



**Fundraising Projects
Benefiting The University of Texas Medical Branch (UTMB Health)**

Proposal Form

Project Name:_____

Department/group/company planning the project:_____

Organizer Contact Name:_____

Address:_____

Phone:_____ Fax:_____

Email:_____

Description of Proposed Project:_____

Date Proposed:_____ Will this be an annual project?_____

Please attach a project calendar/timeline to this proposal form.

Location Proposed:_____ Hours of Event:_____

Anticipated Attendance:_____ Is the event: Open to the Public? By invitation only?
(please circle)

Anticipated Gross Revenue:_____ Anticipated Net Revenue:_____
(Please attach copy of proposed budget.)

I agree that the UTMB Development Office will receive all cash/checks from the event on a daily basis per Section 6 of UTMB's Institutional Handbook of Operating Procedures (IHOP).

Yes No
(please circle)

I have reviewed all applicable fundraising policies in IHOP, Section 6 and agree to abide by these policies.

Yes No
(please circle)

Will the University President be invited?

Yes No
(please circle)

Will the President's spouse be invited?

Yes No
(please circle)

Are you requesting participation of the University President or spouse?

Yes No
(please circle)

Please attach your proposed plan for promoting this event.

Please attach samples of all proposed promotional materials/sponsorship letters, etc. to this proposal form. If these are not yet developed, remember that any related print or electronic communications that mention the UTMB or UTMB Health name, and/or which use the UTMB Health logo, must be reviewed and approved by Marketing and Communications before distribution. Remember to allow time for revisions and additional approvals.

Be sure to define the event's fundraising purpose in your communication/promotion plan.

Method of fundraising (example: sponsorships, ticket sales, auction, etc.)_____

Please submit a proposed mailing list/potential sponsorship list to the Development Office by attaching it to this proposal. You may also submit this list in electronic format via email to the Development Office at dimullin@utmb.edu

Will UTMB Health be the sole recipient of the funds raised? If not, please name the other recipients and specify the percentages for each. (UTMB Health must be at least a 50 percent beneficiary.)_____

How do you want the funds to be distributed within UTMB Health? (Unrestricted or restricted to):_____

Is there an established Chart Field String (CFS)?

Yes No
(please circle)

Has a UTMB Health department or faculty member agreed to help?

Yes No
(please circle)

If yes, please list the department name and/or the names of faculty along with their responsibilities:_____

Will the department be responsible for any upfront expenses/deposits?

Yes No
(please circle)

If yes, please list these expenses/deposits and the amount of each one:_____

Are there allocated funds to cover these expenses?

Yes No
(please circle)

Do you anticipate needing the assistance of University Conferences and Events staff?

Yes No
(please circle)

If yes, what are your expectations?_____

For event coordination and assistance please contact University Conferences and Events at (409) 747-6733 or lkrcma@utmb.edu.

How will volunteers be used?_____

Signature (Project Organizer)

Title

Date

Signature (Department Head)

Title

Date

Signature (Area Executive Vice President)

Date

Development Office Use Only

Date Approved by Development Office: _____

Signature of Vice President, Chief Development Officer: _____

Reason(s) for rejection of this project: _____

