

Use the “TAB”key to move from one field to the next.

**Umbrella Organization/Fiscal Sponsor Information**

The tax-exempt entity/fiscal sponsor should complete this form.

|  |  |  |
| --- | --- | --- |
| ***Organization Information*** | **Date of Application:** (mm/dd/yyyy) |       |
| **Name of Organization as it Appears on IRS Tax Documents:**  | **EIN:**  |      |
|  |  (Employer Identification Number) |
|  |

|  |  |
| --- | --- |
| **Address:**  |       |
| **City:** |       | **State:**  |    | **Zip:** |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Phone:**  | (     )       | **Fax:** |  (    )      | **Website:**  |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization’s Operating Budget for the Current Year:** |       | **Year Organization****Was Established:** (YYYY) |      |

**Executive Director/President:**

|  |  |  |  |
| --- | --- | --- | --- |
| *Check One:* |       |  | (    )     |
| **[ ]  Mr. [ ]  Mrs.****[ ]  Ms. [ ]  Dr.****[ ]  Rev.** | **Name** |  | **Phone** |
|  |       |  |       |
|  | **Title** |  | **Email** |

**Person Empowered** **To Sign for Tax-Exempt Entity** (if different from above)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| *Check One:* |       |  | (    )       |
| **[ ]  Mr. [ ]  Mrs.****[ ]  Ms. [ ]  Dr.****[ ]  Rev.** | **Name** |  | **Phone** |
|       |  |       |
| **Title** |  | **Email** |

***Tax Exemption Information*** (Enclose or attach IRS document, if applicable.)

[ ]  Tax-exempt 501(c)(3) organization (check appropriate 509(a) category below)

***[ ]*** “Not a private foundation/is a public charity” under section 509(a)(1) or (2)

**-OR-**

 [ ]  “Not a private foundation/is a public charity” under section 509(a)(3) [supporting organization]

[ ]  Government tax-exempt entity

[ ]  Organization is **not** a 501(c)(3)

***Type of Organization***

Please select up to two organization types that best describe the primary activities or core programs of your organization. If you select two types, type a “1” next to the primary organization type and a “2” next to the secondary organization type. If none of the sublevel sector types fit with your organization, you can select the first-level sector type (e.g., Communications). Descriptions for each type are listed at the end of the Proposal Application Guide.

|  |  |
| --- | --- |
|  | **COMMUNICATIONS** |
|  | Communication Media |
|  | Media Access and Policy |
|  | News and Public Information |
|  |  |
|  | **COMMUNITY & ECONOMIC DEVELOPMENT** |
|  | Community Improvement |
|  |  | Community Coalition |
|  | Employment  |
|  |  | Job Benefits |
|  |  | Job Creation and Workforce Development |
|  | Leadership Development  |
|  |  |
|  | **EDUCATION** |
|  | Elementary/Secondary Education |
|  | Higher Education  |
|  |  | Community College |
|  |  | Undergraduate College/University |
|  |  | Graduate and Professional Education |
|  |  | Campus Support Services |
|  | Adult/Continuing Education |
|  | Vocational Education  |
|  | Education Support Services |
|  |  | After-School Program |
|  |  | College Preparation |
|  |  | Cooperative Education |
|  |  |
|  | **ENVIRONMENTAL QUALITY & PROTECTION** |
|  | Environmental Justice |
|  | Food Systems and Security |
|  |  | Community Food Systems  |
|  |  | Food Security  |
|  | Pollution Abatement |
|  |  |
|  | **FAITH-BASED ORGANIZATION**  |
|  |  |
|  | **GOVERNMENT/GOVERNMENTAL AGENCY** |
|  | Courts/Judicial Administration  |
|  |  | Juvenile Justice |
|  | Federal Agency |
|  | State Agency |
|  | County Agency |
|  | Local Agency |
|  |  |
|  | **HEALTH ORGANIZATION** |
|  | Clinic Consortium/Association |
|  | Health Care |
|  |  | Clinic/Health Center |
|  |  |  | FQHC |
|  |  |  | FQHC Look-Alike |
|  |  |  | Free Clinic |
|  |  | Dental Care |
|  |  | E-Health/Telemedicine |
|  |  | Health Care District |
|  |  | Hospital  |
|  |  | Reproductive Health |
|  |  |
|  | **HUMAN SERVICES ORGANIZATION** |
|  | Counseling and Support Groups |
|  | Employment Services |
|  | Family Services  |
|  | Homeless Services |
|  | Housing and Shelter Services |
|  |  | Supportive Housing |

