

**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:

- | <u>Mandatory</u> | <u>Optional</u> |
|---|--|
| <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 |
| Vice President: | _____ | _____ | _____ |
| | | 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