

FISCAL SPONSORSHIP APPLICATION

Type of Fiscal Sponsorship: (check which choice applies)

Limited Fiscal Sponsorship Extended General Sponsorship
 Project Management

Project Title:

Project Administrator (or primary business contact for the project)

Role in Project: Director Other: _____

Name of Organization (If applicable)

Address: _____

City, State, Zip: _____

Telephone: _____ **Fax** _____

Email: _____ **Website:** _____

Summary Description of Project: _____

Anticipated Length of Project: _____

Will there be any 501(c)(3)-allowed lobbying activity? Yes No

If Yes, please explain _____

Will there be any 501(c)(4) activity? _____ Yes _____ No

If Yes, please explain: _____

Total Project Budget \$ _____

Amount Raised to Date \$ _____

Do you plan to fundraise? _____ Yes _____ No

Do you plan to sell any merchandise related to the project? _____ Yes _____ No

Have you been fiscally sponsored by Public Interest Projects in the past? _____ Yes _____ No

If yes, for what project and year? _____

How did you hear about our fiscal sponsorship program?

_____ PIP Representative _____ Referral from Organization

_____ Referral from a Colleague _____ Other: _____

Send the completed application to:

Public Interest Projects

Attn: Fiscal Sponsorship Applications

45 W 36th St, 6th Floor,

New York, NY 10018