

FUNDRAISING EVENT APPROVAL FORM

Please complete each section of the Fundraising Event Approval Form as appropriate for your proposed event. Completed forms along with the proposed event's budget and solicitation materials should be submitted to the **Office of Advancement Services** for review in concurrence with the Vice President for University Advancement one hundred twenty (120) days prior to the event in accordance with *Gift Acceptance Policies and Procedures*.

EVENT OVERVIEW			
Event Name:			
Date of Event:			
Event Location:			
Event Description/Purpose:			
Unit/College/Department Hosting Event:			
Contact Name:		Contact Phone/Ext:	
Contact Email:			
ATTENDANCE INFORMATION			
Anticipated Number of Attendees:			
Target Audience:		<input type="checkbox"/> Students <input type="checkbox"/> Alumni <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Community Members	
		<input type="checkbox"/> Other (explain):	
How will this event be publicized, advertised, and promoted?			
Will you be requesting the President's attendance or involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", in what capacity?			
FOOD, BEVERAGE, AND ENTERTAINMENT			
<i>See California State University, Dominguez Hills Policy regarding the Sale, Consumption, Distribution, and Possession of Alcoholic Beverages for more information.</i>			
Will food be served at the event? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", who will be providing and serving the food?			

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Do you plan to serve alcohol? Yes No

Do you plan to engage a public speaker, celebrity, or other entertainment for this event? Yes No
 If "Yes", please describe:

FINANCIAL INFORMATION

Anticipated sources of revenue:	<input type="checkbox"/> Ticket sales <input type="checkbox"/> Event sponsors <input type="checkbox"/> Auction <input type="checkbox"/> Raffle <input type="checkbox"/> In-kind Gifts <input type="checkbox"/> Other (explain):
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Foundation fund to be used for all income/expenses associated with this event?

Existing Fund #: _____ New Fund Needed (*Attach PF Account Application Form*)

TICKETING INFORMATION (please complete if you plan to sell tickets to the event)

Cost per ticket: \$_____ Do you plan to sell tickets at the door? Yes No

If tickets are priced at different amounts based on certain conditions (single ticket vs. table, advance ticket sales vs. price at the door, etc.) list all conditions and price per ticket for each condition here:

If ticket purchasers will receive any benefits (in addition to event entry) in exchange for their ticket purchase, please list the benefits and the Fair Market Value (FMV) of those benefits here. Note: the Fair Market Value is determined by the cost the ticket purchaser would have incurred to purchase the benefit on their own.

Example Benefit:	Hors d'oeuvres and dinner	Fair Market Value:	\$30.00
1.	Benefit:	Fair Market Value:	\$
2.	Benefit:	Fair Market Value:	\$
3.	Benefit:	Fair Market Value:	\$
4.	Benefit:	Fair Market Value:	\$
5.	Benefit:	Fair Market Value:	\$

Do you plan to issue any free or "comp" tickets to your event? Yes No

If "Yes", how many tickets and to whom:

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SPONSOR INFORMATION (please complete if you plan to solicit sponsorships for the event)

Will event sponsors receive any benefits (tickets, recognition, etc.) in exchange for sponsorship? Yes No

If "Yes", please list the benefits and the Fair Market Values of those benefits here. If the space provided is insufficient, please provide as a separate attachment:

1.	Benefit:		Fair Market Value:	\$
2.	Benefit:		Fair Market Value:	\$
3.	Benefit:		Fair Market Value:	\$
4.	Benefit:		Fair Market Value:	\$
5.	Benefit:		Fair Market Value:	\$

RAFFLE INFORMATION (please complete if you plan to hold a raffle at your event)

Describe how the raffle will be administered:

Price per raffle ticket: \$ _____ How many prizes will be raffled off? _____

Please list the prizes to be raffled, the Fair Market Value of each prize and how prize will be obtained. Please attach additional sheets if necessary. If this information is not known at this time please submit this information when it becomes available.

	Description of Prize	Fair Market Value	How Obtained
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	
7.		\$	
8.		\$	
9.		\$	
10.		\$	

GIFTS-IN-KIND (please complete if you plan to plan solicit for gifts-in-kind in support of your event)

Briefly describe what in-kind gifts you plan to solicit and the intended use of each gift (food and beverage to serve to event attendees, raffle items, auction items, etc.):

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OTHER REVENUE/SUPPORT

Please describe any additional revenue or support you plan to solicit or receive:

EVENT PROCEEDS

Anticipated proceeds from event: | \$

How will the proceeds for this event be used? Please be as specific as possible:

EVENT APPROVALS

Name of Division/College/Dept. Representative	Signature	Date
Vice President, University Advancement	Signature	Date

For Advancement Services Office Only

Reviewed By:	
Reviewed Date:	
Fundraising Appeal Code:	
Notes:	