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| --- | --- |
|  | Immigration Services |
|  | Legal Services  |
|  |  | Immigration Law |
|  |  | Legal Aid |

|  |  |
| --- | --- |
|  | Veterans’ Services |
|  | Women’s Services |
|  | Youth Development  |
|  |  |
|  | **PHILANTHROPY/NONPROFIT MANAGEMENT** |
|  | Foundation |  |
|  | Nonprofit Management Technical Assistance |
|  | Philanthropic Association |
|  |  |
|  | **PUBLIC POLICY/ADVOCACY** |
|  | Advocacy |  |
|  | Alliance/Coalition |
|  | Civic Participation  |
|  | Community Organizing Group |
|  | Policy Analysis/Think Tank |
|  |  |

|  |  |
| --- | --- |
|  | **PUBLIC SAFETY** |
|  | Gun Violence Prevention |
|  | Law Enforcement |
|  | Correctional Facility/Services  |
|  |  | Probation/Parole |
|  |  | Rehabilitation of Re-Entry Individuals |
|  |  | Services for Re-Entry Individuals |
|   |  | Transitional Care for Re-Entry Individuals |
|  |  | Restorative Justice |

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|  |  |
|  | **RECREATION** |
|  | Community Recreation |
|  | Parks and Playgrounds |
|  |  |
|  | **OTHER** |
|  | Professional Membership Organization |
|  | Research Center/Institute/Organization |

**OTHER ORGANIZATION TYPE** (not specified above)

If none of the categories above reflect the primary activities or core programs of your organization, please describe them below:

**Questions Regarding the Relationship Between**

**the Tax-Exempt Entity and the Project Organization**

The tax-exempt entity/fiscal sponsor should answer all of the questions that apply, but it does not need to answer all in the affirmative.

**Name of Tax-Exempt Entity/Fiscal Sponsor**:

(as it appears on IRS tax documents)

**Name of Project or Organization** (entity conducting work):

Please answer the following questions so that we may fully understand your organization’s relationship to the organization conducting the work proposed (project organization).

1. Does the tax-exempt entity have a formal employment relationship with the project organization’s employees? (i.e., are the employees of the project organization on the payroll of the tax-exempt entity/fiscal sponsor?) If not, please explain how the project organization’s employees are paid and by whom.

 [ ]  Yes [ ]  No

1. Does the tax-exempt entity list the named project organization as a funded project on its 990 tax return or audited financial statements? If not, please explain how the project organization’s activities are reported to the IRS and name the reporting entity.

 [ ]  Yes [ ]  No

1. Does the tax-exempt entity serve as a bridge between formative stages of the project organization and the time when full-scale independent operation is possible? If not, please explain your relationship to the project organization.

 [ ]  Yes [ ]  No

1. Does the tax-exempt entity provide financial, technical and administrative support to the project organization? If the tax-exempt entity provides either no support or partial support, please explain how the project handles these functions and who provides the services.

 [ ]  Yes [ ]  No

1. Has the board of directors of the tax-exempt entity formally approved the work with the project organization? [ ]  Yes [ ]  No

Foundation staff will determine if the relationship between the umbrella organization and the project organization is eligible for funding. You may be contacted by Cal Wellness if we have further questions.

**Signature and Title of Person Empowered to Sign for Tax-Exempt Entity/Fiscal Sponsor Date**