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**Event/Fundraising Application Form**

**Name of Community Foundation:** Click or tap here to enter text.

**Name of Fund to Benefit:** Click or tap here to enter text.

1. **Name of Event:** Click or tap here to enter text.
2. **Purpose of Event:** Click or tap here to enter text.
3. **Further explain how event will support your foundation in growing community endowment:**

Click or tap here to enter text.

1. **Name and Contact Info of Event Contact**

***First Contact***

Name: Click or tap here to enter text.

Address:Click or tap here to enter text.

City: Click or tap here to enter text.

State:Click or tap here to enter text. Zip Code:Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Cell Phone: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

***Second Contact***

Name: Click or tap here to enter text.

Address:Click or tap here to enter text.

City: Click or tap here to enter text.

State:Click or tap here to enter text. Zip Code:Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Cell Phone: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

[ ] I have read the Event/Fundraising Policy and Procedure\* document and will follow accordingly.

1. **Type of Event/Fundraising Activity:**

**See CKCF/Donor/Affiliate Initiated Event/Fundraising Policy & Procedures for details.**

[ ] Passive

[ ] Active

[ ]  Independent Event or Fundraising by a Tax-Exempt Organization

[ ]  Independent Event or Fundraising by an Individual or Non-Tax-Exempt Organization

*Application Does not need completed, just record of activity being conducted.*[ ]  Component Event or Fundraising by an Individual or Non-Tax-Exempt Organization

1. **Date of Event:** Click or tap here to enter text.
2. **Time:** Click or tap here to enter text.
3. **Anticipated # of Attendees:** Click or tap here to enter text.
4. **Entry Fee: Yes or No, Free Event/Activity** If Yes, Amount of Fee: Click or tap here to enter text.
 If Tickets (*choose 1*):

[ ]  Promoted as “Suggested Donation”: $ Click or tap here to enter text.
    [ ]  Ticket Price: $ Click or tap here to enter text.

1. **Location/Venue**

Name of Venue: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text. State:Click or tap here to enter text. Zip: Click or tap here to enter text.

**Does Venue require insurance rider/certificate of insurance from CKCF:** [ ] Yes [ ] No

\*Contracts need sent to CKCF for signature.

    **Full Service Venue (includes all services below, if not fill in):** [ ]  Yes [ ]  No

**Additional Vendors Needed for Venue** (*provide name, services provided, and details*):
          Chairs/Tables: Click or tap here to enter text.

 Meal Trucks: Click or tap here to enter text.
 Other: Click or tap here to enter text.

**AV - Equipment/Technician:** Venue Provides for Cost: Click or tap here to enter text.
 Vendor Needed: Click or tap here to enter text.
 Name: Click or tap here to enter text.
 Cost: $Click or tap here to enter text.

**Catering Services:** [ ] Yes or [ ] No

If Yes, Name: Click or tap here to enter text.

Cost per meal: $Click or tap here to enter text.

\*Contracts need sent to CKCF for signature and requests for certificate of insurance or additionally insured certificates are generally required by CKCF.

**Plan to serve alcohol?** [ ]  Yes [ ]  No
 If Yes, Contact CKCF as there are special rules and restrictions for alcohol hosting
 **Reminder:** *CKCF and all affiliates are not sales tax exempt.***List all Event Activities** \*some of these may require additional insurance protection:

Award Ceremony: Click or tap here to enter text.
 Educational Presentation: Click or tap here to enter text.
 Other: Click or tap here to enter text.

Other: Click or tap here to enter text.

 *\*Note W-9’s needed along with invoice to pay vendors.*

1. **Anticipated Total Revenue**: $ Click or tap here to enter text.

Entry/Ticket Fee Revenue: $ Click or tap here to enter text.

Benefit or Service (BorS) with Ticket (Meal, Golf, Goodie Bag, T-Shirt, etc.)

 Describe BorS: Click or tap here to enter text.

Value: $Click or tap here to enter text.

Describe BorS: Click or tap here to enter text.

Value: $Click or tap here to enter text.

Describe BorS: Click or tap here to enter text.

Value: $Click or tap here to enter text.
Describe BorS: Click or tap here to enter text.

Value: $Click or tap here to enter text.
Describe BorS: Click or tap here to enter text.

Value: $Click or tap here to enter text.

*\*If levels of sponsorship attach.*

 No Benefit of a Good or Service Offer to Sponsor: Click or tap here to enter text.
 Benefit or Service (BorS) within Sponsorship (Advertisement, Goodie Bag, etc.)

 Describe BorS: Click or tap here to enter text.

Value: $Click or tap here to enter text.

Describe BorS: Click or tap here to enter text.

Value: $Click or tap here to enter text.

Describe BorS: Click or tap here to enter text.

Value: $Click or tap here to enter text.
Describe BorS: Click or tap here to enter text.

Value: $Click or tap here to enter text.

Silent Auction Revenue: $ Click or tap here to enter text.
\**Specific protocols to conduct an auction – contact CKCF for instructions.*

Specific Event Activity Fee (separate from entry): $ Click or tap here to enter text.

 BorS: Click or tap here to enter text.

Value: $Click or tap here to enter text.

Describe BorS: Click or tap here to enter text.

Value: $Click or tap here to enter text.

Describe BorS: Click or tap here to enter text.

Value: $Click or tap here to enter text.
Describe BorS: Click or tap here to enter text.

Value: $Click or tap here to enter text.

Donations (Donation Jar, T-Shirt Donations, Concessions, etc.): $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 *\*Note that if a good or service is received the tax-deductible value is reduced*

Item: Click or tap here to enter text.Value: $ Click or tap here to enter text.
 Item: Click or tap here to enter text.Value: $ Click or tap here to enter text.

Item: Click or tap here to enter text.Value: $ Click or tap here to enter text.

Item: Click or tap here to enter text.Value: $ Click or tap here to enter text.

1. **Anticipated Total Expenses $** Click or tap here to enter text.

 *(List vendors and anticipated costs below.)*

 Venue: Click or tap here to enter text. $ Click or tap here to enter text.
Invitations/Postage: Click or tap here to enter text. $ Click or tap here to enter text.
Decorations: Click or tap here to enter text. $ Click or tap here to enter text.

 Refreshments: Click or tap here to enter text. $ Click or tap here to enter text.
Alcoholic Beverages: Click or tap here to enter text. $ Click or tap here to enter text.

Food: Click or tap here to enter text. $ Click or tap here to enter text.

Entertainment (Band, Speaker, Movie License, etc.): Click or tap here to enter text.

$ Click or tap here to enter text.

Giveaways: Click or tap here to enter text. $ Click or tap here to enter text.

Transportation: Click or tap here to enter text. $ Click or tap here to enter text.

Other: Click or tap here to enter text. $ Click or tap here to enter text.

1. **Cancellation Risk**

If event is cancelled due to inclement weather is there an ability to reschedule? [ ]  Yes [ ]  No

Is there a cost risk involved? [ ] Yes [ ]  No

**Application Submission Process:**

* **This complete application form** is to be submitted at least 20 business days before any promotion of an Event is to begin for Passive Event Fundraising/Friend Raising. If the Event or Fundraising Activity is being coordinated by an Active, (c) Component Fundraising Individual, Committee, Affiliate or Non-Tax Exempt Organization, 90 days in advance of an event is required.
* Within a week of receiving the application CKCF will respond to the application;
* Utilize the **Donation Deposit Record Form** for deposit
* Utilize the **Event Donation Form** for contributors, contributions, tracking ticket or attendance and this should match the Donation Deposit Record Form totals;
* Complete **Distribution Recommendation Forms** for all expenses and attach **W-9** on any vendor so expense payable payments can be made;
* Request link to CKCF’s PayPal account if taking Credit Card contributions.

 **Include on Promotional Materials:**

* All checks related to the event must be made payable to the Central Kansas Community Foundation (or CKCF) or the Affiliate Foundation or the Name of the (“XYZ”) Fund. Cash receipts are to be deposited intact.
* Proceeds from this event are to benefit the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fund. This Fund is managed by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community Foundation, an affiliate of Central Kansas Community Foundation.
* Clearly state donation value for ticket or entrance fees. If the offer is a SUGGESTED DONATION amount, you do not have to track but run a risk of no proceeds.
* Be sure all materials are approved by CKCF before promotion and printing.

**During the event and before turning in money to CKCF for deposit – Event Contact will:**

* Complete a Donation Deposit Record coversheet signing off on cash and checks submitting to CKCF for deposit;
* Complete the Event Donation Form with all information on contributor and what contributing too;
* Keep all contributions until event is closed and provide CKCF with all checks, cash, and corresponding spreadsheet at one time with one week following event;
* Speak with Brenda for suggestions on how to manage accounting for contributions.

**Return completed form to:**

bill@centralkansascf.org

Central Kansas Community Foundation
Attn: Bill Hake

301 N. Main, Suite 200

Newton, KS 67114

If you have questions or need further information, please contact Bill Hake or Brenda Eitzen at brenda@centralkansascf.org or 316.283.5474.