

Application

ASPI’s Fiscal Sponsorship

Name of Your Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Webpage (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s Mission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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As the fiscal sponsor of your organization, ASPI would complete bookkeeping operations to the extent of receiving payments, issuing payments (including salaries and paychecks), filing taxes, and completing payroll taxes. ASPI will not provide funding for your organization. ASPI sponsorship entitles your organization to make tax-free purchases *for use by your organization only,* and accept tax-exempt donations. Please see the “Terms of Fiscal Sponsorship” for complete information about your organization and ASPI’s responsibilities.

Do you need/want:

(Please specify. For example – Office space for one full-time person and a summer intern.)

\_\_\_\_\_\_Office space

\_\_\_\_\_\_Meeting space

\_\_\_\_\_\_Access to buildings at the Rockcastle River Wilderness Demonstration Site

\_\_\_\_\_\_Access to other ASPI supplies

\_\_\_\_\_\_Access to ASPI office equipment (copier, fax, computers)

\_\_\_\_\_\_A page on ASPI’s website

\_\_\_\_\_\_Ability to sell products on ASPI’s website (Please remember that we are a non-profit organization. There are regulations on how the proceeds from sales can be used.)

Will your organization’s primary contact be ASPI’s office (mailing address, phone number)? Y N

Please provide any additional information about your organization that may be of interest to the Executive Director and the Board as they review your application. (You can attach additional documents, but please indicate how many pages here.)

Number of attached pages/documents: \_\_\_\_\_\_\_\_\_