



Fiscal Receiver Program Application Guidelines

Brief Overview of the Fiscal Receiver Program

The purpose of the Fiscal Receiver program is to assist unincorporated neighborhood groups and small community organizations to engage in fundraising for programs that are compatible with and supportive of the Mission, Vision, and Goals of San Jose Parks Foundation. The scope of services is limited to (1) receiving donations; (2) providing a basic accounting of the funds; (3) banking the funds for a limited time; and (4) disbursing the funds to the organization or to a designated third party.

How to Apply

Organizations seeking to have SJPF act as Fiscal Receiver must submit the following materials:

1. Application form- page 2 of this document

2. The Organization or Project Description is a 1-page overview of your organization, including answers to the following:

What is the nature/mission/history of your organization or project?; What is the scope of the project for which you need Fiscal Receivership services – i.e. one-time only?; Short-term/long-term/ongoing?; What do you intend to do over the next year?; What is your fundraising strategy?; What are your program objectives and timeline?

3. The Proposed Budget must include:

- Projected Income Amounts & Sources – including donations, grants, etc. (the income should be equal to the expenses listed in your budget).
- Projected in-kind contributions, if applicable. Please itemize and estimate value.
- Operating Expenses - List estimated costs associated with your organization or project. These should be divided into Personnel and Non-personnel costs. If you don't know exact costs, make an estimate with some basis for it.
- Include budget narrative or explanations, as needed to help SJPF understand how you arrived at the amounts.

4. Biographical information on principal representative(s): One or two paragraphs about the organization leaders or project organizers. What are their backgrounds, how long have they been active in the community, especially neighborhood(s) or parks; do they possess any specific experiences or skills that will help the project or organization to succeed?

5. Two Community References: Please send 2 letters of support in writing. The purpose of the references is to show that your community knows you and your group, and supports your organization or project. References may be a neighbor, local business owner, member of your Neighborhood Association, PRNS Staff, Board member from an established local nonprofit organization, or an SJPF Board member.

6. The letter of support from PRNS official: If you are working with PRNS or doing a project in one or several parks, you would need a letter of support from one of the following: Park Manager, Recreation Superintendent, Deputy Director or Director. If the program involves a city department other than PRNS, that equivalent staff manager should send one.

Please submit completed applications to:

Fiscal Receiver Program
San Jose Parks Foundation
P.O. Box 53841
San Jose, CA 95153
Email: james@sanjoseparks.org
Fax: 408-893-7275

What Happens Next

The application will be reviewed by SJPF staff to determine whether the organization's objectives are consistent with our Vision, Mission and Goals. An interview will then be arranged with the organization's representative(s), providing an opportunity for both SJPF and the project to explore the appropriateness of Fiscal receivership. After the interview, if it is determined by both parties that the relationship is a good fit, an agreement will be created, specifying the conditions and parameters of the Fiscal receivership and will be signed between the organization and SJPF. A payment schedule for Fiscal Receivership services will be determined, and will be between 2% and 5%.



Fiscal Receiver Program Application Form (Page 2)

Organization Information

Organization Name: _____

Main Contact: _____ Phone: _____

Address: _____ Email: _____

Type of Organization *Please check all that apply.*

- | | | | |
|--------------------------|--------------------------|-------------------|--------------------------|
| Arts / Culture | <input type="checkbox"/> | Seniors | <input type="checkbox"/> |
| Park Beautification | <input type="checkbox"/> | Sports/Recreation | <input type="checkbox"/> |
| Environment | <input type="checkbox"/> | Youth | <input type="checkbox"/> |
| Neighborhood Association | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

Mission Statement or Purpose: *Please provide a 2-3 sentence paragraph summarizing the organization's mission or program's purpose*

This Organization serves residents of which neighborhood(s): *(Check all that apply)*

San Jose (Citywide)	<input type="checkbox"/>	District 6	<input type="checkbox"/>	Rose Garden	<input type="checkbox"/>
District 1	<input type="checkbox"/>	District 7	<input type="checkbox"/>	Guadalupe River Park & Gardens	<input type="checkbox"/>
District 2	<input type="checkbox"/>	District 8	<input type="checkbox"/>	Almaden Lake	<input type="checkbox"/>
District 3	<input type="checkbox"/>	District 9	<input type="checkbox"/>	Prusch Park	<input type="checkbox"/>
District 4	<input type="checkbox"/>	District 10	<input type="checkbox"/>	Overfelt Gardens	<input type="checkbox"/>
District 5	<input type="checkbox"/>	Alum Rock	<input type="checkbox"/>	Lake Cunningham	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	Other _____	<input type="checkbox"/>		

Checklist of attached documents:

- Project Description
- Budget Proposal
- Two letters of reference.
- Biographical information on principal representatives.
- Letter of support from city PRNS program manager or higher, or equal from other city department.

Form completed by: _____ **Date:** _____
(signature)