ARTS & BUSINESS COUNCIL OF GREATER BOSTON

# APPLICATION FOR FISCAL SPONSORSHIP

Please fill out this application as completely as possible and return it to:

Arts and Business Council of Greater Boston, Inc.
c/o 89 South Street, Suite #603, Boston, MA 02111
or
fiscalsponsorship@artsandbusinesscouncil.org

**Today's Date:** _____

*date*

**Name of Organization/Project:**

**Person filling out application (*primary contact person*):**

Name: Phone:

Title: Email:

Street Address:

City: State: Zip Code:

**Second Account Signatory (*required* ):**

Name: Phone:

Title: Email:

## PART I - GENERAL INFORMATION

**Describe your organization's purpose and activities:**

**Are you an incorporated organization?** ☐ No. ☐ Yes, (Which State?): _____

**What is your current status?**

*If you are waiting for or applying for a tax status, please note here.*

**Has your status ever been revoked?** ☐ No. ☐ Yes.

**Are your filings currently up to date?** ☐ No. ☐ Yes.

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## PART II - DEMOGRAPHICS

**Which of the Fiscal Sponsor Categories does your organization fit into:**

*(Please select all that apply.)*

- ☐ Dance
- ☐ Public Art
- ☐ Fine Art & or Galleries
- ☐ Music
- ☐ Social Justice Organization
- ☐ CEF Alum
- ☐ Walter Feldman Alum
- ☐ Creative Land Trust
- ☐ Other:_____

**How do you self identify as an organization and /Which of the following below does your organization support *(optional)*:**

*(Please select all that apply.)*

BIPOC: ☐ LQBTQIA: ☐

FEMALE CENTERED PROGRAMS: ☐ MEMBER(S) OF THE DEAF AND/OR DISABILITY COMMUNITY: ☐

**Which of the following best describes the location where your organization works?**

Rural ☐ I do not know ☐

Urban ☐ I do not want to answer ☐

Which counties, towns, or zipcodes does your organization primarily serve? _____

Regional, States, International? _____

## PART III - FINANCIAL INFORMATION

You must complete the information below if you are interested in being considered for fiscal sponsorship. If possible, please provide us with a copy of the organization's financial statement or annual report for the last fiscal year. For a proposed organization, please provide a proposed budget, where you will seek funding, and any organizing documents.

**What is your organization's approximate budget for this year?** $ _____ *amount*

*Please also attach budgets for the previous year (if applicable) and for the current year. (Budget attached at the end)*

**Do you have a bank account?** ☐ No. ☐ Yes, (Under the Name of) _____

**Have you received funding this year?** ☐ No. ☐ Yes.

_____ $ _____ *amount*

_____ $ _____ *amount*

_____ $ _____ *amount*

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## PART IV- CERTIFICATION

I hereby affirm that the information contained in this application, or attached to it, is correct, and to the best of my knowledge, complete. This questionnaire fully and accurately describes the organization which is requesting fiscal sponsorship.

_____ _____

**Signature** **Date**

## PART IV - ORGANIZATIONAL INFRASTRUCTURE

### A. Accounting Assistance

1. Please state the name and phone number of any person who will be providing accounting/financial assistance.

_____ _____

*name* *phone*

Please describe that person's experience working with tax exempt organizations. (It is not necessary that this person be a C.P.A., but it is necessary that he/she be familiar with the I.R.S. rules and regulations relating to not-for-profit organizations.)

### B. Fundraising Assistance

1.Please elaborate on your organization's expected revenue sources as outlined in Part III Question 3 of this Questionnaire.

2. Who will be writing the grant proposals and what experience does that person have in fundraising? Is there any particular reason for your group to believe that it will receive particular funding if and when it obtains tax exempt status?

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## BUDGET ATTACHMENT

***THIS IS AN EXAMPLE WORKSHEET--IF YOU HAVE YOUR OWN BUDGET, PLEASE ATTACH TO THIS DOCUMENT. ****

Fiscal Year: From _____

**Non-Profit Budget Example**

| | FY 202_-2_ | FY 202_-2_ | FY 202_-2_ |
|---|---|---|---|
| **REVENUE** | Prior Year, July 1- June 30th | Current Year, July 1- June 30th | Proposed |
| **Events** | | | |
| **Grants** | | | |
| **Donations** | | | |
| **Dues** | | | |
| **Miscellaneous** | | | |
| **TOTALS:** | **$** | **$** | **$** |

| | FY 202_-2_ | FY 202_-2_ | FY 202_-2_ |
|---|---|---|---|
| **EXPENSES** | Prior Year 1 | Current Year | Proposed |
| **Salaries** | | | |
| **Music** | | | |
| **Accompaniment** | | | |
| **Office expense (copying, materials, etc.)** | | | |
| **Supplies** | | | |
| **TOTAL:** | **$** | **$** | **$** |

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# BUDGET ATTACHMENT CONTINUED

**Please list your Current Assets and Liabilities for the most recently completed Tax Year:**

## Current Assets

1. Cash: $ _____
*amount*

2. Net Accounts Receivable : $ _____
*amount*

3. Inventories :

4. Bonds and Notes Receivable, Corporate Stocks, Loans Receivable, or Other Investments (attach and itemized list)

5. Land

6. Other

**Total Assets:**

# BUDGET ATTACHMENT CONTINUED

**Please list your Current Assets and Liabilities for the most recently completed Tax Year:**

## Current Liabilities

1. Accounts Payable

2. Contributions, gifts, grants, etc. payable

3. Mortgages and notes payable (attach an itemized list)

4. Other

Have there have been significant changes to your assets and liabilities since the end of the above period?

☐ No.
☐ Yes, (If Yes, Please Explain):

* If you listed gifts, grants, and contributions in the above chart, provide the names of the expected contributors, if known, and the amount each might contribute each year.

## BUDGET ATTACHMENT CONTINUED

* If you listed program/service revenues in the above chart, provide the names of the expected payers and the amount each might pay each year.

* Do you expect to receive a large contribution from any particular individual, business, or private foundation? If yes, describe: