



Fundraiser & Event Approval Form

This completed form and all required attachments must be submitted **at least 30 days before** a fundraiser or event. Please review the [Event and Fundraising Policy](#) to ensure that your event complies with all applicable laws and regulations. A **budget must be attached** in order to review the event.

Program Name: _____ Account #: _____

Event Coordinator Name: _____ Email: _____ Phone: (____) _____

Name of Event/Fundraiser: _____ Event Fundraiser

Event/Fundraiser Date: ____/____/____ Venue & Address: _____

Type of Event/Fundraiser: _____ Estimated Number of Attendees: _____

Is the Program sponsoring/hosting the event? Yes No If no, how is the program participating? _____

Has a website been created for the event? Yes No If yes, website URL: _____

Recurring Status: Annual One-Time Other:_____ Cause supported by event: _____

Anticipated Revenue (gross): _____ **Required Budget Attached:** Yes No If no, why? _____

Will tickets be sold? Yes No If yes, total ticket price: _____ (Payment portion: _____ & Donation portion : _____)

Will the event/fundraiser need a registration/sponsorship/donation page built in the FrontStream platform? Yes No

Will sponsorships be sold for the event? Yes No If yes, please attach a list of sponsorship levels & FMV of benefits received.

Will an auction be held at the event? Yes No If yes, please attach a list of auction items, item donors & items' FMV.

Will there be participants/volunteers at the event? Yes No If yes, please attach a list of participants and/or volunteers.

Will the volunteers have any direct contact with a vulnerable population (children/disabled/elderly)? Yes No If yes, please attach a list of volunteer's names and email addresses to perform background checks (please see our Background Check Policy).

If the event has participants/volunteers, will United Charitable's waivers be used? Yes No If no, please attach copy of prospective waiver.

Will the event serve: Food Beverages Alcohol If alcohol is being served at the event, what are the safety precautions being taken? _____

Will additional state/local registrations or licenses be needed to hold event? Yes No If yes, please attach documents.

Have any promotional materials or solicitation letters been created? Yes No If yes, please attach created materials.

Please describe the fundraiser or event activities in detail: _____

How is this activity directly related to your program's mission? What is the goal of the event/fundraiser? _____

I attest to the information presented above and I have read, understand and will abide by United Charitable's Event and Fundraising policies and procedures. I understand that I cannot place United Charitable into any position of contractual liability or payment.

Program Manager Signature: _____ Date: _____

Printed Name: _____ Email: _____ Phone: (____) _____

OFFICE Approval _____ Date:_____ ANI Info Sent:Yes No Date:_____