project being terminated | | | | | | |
|  | Attached a plan for any remaining funds held with SE Uplift for each project being terminated. Please work with SE Uplift staff prior to your board’s vote to establish a plan for transfer or use of any remaining funds being held with SE Uplift. | | | | | | |
| **For new projects, we have:** | | | | | | | |
|  | Included information about each project on the following [Project Summary](#Summary) page | | | | | | |
|  | Attached an [Expense Worksheet](http://www.seuplift.org/wp-content/uploads/2015/11/Renewal_Expense-Worksheet-2016.docx) for each new project, showing anticipated expenses | | | | | | |
|  | | | | | | | |
| **Signature:** | |  | | **Date:** | |  | |

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| **PROJECT SUMMARY PAGE** | | | | | | | | |
| **Applicant:** |  | | | **Date:** | | |  | |
| **Instructions:** Please list each project for which your organization would like to receive fiscal sponsorship in the coming year. Add lines for events/activities as needed or complete on a separate page. | | | | | | | | |
| **Project/Event/Activity 1:** | |  | | | | | | |
| Please describe of how this project will benefit and serve the mission of your organization. | | | | | | | | |
|  | | | | | | | | |
| Types of fundraising efforts (seeking in-kind donations like refreshments, soliciting financial donations from neighbors, applying for grants, etc.): | | | | | | | | |
|  | | | | | | | | |
| Date for event/project culmination and anticipated months of fundraising activity: | | | | |  | | | |
| **Project coordinator:** | |  | | | | | | |
| **Phone:** | |  | | **Email:** | | | |  |
|  | | | | | | | | |
| **Project/Event/Activity 2:** | |  | | | | | | |
| Please describe of how this project will benefit and serve the mission of your organization. | | | | | | | | |
|  | | | | | | | | |
| Types of fundraising efforts (seeking in-kind donations like refreshments, soliciting financial donations from neighbors, applying for grants, etc.): | | | | | | | | |
|  | | | | | | | | |
| Date for event/project culmination and anticipated months of fundraising activity: | | | | |  | | | |
| **Project coordinator:** | |  | | | | | | |
| **Phone:** | |  | **Email:** | | | | |  |
|  | | | | | | | | |
| **Project/Event/Activity 3:** | |  | | | | | | |
| Please describe of how this project will benefit and serve the mission of your organization. | | | | | | | | |
|  | | | | | | | | |
| Types of fundraising efforts (seeking in-kind donations like refreshments, soliciting financial donations from neighbors, applying for grants, etc.): | | | | | | | | |
|  | | | | | | | | |
| Date for event/project culmination and anticipated months of fundraising activity: | | | | |  | | | |
| **Project coordinator:** | |  | | | | | | |
| **Phone:** | |  | | **Email:** | | | |  |
|  | | | | | | | | |
| **Project/Event/Activity 4:** | |  | | | | | | |
| Please describe of how this project will benefit and serve the mission of your organization. | | | | | | | | |
|  | | | | | | | | |
| Types of fundraising efforts (seeking in-kind donations like refreshments, soliciting financial donations from neighbors, applying for grants, etc.): | | | | | | | | |
|  | | | | | | | | |
| Date for event/project culmination and anticipated months of fundraising activity: | | | | | |  | | |
| **Project coordinator:** | |  | | | | | | |
| **Phone:** | |  | | **Email:** | | | |  |
|  | | | | | | | | |
| **Project/Event/Activity 5:** | |  | | | | | | |
| Please describe of how this project will benefit and serve the mission of your organization. | | | | | | | | |
|  | | | | | | | | |
| Types of fundraising efforts (seeking in-kind donations like refreshments, soliciting financial donations from neighbors, applying for grants, etc.): | | | | | | | | |
|  | | | | | | | | |
| Date for event/project culmination and anticipated months of fundraising activity: | | | | | |  | | |
| **Project coordinator:** | |  | | | | | | |
| **Phone:** | |  | | **Email:** | | | |  |
|  | |  | | | | | | |
| **Project/Event/Activity 6:** | |  | | | | | | |
| Please describe of how this project will benefit and serve the mission of your organization. | | | | | | | | |
|  | | | | | | | | |
| Types of fundraising efforts (seeking in-kind donations like refreshments, soliciting financial donations from neighbors, applying for grants, etc.): | | | | | | | | |
|  | | | | | | | | |
| Date for event/project culmination and anticipated months of fundraising activity: | | | | | |  | | |
| **Project coordinator:** | |  | | | | | | |
| **Phone:** | |  | | **Email:** | | | |  |

