

**MT. SAN ANTONIO COLLEGE FOUNDATION  
FUND-RAISER PROPOSAL REQUEST**

**Program Name:** \_\_\_\_\_

**Description of Activity or Event:** \_\_\_\_\_  
*(Attach Proposed Advertisement, such as Flyer or Ticket)*

**Purpose of Activity or Event:** \_\_\_\_\_

**Proceeds to be Used For:** \_\_\_\_\_

**Date of Activity:** \_\_\_\_\_ **Time of Activity: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Location of Activity:** \_\_\_\_\_

**Responsible Employee(s):** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*Note: A copy of this completed and approved form must be attached to all deposits.*

**BEFORE THE FUND-RAISER BEGINS**

Before the activity begins, review these items and confirm the required items are completed:  
 1. The following checklist and related requirements in each item as described in the procedures have been reviewed:

- |   |  |
|---|--|
| <b><u>Mandatory</u></b>   | <b><u>Optional</u></b>   |
| <input type="checkbox"/> Use of Facilities Request Completed                    | <input type="checkbox"/> Cash Box Needed (Complete "Request for Change Funds/Cash Box" Form)     |
| <input type="checkbox"/> Proposed Budget Completed                              | <input type="checkbox"/> Change Funds Needed (Complete "Request for Change Funds/Cash Box" Form) |
| <input type="checkbox"/> Advertised as Fund-raiser                              |  |
| <input type="checkbox"/> Receipt Book or other cash handling method established |  |

**DURING THE FUND-RAISER**

- During the activity or event, keep a record of revenue and expense transactions
- Deposit funds at the end of the day or event, or no later than next business day.
- Record all donations on the *Donation Information Form*.
- Ensure all revenue receipts are adequately secured at all times and follow cash handling procedures.

**PROPOSED BUDGET**

**Revenue:** Provide a description of items to be sold or potential revenue sources.

\_\_\_\_\_ =

\_\_\_\_\_ =

\_\_\_\_\_ =

**Total Revenue:** \_\_\_\_\_ = \$ \_\_\_\_\_ -

**Expenses:** Provide a description of anticipated expenses.

\_\_\_\_\_ =

\_\_\_\_\_ =

\_\_\_\_\_ =

**Total Expenses:** \_\_\_\_\_ = \$ \_\_\_\_\_ -

*Note: Attach a separate sheet if needed.*

**APPROVALS**

Responsible Employee: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's Manager: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Use by the Office of the Foundation**

Executive Director, Foundation \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Campus Program \_\_\_\_\_ Scholarship(s) \_\_\_\_\_ Endowment/Scholarship  
 Minimum \$10,000 to establish Endowment