



# FISCAL SPONSORSHIP PROGRAM



# ROLES

- **OUR KEY PEOPLE**
- **YOUR KEY PEOPLE**



## SE UPLIFT

Fiscal Sponsorship Program Manager  
[fs@seuplift.org](mailto:fs@seuplift.org)

### ALEX CHERIN

Grantmaking Program Manager  
Oversees SE Uplift's grant program  
[alex@seuplift.org](mailto:alex@seuplift.org)

### NANCI CHAMPLIN

Executive Director  
Signs Grant Agreements / Insurance Inquiries  
[nanci@seuplift.org](mailto:nanci@seuplift.org)

## FISCALLY SPONSORED ORGANIZATIONS

### PRINCIPAL COORDINATOR

- Primary Contact
- Signs Fiscal Sponsorship Agreement
- Signs Check Request Forms

### SECONDARY COORDINATOR

- Additional Contact
- Signs Fiscal Sponsorship Agreement
- Signs Check Request Forms with or in absence of Principal Coordinator

# SERVICES

**WHAT SE UPLIFT DOES +  
DOES NOT PROVIDE**

# SERVICES

YOUR ORGANIZATION	SE UPLIFT
Creates its own annual budget	Receives and disburses your funds
Tracks budget-to-actual spending based on reports provided by SE Uplift and other records	Provides balance updates Transaction logs available upon request
Researches grant opportunities Writes grant proposals + reports	Reviews grant proposals + reports before submission
Manages payroll, HR, other contracts	Signs grant agreements
Maintains donor lists	Offers access to online fundraising platform
Cultivate and steward donor relationships	Provides donors \$250+ w/ tax donation receipt
Maintains own communications / marketing	Promotes your group and events
Secures insurance for its board + activities *	Provides training + networking opportunities
Submits annual state filings with SoS and DoJ	Requires annual state filings with SoS and DoJ

# INSURANCE

- WHO COVERS IT
- HOW TO GET IT

# INSURANCE

## WHO PROVIDES INSURANCE FOR YOUR NEIGHBORHOOD ASSOCIATION?

	SE UPLIFT	YOUR ORGANIZATION
<b>General Liability Coverage</b>	X	
<b>Directors + Officers Insurance</b>	X	

*Your Neighborhood Association is covered under SE Uplift's policies.  
Contact [nanci@seuplift.org](mailto:nanci@seuplift.org) to request a Certificate of Insurance in advance of an event.*

# INSURANCE

## WHO PROVIDES INSURANCE FOR YOUR COMMUNITY ORGANIZATION?

	SE UPLIFT	YOUR ORGANIZATION
General Liability Coverage		X *
Directors + Officers Insurance		X

*\* Talk to us about securing event coverage through partnership with a district Neighborhood Association*



# COMMUNICATIONS

- **STAYING IN TOUCH**
- **PROMOTING YOUR GROUP + EVENTS**
- **ADVANCE NOTICE ABOUT GRANTS**

# COMMUNICATIONS

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**SE UPLIFT IS HERE TO HELP YOU SUCCEED!**



- **Questions**
- **Support**
- **Training**
- **Feedback**
- **Changes**



**We can help promote  
your organization,  
events + activities**



**Contact SE Uplift as  
soon as you see a  
grant opportunity  
you want to pursue**

# FUNDRAISING

- DONATIONS
- IN-KIND CONTRIBUTIONS
- GRANTS

# FUNDRAISING

## YOUR ORGANIZATION

Communicates that charitable contributions go through SE Uplift

Tax Exempt Status



Cultivates and maintains donor relationships and records

Contributions



Seeks donations and cultivates relationships, informs SE Uplift

In-kind Donations



Prepares proposals + reports. Gets prior approval from SE Uplift to submit

Grants



Pays a service fee to SE Uplift. Accounts for fees in grant budgets.

Fees + Funds



Maintains records + reports

Recordkeeping



## SE UPLIFT

Lends credibility of its tax-exempt status to your organization

Receives and acknowledges donations on your behalf

Works with you to send an acknowledgement

Reviews proposals + reports. Signs contracts, and oversees funds.

Charges service fee. Retains control over funds on behalf of your group

Maintains records + reports

# FUNDRAISING

## GRANTS



### NOTIFY + PREPARE APPLICATION

- Identify grant opportunity
- Inform SE Uplift
- Prepare application materials



### SCHEDULE REVIEW

Schedule a time to review your application materials 5-10 business days before the deadline.



### SUBMIT APPLICATION

List applicant as “Southeast Uplift Neighborhood Program Inc, the fiscal sponsor of [your org]”. Ensure SE Uplift has a final copy of all materials.



### ACCESS GRANT FUNDS

Funds go into your SE Uplift account and are restricted for uses stated in your grant. You may access funds by submitting a check request for a reimbursement or invoice payment.



### SUBMIT REPORT

You track your deliverables and prepare any report required by the funder. SE Uplift works with you to submit the report.

