



ST. CROIX FOUNDATION FOR COMMUNITY DEVELOPMENT, INC. (SCF)
P.O. BOX 1128
CHRISTIANSTED, ST. CROIX 00821-1128

APPLICATION FOR FIDUCIARY and FISCAL SPONSORSHIP SERVICES

Organization Information

1. Individual, organization or group submitting request:

Organization: _____

Project Name: _____

Primary Contact Name: _____ Position/Title: _____

Employee ID No.(Tax ID#): _____

Mailing Address: _____

Primary Phone: _____ Fax: _____

Email Address: _____

The applicant of record is a resident of the Territory (circle one) **Yes** **No** If no, how many months of the year do you reside on St. Croix? _____

2. For what period of time is SCF being asked to serve as fiscal sponsor; how long do you expect the project to last? Beginning date: _____ End Date: _____

How did you arrive at that "end date"? _____

3. Has your group incorporated with the Territory of the Virgin Islands as a separate legal entity responsible for its own actions? (Circle one) **Yes** **No**

If yes, please attach a copy of articles of incorporation, bylaws, and board or committee lists. **If no**, please explain your organizational structure in an attachment.

4. Does your group plan to become recognized as a non-profit organization by the IRS by obtaining its own 501(c)(3) status? (Circle one) **Yes** **No**

If you circled "**No**" above, why not? _____

If you circled "**Yes**" above, what has been done to date in preparation for securing 501(c)(3) status? _____

5. Do you have liability insurance? _____No _____Yes If so, please attach a copy of the policy.

6. Have you ever been convicted of a felony? _____ No _____ Yes

7. Please attach a budget for the current year of operation. Please describe or attach a plan of activity for your program.

8. What specific, measurable charitable or educational outcomes does your group hope to bring about and when? (The lives of how many people will be better in what specific, measurable ways and by what date?)

9. SCF's primary service area includes St. Croix and the Territory of the US Virgin Islands. What geographic "community (ies)" do you expect to benefit?

10. SCF strives to work with all sectors of the community. Please describe the specific groups of citizens you expect to benefit.

11. What other individuals or groups have been involved in planning this effort? When did they begin? (Please include approximate number of people, their qualifications, and explain why they have been involved.)

12. A primary objective for SCF is to encourage endowment-building. If your plans include an endowment-building component to help assure long-term attention to your charitable objectives, please describe them.

SCF Services Requested

13. How much money do you anticipate being directed to this fund within the first twelve months after the first deposit has been made? \$ _____
How much over the life of the fund (or the next three years, whichever is shorter)? \$ _____

14. When do you expect the first deposit to be made (month & year)? _____

15. How do you plan to raise the money? _____
Will you hold events? _____

16. How many checks do you think SCF will be asked to process? ____ per month or per _____ year.

17. When do you expect to ask SCF to make the first disbursement? _____

18. Who will submit invoices or requests for reimbursements to SCF for payment, and why does that person or group of people have this authority?

19. If you need (or may need) services from SCF beyond accepting, managing and disbursing funds, please tell what those services are:

20. If SCF does not serve as fiscal agent for this effort, please tell which other non-profit, governmental or religious organization(s) could be a likely candidate to do so, and your reasons for not making this request to them.

20. Please **attach a detailed project summary** along with this completed application.

While serving as your fiscal sponsor, SCF must ensure that the outcomes of your project are charitable. By signing this request, you are agreeing that to the best of your understanding, the outcomes of your project are charitable and that you will provide SCF with written notification of all meetings of your board or steering committee and will respond in writing to periodic questions from SCF regarding the activities of your project.

Signature: _____

Date: _____

Name: _____

Position: _____

Sample Budget

Category	Detailed Description of Budget Item	Total Project Expenses
Personnel Expenses		
Salaries and Wages		
Fringe Benefits		
Non-Personnel Expenses		
Contract Services/Professional Fees		
Office Space		
Equipment/Supplies		
Staff/Board Development		
Travel/Related Expenses		
Indirect Costs		
Other		
Total Project Expenses		

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, hereby authorize St. Croix Foundation to
(print name)

request the Virgin Islands Police Department or any entity chosen by the Foundation specifically for conducting this search to release information regarding any record of charges or convictions contained in its file, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by local, state, and federal law.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to St. Croix Foundation, if such request is made within a reasonable time from the date it was produced. I understand that all information obtained will be securely stored and kept confidential.

I do release said police department and other entities from any liability that may result from any such disclosure made in response to this request.

Signature of Applicant

Date:

Identifying Information for Background Information Agency

Print Name: _____

Other Names used (alias, maiden, nickname): _____

Current Address: _____
Street/P.O. Box

City

State

Zip Code

Daytime Phone Number: _____ Evening Phone Number: _____

Date of Birth: _____ Place of Birth: _____

Gender: Male / Female Social Security Number: _____

Driver's License Number: _____

State of Issuance: _____ Expiration Date: _____

Signature of Applicant

Date: