



Catalyst for Youth, Inc  
1724 Alberta Ave. San Jose, CA 95125

APPLICATION FOR FISCAL SPONSORSHIP

Name of Artist or Organization: \_\_\_\_\_

Name of Project Manager: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security or Federal Employer ID Number: \_\_\_\_\_

Check that the following items are enclosed with your application:

- \_\_\_\_\_ Signed Application Form
- \_\_\_\_\_ Written Proposal
- \_\_\_\_\_ Resume(s) of Artist and/or Key Personnel
- \_\_\_\_\_ Project and Annual Budget
- \_\_\_\_\_ Documentation of Work (if applicable)

Please read the following and sign below:

I have read and understand the terms and conditions that apply to Catalyst for Youth Fiscal sponsorship Program, including the 10% fee on all monies collected through the fiscal sponsor. I understand that submitting this application does not guarantee acceptance, and if accepted, Catalyst for Youth has the right to refuse disbursement of funds at anytime.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print)

For Internal Use Only:

Date Received:

Recommendation of Board:

Date notification letter sent out: