

Fiscal Project Supplemental Guide

Name of Project: *DreamMaker name*

Description of Project Operations: *Brief description of what your DM¹ does – include main events and fundraisers as appropriate*

Premises Address/ Location (if any): *Only fill this in if your DM has a physical location that it functions out of – most DMs do not.*

Square footage of premises: *Only applies to question above.*

How many employees? Full time: _____ Part time: _____ *Unless your DM has folks on payroll, the answer is Zero.*

How many volunteers? Full time: _____ Part time: _____ *You ARE a volunteer of your own DM!*

Website: *If applicable*

7. How many employees or volunteers regularly use personal vehicles on behalf of the project?
Your best guess – we will ask for proof of vehicle insurance for these folks.

8. Does the project have employees or volunteers working in a professional capacity (i.e., Educators, Childcare Workers, Counselors/Social workers, Mentor/Tutors, Recreational Instructors & alike)? If yes, please list how many & what type of services they provide?
This does not apply to most DMs, but if it does apply to yours, please fill this out.

If the Fiscal Project (your DM) plans to do any events or fundraisers, please answer the following question. Please use a blank page if there are additional events or fundraisers.

Note: We define a “Fundraiser” as any event sponsored or co-sponsored by you with the primary purpose of raising monetary contributions.

9. Does Applicant hold events/activities outside of Applicant’s normal programs and/or operations?
__ Yes __ No *Example: Does your DM have events **AT ALL**?*

- a. ~~If yes,~~ **Regardless, if your DM has events,** please complete the table below. If additional space is needed, please attach additional pages.
- b. ~~If yes,~~ **Regardless, if your DM has events,** are vendors/exhibitors required to provide proof of General Liability insurance naming the Applicant (*The Ink People*) as an Additional Insured? __ Yes __ No
*If your event has food vendors, we recommend requiring this. Please have it made out to: **Ink People, 627 3rd St., Eureka, CA 95501***
- c. Which events listed in 22.a. above have bounce houses, inflatables, and/or climbing structures?
Name of Event: (*Enter N/A if not applicable*) # of Structures: (*# or N/A*)
- d. Describe the security and safety procedures in place for the events listed in 22.a. Above:
Name of Event: (*Enter N/A if not applicable*) Procedures: (*# or N/A*)

¹ DM: DreamMaker



Ink People Center for the Arts

Fiscal Project Supplemental

Name of Project: _____

Description of Project Operations: _____

Premises Address/ Location (if any): _____ Square Footage of Premises: _____

How many employees? Full time: _____ Part time: _____

How many volunteers? Full time: _____ Part time: _____

Website: _____

Requirements: (The following questions require “Yes” answers before we will consider adding a Fiscally Sponsored Project to the policy)

- 1. Is the Fiscal Sponsorship memorialized in a written agreement or Memorandum of Understanding (MOU) between the Fiscal Sponsor and the Project? If yes, please provide a copy of the MOU/agreement. Yes No
- 2. Does the MOU/agreement require that the Fiscal Sponsor add the Fiscal Project to its insurance policy? Yes No
- 3. Does the MOU/agreement specify that the Fiscal Sponsor is responsible for all legal compliance relating to receiving, reporting and acknowledging charitable donations, and does it also describe the administrative fee that the Project will provide to its Fiscal Sponsor? Yes No
- 4. Does the MOU/agreement specify that each Project is required to have a project leader with a job description? Yes No
- 5. Does the MOU/agreement require regular communication between the Fiscal Sponsor and the project leader? Yes No
- 6. Is the project leader required to submit an annual report, including budget, to the Fiscal Sponsor? Yes No

Hired/Non-Owned Auto Liability:

The Fiscal Sponsor must ensure that the Fiscal Project has a procedure in place to annually verify personal insurance for employees or volunteers who may use their personal autos for Project’s business.

7. How many employees or volunteers regularly use personal vehicles on behalf of the project?

Improper Sexual Conduct Coverage:

The Fiscal Sponsor should ensure that the Fiscal Project performs background checks on employees/volunteers who may have supervisory or disciplinary powers over minors or provide care for the elderly, the handicapped or mentally impaired.

Social Service Professional:

8. Does the project have employees or volunteers working in a professional capacity (i.e., Educators, Childcare Workers, Counselors/Social workers, Mentor/Tutors, Recreational Instructors & alike)? If yes, please list how many & what type of services they provide?

If the Fiscal Project plans to do any events or fundraisers, please answer the following question. Please use a blank page if there are additional events or fundraisers.

Note: We define a "Fundraiser" as any event sponsored or co-sponsored by you with the primary purpose of raising monetary contributions.

9. Does Applicant hold events/activities outside of Applicant's normal programs and/or operations? Yes No

a. If yes, please complete the table below. If additional space is needed, please attach Special Event form or additional pages.

Event Name & Date	Describe Applicant's Activities Taking Place	# of Expected Attendees	Gross Revenue	Is Applicant a Participant or Host of the Event?	Is Alcohol Served or Sold By Applicant?	Does Applicant Require a Waiver from Participants?
<i>Example: Easter Egg Roll, March 31, 2013</i>	<i>Egg hunt, picnic lunch, face painting</i>	75	\$0	Host	n/a	n/a
			\$			
			\$			
			\$			

b. If yes, are vendors/exhibitors required to provide proof of General Liability insurance naming Yes No the Applicant as an Additional Insured?

c. Which events listed in 22.a. above have bounce houses, inflatables and/or climbing structures?

Name of Event: _____ # of Structures: _____
 Name of Event: _____ # of Structures: _____
 Name of Event: _____ # of Structures: _____

d. Describe the security and safety procedures in place for the events listed in 22.a. above:

Name of Event: _____ Procedures: _____
 Name of Event: _____ Procedures: _____
 Name of Event: _____ Procedures: _____