

California Polytechnic State University

FUNDRAISING EVENT APPROVAL FORM

****Must be completed prior to any solicitation of funds, contractual commitments, sponsorships, literature distribution, spending, or other fundraising activities ****

Please review the **Cal Poly Fundraising Event Procedures** statement before completing this form
 Complete and send to: Advancement Operations Heron Hall (Bldg. 117), Attn: Dr. Grant Trexler

EVENT DETAILS

Event Name:	Date & Location:
Department/College/Unit:	Contact Person:
Contact Person Phone:	Contact Person Email:
What is the purpose of this event?	
Please describe the target audience, intended number of attendees, and all activities that will take place:	

REVENUE AND EXPENSES

Total Projected Revenue: _____ Total Projected Expenses: _____
 (attach detailed budget showing all revenue sources, facility expenses, labor and wages, and service fees and taxes)

List accounts to be used:
 State

Fund	Deptid	Account	Program	Class	Proj/Grant

Corporation/Foundation

Org Key	Object Code

If event expenses exceed event revenue, indicate the source of additional funding:

Indicate all sources of event revenue:

<input type="checkbox"/> Registration/ticket sales	<input type="checkbox"/> Sponsorship	<input type="checkbox"/> Raffle	<input type="checkbox"/> Auction	<input type="checkbox"/> Merchandise Sale	<input type="checkbox"/> Outright gifts
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Is any portion of the revenue intended to be charitable contributions (other than outright gifts)? Yes No

****Charitable Contributions** - If any portion of registration fees, ticket sales, sponsorships, or auction payments are intended to be charitable contributions and receipted as gifts, then the value of the benefits provided to the donor must be stated on the invitation, sponsorship form, or announced at auction. The charitable contribution is the total payment less the value of benefits extended to the donor.
****Sale of Merchandise** - Only sale of merchandise directly related to the event will be allowed.

Signature of dean, director, or head of sponsoring unit	Name (print)	Date
APPROVED by Assoc. Vice Pres., Advancement Ops.		Date