

FISCAL SPONSORSHIP / UMBRELLA NON-PROFIT CHECKLIST

Step 1: QUESTIONNAIRE

The questionnaire must be completed to determine eligibility for the application process. You must also provide a detailed written or video description outlining the mission and objectives of your nonprofit organization.

Step 2: APPLICATION & PAYMENT

Eligible applicants will receive the application, choose from the available options provided, and pay the applicable fee. Completion times vary based on the selected option. A payment link will be sent with the application. There are no refunds, so it's crucial to ensure you are fully prepared and ready to commit to your chosen option.

Available Options:

Option 1: \$100 - (COMPLETED programming provided by Sponsored Organization)

Option 2: \$650 - (Programming Set Up + Consulting (1 Virtual, 2 In-Person, 1 Final) + logo and landing page attached to MAD website (optional)

Option 3: \$750 - Option 2 + LLC Registration

Option 4: \$850 - Option 3 + Basic Business Plan

Step 3: SIGN & WELCOME

After completing the necessary steps, applicants are required to sign the final agreement and will receive the official welcome documentation.

IMPORTANT DETAILS

- Questionnaires are accepted throughout the year and can be accessed by visiting www.mymadlife.org and then clicking on the "umbrella non-profit questionnaire" link.
- Questionnaires are reviewed quarterly, and it is imperative that they obtain a unanimous board vote of approval before an application is granted.
- ALL fees are non-refundable and considered final.

MAD*life*

MANIFEST A DELIVERANCE FOUNDATION, INC.

MANIFEST A DELIVERANCE FOUNDATION INC.
FISCAL SPONSORSHIP / UMBRELLA NON-PROFIT

- CHECKLIST
- QUESTIONNAIRE
- APPLICATION
- AGREEMENT
- DISBURSEMENT AUTHORIZATION LETTER
- 501C3 LETTER

FISCAL SPONSORSHIP / UMBRELLA NON-PROFIT

QUESTIONNAIRE

Please submit a comprehensive written or video description clearly outlining the mission and objectives of your nonprofit organization. The submission can be a video link or a written document, and it should be sent to mad4freedom@gmail.com.

Date of request: _____

Name of Principal Contact: _____

Title: _____

Telephone: _____ Email: _____

Mailing Address: _____

1. What is the legal status of this non-profit organization? (check one):

- Sole Proprietorship
- Unincorporated Association
- LLC/Non-profit Collaboration
- 501(c)(3) Corporation Collaboration

2. Purpose of the non-profit organization (one sentence):

3. Current project assets (What do you have now for funding, support, supplies):

4. Anticipated annual budget: \$ _____

5. Anticipated source(s) of revenue: _____

6. Do you have an Advisory Committee for this non-profit organization? If yes, please list names, titles and best contact info below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

7. Do you anticipate having employees, volunteers, and/or independent contractors for this non-profit organization? (check one):

- Yes
 No

If yes, how many of each?: _____

8. Do/would any of your anticipated non-profit activities involve risks or require special insurance coverage?

- Yes
 No

If yes, please describe risk: _____

9. Do you anticipate any administrative difficulties for Volunteers & Nonprofit Leadership in managing this organization?

- Yes
- No

If yes, please describe: _____

10. Are you currently using another fiscal sponsor for this non-profit organization?

- Yes
- No

If yes, please list: _____

11. If you have a current fiscal sponsor, please describe their attitude toward this transfer:

12. Are you exploring other fiscal sponsors for this non-profit organization?

- Yes
- No

If yes, please list: _____

13. Is more than one foundation involved in launching this non-profit?

- Yes
- No

14. Is this non-profit idea the result of a single fiscal sponsor's initiative?

- Yes
- No

15. Is this non-profit origination for a one-time special event?

- Yes
- No

If yes, please describe: _____

What is the date/time/location of the event?

When do you anticipate this one-time event project to be completed?

