



The Visalia Arts Consortium, Inc.
Nonprofit – Designated Arts Council for Tulare County
Request for Fiscal Agent

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Minimum Requirements

Please respond to the following questions on a separate document. If any requirements have not been met, please submit a target date by which time the requirement will be met.

1. Program Director must be a member of the Arts Consortium in good standing.
2. Written start-up plan which includes a budget covering no less than 12 months. (attach copy)
3. Board of Director's with no fewer than 5 members. (attach list)
4. Board officers are elected. (attach names)
5. Articles of Incorporation are filed with the Secretary of State. (attach copy)
6. By laws are adopted by the Board. (attach copy)
7. State and Federal Tax-Exemption is received or in process. (attach copy)
8. Insurance including general liability and Directors and Officers. (attach copies)
9. Written check approval process for expenditures. (attach copy)
10. Access to legal council. (attach name and address)
11. History of previous related activities or programming. (attach examples, photos, and/or letters of support)



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INTRODUCTION

The Visalia Arts Consortium, Inc. recognizes the need to make itself available to serve as fiscal agent for newly forming organizations or for groups of organizations and/or public agencies that receive funding to provide certain services for the benefit of the community, or that benefit specific populations. The policies of the Visalia Arts Consortium allow it to serve in this capacity for groups whose purpose is congruent with Visalia Arts Consortium’s mission and operating standards. As a fiscal agent, Visalia Arts Consortium has a limited role or responsibility for handling administration of the finances without assuming legal control over the programs of the Applicant.

Completing this application is the first step in the process which we hope will result in assisting the Applicant advance its mission.

Organization name: _____ Date Incorporated: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____

Phone: _____ Fax: _____

E-mail: _____

Purpose of the organization: _____

Program/service overview: _____

Are any employees of the organization currently serving as voting members of the board of directors? _____ If yes, who? And in what capacity: _____



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Are any board members and/or employees related by blood or marriage? _____

If yes, who? _____

What position(s) does each hold on the board? _____

Have any donations or grants been received at this time? _____

If yes: Amount: _____ Source: _____

Planned/Approved use of funds: _____

Are you requesting that grant applications be submitted under the name of Visalia Arts Consortium, Inc. on behalf of your organization? _____ If yes, you understand that Visalia Arts Consortium, Inc. will exercise all appropriate/applicable legal and fiduciary responsibilities as it would with any grant awarded to Visalia Arts Consortium, Inc. _____

Please check services which you would expect Visalia Arts Consortium, Inc. to perform on your behalf:

- _____ Process payroll
- _____ Maintain accounting system
- _____ Produce monthly financial statements
- _____ File state and federal forms
- _____ Issue checks for approved expenditures
- _____ Provide insurance coverage for primary office space

_____ Other: _____

For what length of time would you expect Visalia Arts Consortium, Inc. to serve as your fiscal agent? _____

Application completed by: _____ Date: _____