**Fiscal Sponsorship**

**ANNUAL REPORT**

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| --- | --- | --- |
| Reflect on the previous year and answer the following questions **for each project that your organization wishes to renew and/or terminate**. If a question is not relevant to your project, please write in ‘n/a.’ | | |
| **Project/Event/Activity:** | |  |
| 1. **Successes:** Describe the project’s benefits (tangible and intangible) to the community. List any project milestones and/or main activities accomplished in the past year. | | |
|  | | |
| 1. **Mission compatibility:** Describe how you think your project met SE Uplift’s mission of “empowering citizens and neighborhood associations to create communities that are livable, socially diverse, safe and vital.” | | |
|  | | |
| 1. Did you use SE Uplift’s tax id to fundraise? How? (grant applications, donations, in-kind, other) | | |
|  | | |
| 1. Did you raise funds without SE Uplift’s tax id? How much did you raise? | | |
|  | | |
| **Let’s quantify some results.** Did your project: | | |
|  | **Increase the number and diversity of people involved in community issues?** | |
|  | Number of volunteers that participated with your project (Give your best estimate.) | |
|  | Number of attendees at each event, meeting or other gathering (Give your best estimate. List each type of event/meeting/gathering separately. Examples below – modify to describe your project.) | |
|  | \_\_\_\_\_ # of attendees at recurring planning/coordinating meetings | |
|  | \_\_\_\_\_ # of attendees at Event 1 | |
|  | \_\_\_\_\_ # of attendees at Event 2, etc. | |
|  |  | |
|  | Number of website visits, social media followers or list-serve subscribers (List each type of media separately) | |
|  | **Strengthen community capacity?** If so, how did you do this? | |
|  | | |
|  | **Foster networking and collaboration among residents and groups in SE Uplift’s area?** If you partnered with other non-profit organizations, businesses, public agencies (e.g. to fundraise, recruit volunteers, or get the word out about your project) list those partners below. Please list businesses who donated (cash and in-kind) to your project here! | |
|  | | |
|  | **Encourage and facilitate communication between community members, neighborhood associations, public and private agencies and/or groups?** How did it do this? | |
|  | | |

Attach at least one image from your project. It could be a picture of an event or meeting, flyer, postcard or something else. Be creative, and if you have more than one image, please feel free to share!

EXPENSE WORKSHEET

Please use this expense worksheet to estimate the coming year’s costs and in-kind donations. **Each project included in your renewal application must be accompanied by a separate Expense Worksheet.** Items may be grouped together (e.g. “painting supplies” as opposed to: paint and brushes, etc., as separate items).

**Project/Event/Activity**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **Budget Item Description** | **Estimated cost** | **Will seek in-kind donations (goods and/or services) to cover cost** |
| **Personnel**  (Contracting for professional services, participant stipends, etc.) |  |  | Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No |
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| **Supplies & Materials**  (Painting supplies, wood, etc.—the materials needed to complete the project.) |  |  |  |
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| **Outreach & Publicity**  (Flyers, brochures, mailings, etc.) |  |  |  |
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| **Event Related Expenses**  (Renting table/chairs, food, paper cups, etc.) |  |  |  |
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| **Permitting & Fees**  (Reserving park space, noise variances, street closures, etc.) |  |  |  |
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|  |  |  |
| **Other** |  |  |  |
|  |  |  |
| **Subtotal** |  |  |  |
| **Administration\***  (Fiscal sponsorship fee, insurance, etc.) |  |  |  |
| **TOTAL** |  |  |  |