

308 Prince Street, #270
St. Paul, MN 55101
651-292-4381
www.springboardforthearts.org



Name of Applicant Organization or Group:

FIN number, if available:

Responsible Individual:

Individual Social Security Number:

Mailing address:

Email address:

Telephone number:

Fax number:

Describe your organization or group. If available, attach promotional materials or list your website.

Has the organization incorporated as a nonprofit in the state of Minnesota?

Has the organization incorporated as a for-profit in the state of Minnesota (LLC, S-corp, etc.)?

Has the organization filed for tax-exempt (501.c.3) status?

If so, is approval currently pending, or was it denied?

Have you ever applied for and been denied tax-exempt status?

Purpose of current application:

Proposed dates of project:

Total budget of proposed program:

Please attach a detailed income and expense budget outlining income sources for both earned income and support. If more funding is required than is expected from grants to be managed by Fiscal Sponsor, please indicate amounts and anticipated sources.

Potential donors of funding to be managed by Springboard for the Arts (describe grants in progress, your proposed individual giving campaign or other fundraising activities):

Please attach annotated list of member of the Board of Directors or principle participants, including names, addresses, telephone, email, and primary affiliation (e.g., employer), as well as title or role within applying organization.

Applicants are requested to read and confirm their agreement with the following statement:

I understand that this application is not an agreement by Springboard of the Arts to act as a fiscal agent for the applying organization, group, or individuals, and that the application fee of \$40.00 is nonrefundable regardless of whether the application is approved or any funds received for this project.

Date:

Signature of Applicant

Fee: \$40.00