

PHFE/ACCESS/Alternative Education Fund FUNDRAISING PROPOSAL

Date:		
To: ACCESS Budget Office		Requested by:
PAR Name:	Account#:	Phone:
EVENT ORGANIZERS		
Event Chair (authorized signer of Event Expenditures)	Address:	Phone:
Event Coordinator	Address:	Phone:
EVENT INFORMATION		
NAME OF EVENT		Proposed Date Event:
1. We wish to send out letters of solicitation <input type="checkbox"/> Yes (if yes, letter attached) <input type="checkbox"/> No		
PHFE must review letter of solicitation prior to mailing to make necessary changes in order comply with federal and state laws		
2. Description of proposed event:		
3. We wish to rent a facility <input type="checkbox"/> Yes <input type="checkbox"/> No Address of Proposed Event(if yes, attach quote):		
4. Number of Guest anticipated:		
5. We wish this event to occur: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> One time only <input type="checkbox"/> Other _____		
6. This event will involve Advertising/media coverage <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
7. We plan to send out invitations <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, invite must be attached		
8. We plan to sell items <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list items to be sold and the proposed per item cost to the contributor:		
a.	c.	
b.	d.	
9. We plan to hold a raffle <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list items to be raffled and attach raffle form		
a.	c.	
b.	d.	
10. Fair market value of any goods/services provided to the contributor (such as value of a dinner, performance, entrance fees, golf tournaments, etc...		
11. Liability insurance provided by:		
EVENT BUDGET		
1. Expected Revenue:		
2. Anticipated Expenses: (must not exceed 25% of Expected Revenue):		
3. Net Proceeds (Expected Revenue - Anticipated Expenses):		
4. Please list all source(s) of expected revenue:		
a.	c.	
b.	d.	
5. Please list all source(s) of anticipated expenses:		
a.	c.	
b.	d.	
6. Will you be paying any individuals/companies for services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whom?		
Explain services rendered		Anticipated amount of payments
In order for patrons of this event to receive a tax deduction for their contribution, this proposal must be completed and approved prior to the event.		

AUTHORIZATION	
Event Chairperson Received & Verified by:	Date:
ACCESS Budget Office Received & Verified by:	Date:
PHFE Received & Verified by:	Date:

Original: PHFE

Copy 1: ACCESS Budget Office

Copy 2: Requestor