 **Fiscal Project Supplemental**

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| 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

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| 1. If yes, please complete the table below. If additional space is needed, please attach Special Event form or additional pages.
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| --- | --- | --- | --- | --- | --- | --- |
| 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? |
| *Example: Easter Egg Roll, March 31, 2013* | *Egg hunt, picnic lunch, face painting* | *75* | *$0* | *Host* | *n/a* | *n/a* |
|       |       |       | $      |       |       |       |
|       |       |       | $      |       |       |       |
|       |       |       | $      |       |       |       |

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| 1. If yes, are vendors/exhibitors required to provide proof of General Liability insurance naming the Applicant as an Additional Insured?
 | [ ]  Yes [ ]  No |
| 1. Which events listed in 22.a. above have bounce houses, inflatables and/or climbing structures?
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| Name of Event: |            | # of Structures: |       |
| Name of Event: |            | # of Structures: |       |
| Name of Event: |            | # of Structures: |       |

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| 1. Describe the security and safety procedures in place for the events listed in 22.a. above:
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| --- | --- | --- | --- |
| Name of Event: |            | Procedures: |       |
| Name of Event: |            | Procedures: |       |
| Name of Event: |            | Procedures: |       |

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