



## Fiscal Sponsorship Policy

It is the intention of the Colorado Health Foundation (the Foundation) to fund impactful work that helps Coloradans live their healthiest lives by advancing opportunities to pursue good health and achieve health equity. This is done by supporting work in and across six focus areas that are critical to improving health in Colorado: access to care, behavioral health, healthy behaviors, healthy children and adolescents, healthy communities, and social determinants of health. Although we generally require that each grantee operate as a nonprofit entity with tax-exempt status as determined by the State of Colorado and the Internal Revenue Service, we are aware that some projects may be very new or in the process of obtaining this status. Additionally, we recognize that not every charitable endeavor has the infrastructure required to become a formal tax-exempt organization. Therefore, we will award grants to groups which are not 501(c)3 or governmental organizations provided they have obtained the support of a fiscal sponsor with nonprofit status. Both the fiscal sponsor and the project are required to sign a Fiscal Sponsorship Agreement before any funds will be awarded. (Please see attached). Please note that the Foundation generally does not fund for-profit entities through its grantmaking program. We also do not accept grant applications from for-profit entities using a non-profit organization as a fiscal sponsor. If you are a for-profit organization interested in learning about our program-related investment opportunities, please visit our website [here](#).

To support the self-determination of funded projects, the Colorado Health Foundation encourages projects and fiscal sponsors to establish the clearest possible understanding regarding each of their roles and responsibilities. Fiscal sponsors should be well-informed of the risks and have the organizational structure and capacity to manage and accept these risks before agreeing to serve as a fiscal sponsor. The Foundation considers the fiscal sponsor to be the grantee, who therefore assumes legal and financial

responsibility for grant funds. The Foundation does not intend to interfere or mediate disputes between projects and fiscal sponsors. However, the Foundation does require:

- The project to align with the fiscal sponsor's charitable mission
- The fiscal sponsor to have *full* discretion and control over the funds granted from the Colorado Health Foundation
- The fiscal sponsor and the project to address property ownership (physical or intellectual) if applicable, and an exit strategy in their agreement. The exit strategy may require a written separation agreement should the project choose to become a separate nonprofit entity during the course of the grant period.
- Funds are used to support the intended work described in the proposal to the Colorado Health Foundation
- A system in place to track the activities and balances of TCHF funds specifically related to the project.

The Colorado Health Foundation will not award funds to any grantee organization until an acceptable, signed Fiscal Sponsorship Agreement is received. If you have any questions or concerns please do not hesitate to contact the Colorado Health Foundation for assistance.

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The Colorado  
Health Foundation™

## Fiscal Sponsorship Agreement

Between \_\_\_\_\_  
(Nonprofit Fiscal Sponsor)

and \_\_\_\_\_, a project of the Fiscal Sponsor.  
(Sponsored Project)

This Fiscal Sponsorship Grant Agreement defines the roles and responsibilities of both the Fiscal Sponsor and Project named above. This Agreement shall be in effect from:

(Beginning Date) \_\_\_\_\_ through (Ending Date) \_\_\_\_\_

### Role of the Fiscal Sponsor

The Fiscal Sponsor is considered the Grantee by the Colorado Health Foundation (TCHF) and therefore assumes legal and financial responsibility for grant funds. The Fiscal Sponsor is to receive and disburse funds to the Project in a timely manner and to maintain prudent and accurate records of all transactions as required by the State of Colorado and the Internal Revenue Service. The Sponsor should have a system in place to track the activities and balances of TCHF funds specifically related to the Project, and the Sponsor maintains full discretion and control over the grant funds. The Fiscal Sponsor is also ultimately responsible for all reporting requirements to TCHF, although the Project may be the one to prepare the reports.

### Role of the Project

The Project is typically responsible for the programmatic implementation of the work. They are to request funds or reimbursement of funds from the Fiscal Sponsor in a timely manner in order to conduct the project activities. In addition, the Project is to maintain prudent and accurate records of all activities as required by the State of Colorado and the Internal Revenue Service.

By initialing below, the Fiscal Sponsor confirms that the following statements are true:

Fiscal Sponsor's Initials	Items to Be Confirmed
	The Fiscal Sponsor's Board of Directors has approved the Project as furthering its charitable mission
	The intended work to be performed is accurately described in the grant proposal to TCHF
	The Fiscal Sponsor will maintain full discretion and control over the funds

By initialing below, both the Fiscal Sponsor and Project indicate that they have reviewed and come to an agreement regarding each of the following items:

Fiscal Sponsor's Initials	Project's Initials	Items to Be Agreed Upon
		General timeline for use of funds
		Ownership of property rights (physical or intellectual), if applicable
		Fiscal Sponsor's policies for disbursement of funds (including time needed to respond to check requisitions)
		Chain of command within both organizations, including decision-making authority regarding use of funds
		Reporting requirements to the Colorado Health Foundation
		Exit strategy (may require a written separation agreement)
		Administrative fee: Total amount or percentage Project is to pay to Fiscal Sponsor (if any): _____ Terms of payment (if any): _____

\_\_\_\_\_  
Signature - Fiscal Sponsor Representative

\_\_\_\_\_  
Signature – Sponsored Project Representative

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date