



**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: \$ \_\_\_\_\_

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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](mailto:brenda@centralkansascf.org) or 316.283.5474.