- 1 year
- 2 Years
- 3 Years
- 5 Years

16. Have you applied for a 501(c)(3) status?

- Yes
- No

17. Do you anticipate applying for a 501(c)(3) status within the next five years?

- Yes
- No

18. Non-profit location/area of service by county/state:

19. How did you hear about us?

20. Which program area of interest are you most interested in with our organization (check all that apply):

- Empowerment - Life Skills / Self Development / Self Healing
- Community- Domestic Violence / Breast Cancer Awareness
- Wellness - Community Appreciation / Outreach / Healthy Living
- Education - GED / Non-Traditional Education

21. Do you have a mission and/or vision statement for your non-profit organization?

- Yes
- No

If yes, please write mission statement: _____

Please write vision statement: _____

22. Please list your anticipated non-profit services and/or program areas that will be provided:

23. Do you need a logo or brand kit for your non-profit organization?

Yes

No

If yes, please describe: _____

24. Please list anything else that you feel we should know about your non-profit organization:

APPLICATION

Applications will be reviewed within 14 days of submission.
Kindly review the attached agreement before finalizing your application.

Organization Name

Date

Full Legal Name

E-Mail

Address

Phone

Authorize up to 3 officials by providing their name, title, and contact information.

The authorizing officials of the sponsoring organization must have decision-making authority for the programming and must be approved in advance by the Manifest A Deliverance Foundation INC.

1.

2.

3.

All fees are non-refundable and deemed final. Please circle your selected option.

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MANIFEST A DELIVERANCE FOUNDATION, INC.

Fiscal Sponsorship / Umbrella
Non-Profit Agreement

Manifest A Deliverance Foundation INC.
Fiscal Sponsorship / Umbrella Non-Profit Agreement

This Agreement is between the **Manifest A Deliverance Foundation INC. (Fiscal Sponsor)** and the (Sponsored Organization).

Purpose of Agreement

NORMALdefined has proposed that the **Manifest A Deliverance Foundation INC.** sponsors programming.
(Review the attached notarized and approved programming.)

The Manifest A Deliverance Foundation INC. has determined that sponsorship of programming would be consistent with its standards, and wishes to make arrangements with NORMALdefined for the implementation and operation of the Programming attached.

The **Manifest A Deliverance Foundation INC.** hereby agrees to sponsor the Programming and to assume administrative, programmatic, financial, and legal responsibility for purposes of the requirements of funding organizations. The Sponsored Organization agrees to implement and operate the Programming in accordance with the terms of this agreement and with any requirements imposed by funding organizations.

The programming shall be operated in a manner consistent with the Manifest A Deliverance Foundation INC.'s tax-exempt status as described in this agreement. No material changes in the purposes or activities of the Programming shall be made without prior written permission of the **Manifest A Deliverance Foundation INC.** and in accordance with any requirements imposed by funding organizations, nor shall the Sponsored Organization carry on activities or use funds in any way that jeopardizes the **Manifest A Deliverance Foundation INC.'s** tax-exempt status.

The Sponsored Organization shall not, and shall not permit the Programming to attempt to influence legislation or participate or intervene in any political campaign on behalf of (or in opposition to) any candidate for public office or otherwise engage in the carrying on of propaganda (within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986).

The Sponsored Organization will provide all information and prepare all reports, including interim and final reports, required by funding organizations, with the **Manifest A Deliverance Foundation INC.'s** final approval.

The Manifest A Deliverance Foundation INC. will distribute all awarded funding on behalf of the Sponsored Organization. To initiate the disbursement process, a letter of disbursement must be signed by two Manifest A Deliverance Foundation INC. board members, one representative of the Sponsored Organization, and one witness. The funds will be used to support the Sponsored Organization, minus any applicable administrative fees (NO MAD FEE), in line with the specified conditions.

