



Event/Fundraising Application Form

Name of Community Foundation: _____

Name of Fund to Benefit: _____

1. Name of Event: _____

2. Purpose of Event: _____

3. Further explain how event will support your foundation in growing community endowment:

4. Name and Contact Info of Event Contact

Name: _____

Address: _____

Number/Street

City State Zip

Home Telephone #: (____) _____ Cell Phone #: (____) _____

Email Address: _____

Name: _____

Address: _____

Number/Street

City State Zip

Home Telephone #: (____) _____ Cell Phone #: (____) _____

Email Address: _____

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

5. 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

6. **Date of Event:** _____

7. **Time:** _____

8. **Anticipated # of Attendees:** _____

9. **Entry Fee: Yes or No, Free Event/Activity**

If Yes, Amount of Fee: _____

If Tickets (*choose 1*):

Promoted as "Suggested Donation": \$ _____

Ticket Price: \$ _____

10. **Location/Venue**

Name of Venue: _____

Address: _____

Number/Street

City

State

Zip

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:

Meal Trucks:

Other:

AV - Equipment/Technician: Venue Provides for Cost: _____

Vendor Needed:

Name: _____

Cost: _____

Catering Services: Yes or No

If Yes, Name: _____

Cost per meal: _____

*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: _____
Educational Presentation: _____
Other: _____
Other: _____

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

11. Anticipated Total Revenue: \$ _____

Entry/Ticket Fee Revenue: \$ _____

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

Describe BorS: _____ Value: \$ _____

Describe BorS: _____ Value: \$ _____

Describe BorS: _____ Value: \$ _____

Describe BorS: _____ Value: \$ _____

Describe BorS: _____ Value: \$ _____

Describe BorS: _____ Value: \$ _____

Sponsorship Revenue: \$ _____ **If levels of sponsorship attach.*

No Benefit of a Good or Service Offer to Sponsor: _____

Benefit or Service (BorS) within Sponsorship (Advertisement, Goodie Bag, etc.)

Describe BorS: _____ Value: \$ _____

Describe BorS: _____ Value: \$ _____

Describe BorS: _____ Value: \$ _____

Describe BorS: _____ Value: \$ _____

Silent Auction Revenue: \$ _____

**Specific protocols to conduct an auction – contact CKCF for instructions.*

Specific Event Activity Fee (separate from entry): \$ _____

Describe BorS: _____ Value: \$ _____

Describe BorS: _____ Value: \$ _____

Describe BorS: _____ Value: \$ _____

Describe BorS: _____ Value: \$ _____

Donations (Donation Jar, T-Shirt Donations, Concessions, etc.): \$ _____

**Note that if a good or service is received the tax-deductible value is reduced*

Item: _____ Value: \$ _____

Item: _____ Value: \$ _____

Item: _____ Value: \$ _____

Item: _____ Value: \$ _____

12. **Anticipated Total Expenses** \$ _____ (List vendors and anticipated costs below.)

Venue:	_____	\$ _____
Invitations/Postage:	_____	\$ _____
Decorations:	_____	\$ _____
Refreshments:	_____	\$ _____
Alcoholic Beverages:	_____	\$ _____
Food:	_____	\$ _____
Entertainment (Band, Speaker, Movie License, etc.):	_____	\$ _____
_____	_____	\$ _____
Giveaways:	_____	\$ _____
Transportation:	_____	\$ _____
Other:	_____	\$ _____

13. **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\Fundraising Donation Spreadsheet** 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\Fundraising Donation Spreadsheet 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.

Name of Event:		Cash Totals	\$	*cash verified by 1. _____						
Date of Event:		Check Totals	\$	2. _____						
Name of Community Foundation:										
Name of Fund:										
Contact Person & Phone #										
Name	Address (list if not on check)	phone	email	Amount Received	Check /Cash /Sq	Name of Goods/Services Received	Value of Goods/S ervices	Donation amount	Total (should match with Amount Rec'd)	Notes
ex. Ned Smith	3333 Orange Street, Fredonia, KS 66736	620-555-5555	nsmith@cox.net	\$ 25.00	Sq	baseball	\$ 10.00	\$ 15.00	\$ 25.00	
ex. Mary Jones #1476	(on check)	620-555-5577	mj19@cox.net	\$ 25.00	Ck	Meal ticket	\$ 12.50	\$ 12.50	\$ 25.00	
ex. John Jones	(on check)	xxxx	xxxxx	\$40	ck	Golf & Food	\$ 20.00	\$ 20.00	\$ 40.00	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	

Name of Event:		Cash Totals	\$	*cash verified by 1. _____						
Date of Event:		Check Totals	\$	2. _____						
Name of Community Foundation:										
Name of Fund:										
Contact Person & Phone #										
Name	Address (list if not on check)	phone	email	Amount Received	Check /Cash /Sq	Name of Goods/Services Received	Value of Goods/S ervices	Donation amount	Total (should match with Amount Rec'd)	Notes
									\$ -	
									\$ -	
									\$ -	
Total				\$ 90.00					\$ 90.00	

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Central Kansas
COMMUNITY FOUNDATION

Building Stronger Communities Through Charitable Giving

DISTRIBUTION RECOMMENDATION FORM

Mark Request

Date of Request: _____

- GRANT
- SCHOLARSHIP
- PAYABLE (Include W-9 first time)

Fund Representative/Review Committee Representative Name: _____

Email: _____ Phone: _____

Foundation Name: _____

Fund Name: _____

Amount: \$ _____

Purpose: _____

Payee Information:

Name:

Address:

Notes:

The check will be sent to payee unless otherwise provided instructions below. Please anticipate 7-10 business days once provided to CKCF for completion of any check request.

Instructions for mailing: _____

Requesters Name: _____ **Signature:** _____

Please return a copy to the Central Kansas Community Foundation and retain one for your files.

301 N. Main, Suite 200, Newton, KS 67114 or email (scanned version) to
brenda@centralkansascf.org and angie@centralkansascf.org
316.283.5474

Please attach back-up documentation that includes but is not limited to notes, minutes, email communication, donor/committee member names, applications, W-9, and this recommendation form.