

INTERSECTION FOR THE ARTS
Intersection Incubator/Fiscal Sponsorship Application

Organization/Project Name: _____
Organization/Project Director: _____
Address: _____
City, State, Zip: _____
Phone: _____ Cell: _____ Fax: _____
Email: _____ Website: _____
2nd Contact Name (required): _____
2nd Phone: _____ 2nd Email: _____

Promotional Tagline for proposed project (10 words maximum):

Describe the proposed project in 3-4 sentences. (Please do not write "see attached"):

Your application will be evaluated based on the following four criteria. Please attach a project description (2-3 pages) that includes:

1) Artistic Merit

- What are your overall artistic goals?
- How will your past experience support your goals?
- Describe your artistic plan for the next year. (Please be specific)

2) Civic Engagement / Community Outreach

- Describe any community engagement activities of your program.
- How is your program critical to the vitality of the larger Bay Area arts community?

3) Fiscal Solvency / Financial Planning

- Describe your fundraising experience.
- Describe your fundraising plan for the next year. (Please include deadlines)
- Do you intend to become an independent 501 c 3? If so, when?

4) Ability to partner with Intersection and further our mission

- How does your program align with Intersection's mission?
- How is your program artistically and /or socially relevant to Intersection's programming?

Please attach the following documents*:

- 1) List of two references, including address, phone, email, and relationship history
- 2) Resume(s) or bio(s) of lead personnel
- 3) Completed Budget Form, including explanatory narrative (Please download forms from our website)
- 4) One relevant work sample (No originals)

Declaration:

- I have read and understand Intersection's fiscal sponsorship program description and agree to the conditions set forth.
- I understand that the review process takes 30-60 days and includes a face-to-face interview to be scheduled after this application has been received by Intersection. The submission of this application does not guarantee sponsorship.
- I understand that if my request for sponsorship is approved, each grant application must include Intersection as fiscal sponsor and must be submitted to Intersection for approval two weeks before the deadline.
- I understand that Intersection will take 10% of secured funds as a fiscal sponsor. I understand that Intersection will require an annual \$40 sponsorship fee upon approval of the project.

Signature: _____ Date: _____

***There is a non-refundable \$25 application fee due upon submission of this application.**

FOR INTERSECTION USE

Received: _____
Approved: _____
Contract: _____

Return to Intersection, 446 Valencia St, San Francisco, CA 94103.
Questions? Phone: (415) 626-2787 Fax: (415) 626-1636 Email: katrina@theintersection.org