The Sponsored Organization appoints the following individual(s) as the authorizing official. The authorizing official will be the primary coordinator for business with the Manifest A Deliverance Foundation INC. and will be authorized to sign disbursement letters and any necessary documentation. The authorizing officials of the sponsoring organization must have decision-making authority for the programming and must be approved in advance by the Manifest A Deliverance Foundation INC.

Authorize up to 3 officials by providing their name, title, and contact information.

- 1.
- 2.
- 3.

The Manifest A Deliverance Foundation INC. and Sponsored Organization will maintain all financial records relating to the Programming according to generally accepted accounting principles, retain records as long as required by law, and make records available to auditors as required by law.

The Manifest A Deliverance Foundation INC. and the Sponsored Organization will reflect the activities of the Programming, to the extent required, on their state and federal government tax returns and financial reports. All deposits shall be treated as gifts/non-gifts as appropriate, and disbursements/payments made to or on behalf of the Sponsored Organization must be to accomplish the purposes of the Programming. The Sponsored Organization will provide the Manifest A Deliverance Foundation INC. with proper documentation to accomplish this, including furnishing the Manifest A Deliverance Foundation INC. with the Sponsored Organization's Federal Employer Identification Number.

Considering the **Manifest A Deliverance Foundation INC.** agreement to sponsor the Programming and to cover expenses in connection with the Programming as outlined above, the Sponsored Organization will pay the fees, charges, and expenses related to approved programming _____ (flat fee + processing fee pending payment type, non-refundable)

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To remain in good standing with the **Manifest A Deliverance Foundation INC.** A representative from the Sponsored Organization must attend ONE community event per year OR ONE MAD Meeting if it is optional for the representative.

This agreement will be subject to review on **NOVEMBER 1** of each calendar year. Sponsored Organization or the **Manifest A Deliverance Foundation INC.** can give written notice of its intent to terminate the agreement. A written notice will be reviewed at an exit business meeting (virtual or in-person) attended by two Manifest A Deliverance Foundation INC. board members, one representative of the Sponsored Organization, and one witness. At the exit review of this agreement termination, the Manifest A Deliverance Foundation and Sponsored Organization will comply with any termination conditions imposed by funding organizations.

This agreement will terminate if any of the following events occur:

- The Manifest A Deliverance Foundation INC. requests the Sponsored Organization to cease activities that it deems might jeopardize its tax-exempt status, and the Sponsored Organization fails to comply within a period of ten (10) days;
- The Sponsored Organization fails to perform or observe any other covenant of this agreement, and this failure remains unremedied fifteen (15) days after notice in writing;

LEGAL REPRESENTATION BEYOND FUNDING IS NOT APPLICABLE BY THE MANIFEST A DELIVERANCE FOUNDATION.

Accepted for the Fiscal Sponsor:

Signature: _____ Date: _____
Name: _____

Accepted for the Fiscal Sponsor:

Signature: _____ Date: _____
Name: _____

Accepted Sponsor Organization:

Signature: _____ Date: _____
Name: _____

Accepted Sponsor Organization:

Signature: _____ Date: _____
Name: _____

MANIFEST A DELIVERANCE FOUNDATION INC.
FISCAL SPONSORSHIP / UMBRELLA NON-PROFIT

DISBURSEMENT AUTHORIZATION LETTER

All disbursements will be funded in check form and must contain 5 signatures (2 MAD board members, 1 representative from receiving organization and 1 witness.)

This authorizes a disbursement of funds from The Manifest A Deliverance Foundation INC. account in the amount of \$_____ to the sponsored organization hereby known as _____. These funds are written out to Authorized Organizational Member, _____ for the sole purpose of the sponsored organizations expenses towards approved programming.

The Authorized Organizational Member assumes full responsibility of these funds and Manifest A Deliverance Foundation INC. signs this letter as a reference that the funds have been disbursed to the Sponsored Organization's Member.

This Date of _____

MAD INC. BOARD MEMBER _____

SPONSORED ORGANIZATION MEMBER _____

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