



## FISCAL SPONSORSHIP APPLICATION

Charitable Ventures of Orange County (CVOC) is a 501(c)(3) nonprofit organization dedicated to providing resources and support services to charitable initiatives operating in California.

CVOC was launched in 2007 to provide fiscal sponsorship services in our community. Our vision is to provide emerging charitable ventures with incubation and fiscal accounting services to meet the diverse needs of the region.

CVOC receives more requests for sponsorship than it can accommodate. One criterion for incoming projects is that the applicant must have a minimum of \$25,000 to open an account. Please visit our website, [www.charitableventuresoc.org](http://www.charitableventuresoc.org) to learn more about CVOC and the projects we sponsor. We are privileged to be able to partner with organizations making a difference in our community.

Fill and complete this form, attach all requested documents, sign and date and return via mail or email at the address below.

### INDIVIDUAL, ORGANIZATION OR GROUP SUBMITTING REQUEST

Date of Application: \_\_\_\_\_

Name of Principal Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website (if applicable): \_\_\_\_\_

Do you have an Advisory Board and/or Steering Committee for this Project? Yes \_\_\_ No \_\_\_

If so, please list each person and include brief bios. Please also indicate if there are any public officials serving on your board or if there are any business or family relationships. Please label Advisory Board as Attachment A.



**ORGANIZATION/PROJECT INFORMATION**

Name of project: \_\_\_\_\_

Briefly state your project's mission statement and/or purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the services you provide, the client population you serve, and the geographic community you expect will benefit from your activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the date you anticipate funds will be available to open your project account? \_\_\_\_\_

CVOC sponsors both short and long term projects. Do you have an end date in mind? \_\_\_\_\_

You do not need to have Articles of Incorporation or Bylaws to be accepted for sponsorship by CVOC. If you are legally incorporated, please attach your Articles of Incorporation and Bylaws. Please label **Articles** as **Attachment B** and **Bylaws** as **Attachment C**.

Does your project plan to become recognized as a nonprofit by the IRS by obtaining your own 501(c)(3) in the next five years? Yes \_\_\_ No \_\_\_ Maybe \_\_\_

If you have filed for tax-exempt status, please provide:

Date of filing: \_\_\_\_\_ Anticipated date of tax exempt status: \_\_\_\_\_

Does your project have insurance? Yes \_\_\_ No \_\_\_

If yes what kind and how much coverage? \_\_\_\_\_

\_\_\_\_\_

What is the anticipated annual revenue for the project? \_\_\_\_\_

What are the anticipated sources of revenue for your project? (check all that apply)

Foundation Grants \_\_\_ Government Grants \_\_\_ Donations \_\_\_ Special Events \_\_\_

Fee for Service \_\_\_ Individual Donations \_\_\_ Other (please indicate) \_\_\_

Do you expect to earn any unrelated business income through sale of product or services? Yes \_\_\_ No \_\_\_



How many check requests do you expect to submit per month? \_\_\_\_\_

Describe the nature of the expenditures you anticipate making.

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How many grants do you expect to submit per quarter? \_\_\_\_\_

How many special events do you expect to hold each year? \_\_\_\_\_

How many online donation transactions do you expect per month? \_\_\_\_\_

Please describe fundraising activities to date and also outline fundraising goals for the future. Please label **Fundraising as Attachment D.**

Will your project need to hire W2 employees? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Will your project need to contract with outside vendors/consultants? Yes \_\_\_\_\_ No \_\_\_\_\_

Will your project need to utilize volunteers? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_

How did you hear about CVOC?

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Are you currently using another fiscal sponsor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_

Please also include the following attachments with your application:

Proposed 12-month budget outlining the income and expenses for the project. Please label **Budget as Attachment E.**

Two personal letters of reference from individuals familiar with you, your work in the community, and your commitment to making a difference. Please label **Letters of Reference as Attachment F.**

Optional: Please attach other documents that may be beneficial for our review. Please label **Miscellaneous as Attachment G.**

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



Application will be considered incomplete and cannot be reviewed without submission of the requested attachments.

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|--------------|---|
| Attachment A | Advisory Board                            |
| Attachment B | Articles of Incorporation (if applicable) |
| Attachment C | Bylaws (if applicable)                    |
| Attachment D | Fundraising                               |
| Attachment E | Budget                                    |
| Attachment F | Letters of Reference                      |
| Attachment G | Miscellaneous                             |

***APPLICANTS WILL BE CONTACTED AFTER APPLICATION AND DOCUMENTS ARE REVIEWED.  
THANK YOU FOR SUBMITTING YOUR APPLICATION FOR FISCAL SPONSORSHIP.***

Applications may be mailed or emailed to:  
Charitable Ventures of Orange County  
1505 E. 17<sup>th</sup> Street, Suite 101  
Santa Ana, CA 92705  
Attn: Request for Sponsorship  
[info@charitableventuresoc.org](mailto:info@charitableventuresoc.org)