# FINANCES

- **YOUR ACCOUNT**
- **FEES**
- **REQUESTING FUNDS**

# FINANCES

## WHERE SHOULD THE MONEY GO?

### (OPTIONAL)

#### YOUR GROUP'S BANK ACCOUNT



**Non-charitable funds**



**Proceeds from Selling Goods**

(e.g. merchandise, baked goods)



**Fees for Services**

### REQUIRED

#### YOUR FISCAL SPONSORSHIP ACCOUNT



**All charitable grants and donations MUST be sent directly to SE Uplift to be tax deductible**



**SE Uplift must be named as the payee. The check memo or letter must name your group!**

# FINANCES

## ACCOUNT



**General (unrestricted)**

**Subaccounts: Grants, restricted funds, or any programs you want to track separately**

## REPORTS



**Account Balances (usually quarterly)**

**Transaction Reports (upon request)**

**NO: Balance Sheets, Profit/Loss Statements or Cash Flow Statements**

## RECEIPTS



**Charitable receipts are sent annually in January for donations \$250+**

**Online donors receive an immediate receipt by email**



# FINANCES for FY23-24, through June 30, 2024

FEES	TIER I	TIER II	TIER III
FISCAL SPONSOR LEVEL	Grant Fiscal Sponsorship	Full Fiscal Sponsorship	Full Fiscal Sponsorship
ACCOUNT BALANCE	Amount of SE Uplift grant award	Less than \$25,000	\$25,000 or more
ADMIN FEE	\$0	\$50/year (assessed annually in late June)	Once revenue reaches \$25,000, a 10% fee is assessed on income as it is received up to \$250,000 within the fiscal year.

**MISC FEES:** from bank or extra bookkeeping work to comply with grant reporting requirements

# FINANCES for FY24-25, effective July 1, 2024

REVENUE TYPE	SE Uplift Grants	Government and/or Reimbursable Grants	All Other Revenue
FISCAL SPONSOR LEVEL	SE Uplift Grantee Fiscal Sponsorship	Full Fiscal Sponsorship	Full Fiscal Sponsorship
ADMINISTRATIVE ALLOCATION	\$0 on SE Uplift grant award	10% of incoming funds	7.5% of incoming funds

**MISC FEES:** from bank or extra bookkeeping work to comply with grant reporting requirements

# FINANCES

## REQUESTING FUNDS

- We can pay vendor invoices or reimburse for expenses paid out-of-pocket
- Your Principal Coordinator completes + submits a check request (Secondary Coordinator must sign any request to pay Principal Coordinator)
- Documentation required: receipts or invoices, and a W-9 for any payee receiving \$600+ in a calendar year
- Payment is issued by check within 10 business days, usually faster



Southeast Uplift  
 3534 SE Main St  
 Portland, OR 97214  
 p: 503 232-0010  
 www.seuplift.org

### Check Request Form

Organization: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**This check request is for:**

- Payment of an invoice - *see attached invoice(s)*  
 Reimbursement request - *see attached receipt(s)*

Accompanying documentation is required for processing. Checks will be dispersed upon verification of available funds.

**Check Delivery:**

- Mail via USPS  
 Place in SEUL mailbox \_\_\_\_\_  
 Hold for pickup during SEUL's office hours (Tu-Th 10-5, excluding federal holidays)

**Make check payable to:** \_\_\_\_\_

Mailing Address

Street Line 1: \_\_\_\_\_ Street Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Expense Detail

Amount: \$ \_\_\_\_\_ Funding Account (e.g. General, Grant): \_\_\_\_\_

Memo (expense description): \_\_\_\_\_

Tax Forms

- W-9 included:** Required for \$600+ within a calendar year to an individual or organization  
 **W-9 already on file:** Previously submitted; no updates to tax information (name, ID, mailing address)  
 **W-9 not required**

Authorization

The Principal Coordinator's signature is always required. E-signatures are sufficient. For reimbursements made payable to the Principal Coordinator, an additional authorized individual's signature is required.

Principal Coordinator Name - Required \_\_\_\_\_ Additional Authorized Individual Name (if applicable) \_\_\_\_\_

Principal Coordinator Signature - Required \_\_\_\_\_ Additional Authorized Individual Signature (if applicable) \_\_\_\_\_

**For office use only (to be completed by SEUL staff)**

Expense Account \_\_\_\_\_ Program # & Name \_\_\_\_\_ Staff Initial \_\_\_\_\_

# RENEWAL

- RENEWAL
- TERMINATION

# RENEWAL



## RENEWAL

- **Contract Length:** One year
- **Expiration:** We'll provide a reminder 2 months out
- **Renewing:** You'll complete a renewal application + report

## TERMINATION

- You receive 501c3 status
- Contract terms are violated
- Either organization decides

## DO NOT

**Support/Endorse or Oppose Political Candidates**

*Ballot measures + referendums are okay*

**Exceed Lobbying Limits**

*Contact us first for guidelines!*

**Accept Charitable Funds Directly**

*All charitable funds must go to SE Uplift*

# NEXT STEPS

- **FORM YOUR GOVERNING BODY**
- **COMPLETE STATE FILINGS**
- **SIGN THE CONTRACT**

# NEXT STEPS



**Establish your governing body**

**Consider getting Directors and Officers Insurance**



**Incorporate as a nonprofit with the Oregon Secretary of State, and register with the Oregon Dept. of Justice (*must renew annually*)**

**File Articles of Inc. with State then provide to SE Uplift**



**Convene your board and vote to sign the Fiscal Sponsorship Agreement (Contract)**



**Sign the Fiscal Sponsorship Agreement via Docusign**

