

This completed form and all required attachments must be submitted **at least 30 days before** a fundraiser or event. A **budget must be attached** in order to review the event.

Program Name: _____ **Account #:** _____

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

Name of Event/Fundraiser: _____ Date: ____/____/____

Event Fundraiser 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 sponsorship 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 a raffle be held at the event? **Yes No** If "Yes", please reach out to fsp@unitedcharitable.org for Raffle State Guidelines.

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 volunteers' 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 a 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?

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: (____) _____

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