



## FUNDRAISING PROPOSAL Cover Letter and Forms

### Please Read Before Developing Proposal

A fundraiser event is one that is initiated by a program or discipline for the purpose of working with the college and the community to procure additional revenue from a planned event. Fundraisers need to be approved **before** they can be scheduled and held. Please follow the proposal form to ensure that the college assists you in the process of hosting a fundraiser event. Listed below are the information pieces necessary for expedient processing and approval of forms:

- The college requires at least four weeks pre-approval before an event can take place. Your proposal form, once approved, triggers any other event forms such as facilities. Any proposer should be able to have approval and all necessary forms completed in one month's time frame.
- Approval of this form documents the requestor's agreement to payment for any facility related request and/or associated cost of the event.
- Approval of this form documents the requestor (or other delegated designee, noted on form) as the supervisor for the event; requestor or delegated supervisor must be in attendance for the duration of the event. Supervision by faculty or staff must be noted on the form for approval.
- Division Staff can assist you with the proposal form but please allow adequate time for their assistance.
- Fundraiser Events must be approved before moving forward with any facility or scheduling needs.
- When event is approved, requestor will receive a signed copy and should attach a photocopy to the Facility Request Forms to complete the process for use of facility and request of equipment. A photocopy of *approved* Fundraising Proposal indicates full approval and distribution of event information.

**FUNDRAISING EVENT PROPOSAL**

(Submit Completed Form to Dean or Area Supervisor at least four weeks in advance of Event)

**PLEASE READ BEFORE DEVELOPING PROPOSAL:**

A fundraiser event is one that is initiated by a program or discipline for the purpose of working with the college and the community to procure additional dollars from a planned event. Fundraisers need to be approved before they can be held. Please follow the proposal planning components to ensure that the college assists you in the process. Approval of this form documents the requestor's agreement to pay for facilities and/or associated costs out of the revenue, and agreement to personal or delegated supervision of the event. Events must be approved before any scheduling or facility reservation can take place.

FUNDRAISER NAME/TITLE: \_\_\_\_\_  
(Example: Basketball Clinic)

**BRIEF DESCRIPTION OF EVENT:**

SPONSORING ORGANIZATION: \_\_\_\_\_

REQUESTOR/RESPONSIBLE FOR EVENT: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DAY(S)/DATE(S) OF EVENT: \_\_\_\_\_

TIME: \_\_\_\_\_ TO: \_\_\_\_\_  
(BEGIN) (END)

LOCATION REQUESTED: \_\_\_\_\_

TICKETS: YES NO IF YES, COST OF TICKET: \_\_\_\_\_ COST AT DOOR: \_\_\_\_\_

ENTRY FEE: \_\_\_\_\_

DONATIONS ONLY: \_\_\_\_\_

PRE-REGISTRATION / ATTENDANCE ROSTER: \_\_\_\_\_

OTHER: \_\_\_\_\_

MERCHANDISE SOLD? YES NO IF YES, LIST (INCLUDE PRICE):

BRIEFLY DESCRIBE HOW REVENUE WILL BE COLLECTED (Detail how/where funds will be kept when collected and during event; specific time within event when funds will be collected; how/when/by whom funds will be deposited for security and counting):

ESTIMATED REVENUE PER DAY \_\_\_\_\_ X # DAYS \_\_\_\_ = \_\_\_\_\_

ESTIMATED COST OF EVENT (FACILITY, CUSTODIAL, SECURITY, PARKING FEES, ETC.; CONTACT LAYNE JENSEN X1631 FOR ASSISTANCE): \_\_\_\_\_

ESTIMATED NET REVENUE: \_\_\_\_\_

All revenue collected will be deposited into LPC College Foundation and will be available through approved procedures for expenditures.

The requestor is responsible for becoming familiar with the College's Facilities Use Guidelines and for submitting the College's Facilities Use Forms, available at:  
<http://www.laspositascollege.edu/facilities/index.php>

Necessary event support must be requested through the use of the Facilities Forms: Use checklist below to anticipate your needs and submit official request forms as directed on forms and procedures at the web link above. Additional questions may be directed to the Office of Administrative Services, 925.424.1631.

- Facility (suggested): \_\_\_\_\_
- Security and Parking
- Concessions or food (name of vendor): \_\_\_\_\_
- Set Up: Booths, chairs, tables, etc.
- Technology
- Supplies
- Special needs (e.g., transportation)
- Other

*Please attach a photocopy of fully approved Fundraising Proposal Form to your Facilities Forms. Signatures on approved Fundraising Proposal Form will constitute authorization signatures required on both Facilities Forms.*

In signing\* this form, I/we understand that I/we assume(s) all responsibility for conducting the event in compliance with the policies and regulations of Las Positas College (Chabot-Las Positas Community College District).

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Requestor

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean or Area Supervisor

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Vice President

\*Please note that if form is submitted by email, requestor must come into office and sign.