



pathways to health

Fiscal Sponsorship Application

Before undertaking a fundraising event/project to benefit a component fund of Southwestern Colorado Area Health Education Center (SWCAHEC), you must submit the following form, accompanied by a project budget and narrative. SWCAHEC will notify you within one month if your project has been approved.

Name of Organization: _____

Type of Funding _____ Date of Event _____

Fundraising Goal \$ _____ (This is the net amount of money that will be deposited to the Fund.)

Project Coordinator: _____ e-mail: _____

Address _____ phone (home) _____

_____ (work) _____

Project Start Date: _____ Project End Date: _____

Project Description:

Please provide a description of the proposed fundraising project/event (use additional sheets if necessary).

List Advisory Board Members and contact information:

1. _____
2. _____
3. _____
4. _____
5. _____

Operational Plan

Attach copy of by-laws

Date registered with Secretary of State

Tax ID Number:

What is the Mission and vision of your organization?

How does this project accomplish the goals of your organization?

Do you have the capacity to complete this work? Please explain and list staff members/roles.

Attach most recent audit.

Projected Budget:

Attach an estimated budget including projected gross revenue from identified sources and projected expenses with name of vendor.

I (We) agree to use all disclosures as instructed by SWCAHEC, to review all printed and promotional material with SWCAHEC staff before distribution and to submit detailed donor records along with all fundraiser proceeds and invoices.

If this project is approved by SWCAHEC, I (we) agree to indemnify Southwestern Colorado Area Health Education Center, its officers, directors, and employees and to hold it and each of them harmless from any claim for liability of any nature whatsoever arising out of the conduct of such project.

Signature _____ Date _____

Project Committee Chair

