## **CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS**



## University Advancement Fundraising Event Authorization Form

Fundraising events that are budgeted (revenue) for \$5,000 or more require advance approval prior to entering into agreements with vendors (facilities, caterers, etc.). CSUCI has designated the Senior Director of Development in University Advancement as the campus approver. Please complete this form and submit it with the draft of solicitation materials, if available.

Requestor Information			
Name*:	Title*:		Ext*:
Department Name*:			
<b>Event Details</b>			
Event Name:			Event Date:
Event Location:			
Purpose of the event:			
Summary of Activties:			
Draft of Solicitation Materials:			
Cost per Ticket:	Projected Attendance	:	Estimated Staff Hours:
Event Risk Controls			
Will the event have the following ac	ctivities? If the answer is	"Yes", then please descri	be or attach documentation.
☐ Yes ☐ No An Auction?			
☐ Yes ☐ No Serve Alcohol?			
☐ Yes ☐ No A Raffle?			
☐ Yes ☐ No A controlled game such	ch as "Casino/Gaming"?_		<del></del>
General Comments:			
Required Event Budget			
Chartfield for Revenue & Expenses:	Fund:	Dept:	
Chartfield for Net Income/Loss:	Fund:	Dept:	
The budget must sufficiently detail	anticipated revenue and	expenditures to project	net revenue and any exchange of

The budget must sufficiently detail anticipated revenue and expenditures to project net revenue and any exchange of goods or services.

Revenue	Amount	Description
Auction Revenue:		
Raffle Revenue:		
Sponsorship Revenue:		
Ticket Revenue:		
Other Revenue (Please specify):		
Total Revenue:		
Is any portion of the revenue intended	d to be charitabl	e contributions (other than outright gifts)? ☐ Yes ☐ No
charitable contributions and receipted as	gifts, then the val	es, ticket sales, sponsorships, or auction payments are intended to be ue of the benefit provided to the donor must be stated on the charitable contribution is the total payment less the value of the
Expenses	Amount	Description
Entertainment Expenditures:		
Food/Beverage Expenditures:		
Facility Expenditures:		
Printing/Publicity Expenditures:		
Admin Fees:		
Credit Card Fees:		
Total Expenses:		<del></del>
Total Net Income:		<del></del>
Fill-out only if you plan to utilize serv	rices of a contra	ct fundraiser (Attach a copy of draft contract)
Will the fundraiser have Custody of Co	ontributions?	Yes □ No □
Estimated Gross Receipts:		
Amount Paid to Fundraiser:		
Amount Paid to Foundation:		

## **Policy, Terms, and Conditions**

Fundraising events with expected gross receipts greater than \$5,000 or those with plans for an auction or raffle of any size must be approved in writing by the delegated authority when the fundraising event utilizes the University name, logo, or trademarks and represents that the University will benefit from the proceeds. Prior to the event's announcement, the delegated authority shall review the fundraising event's budget, drafts of solicitation materials, and action plan to comply with federal, state, and local regulations.

- All marketing, solicitation, and/or registration materials must be submitted with the form
- Purchasing will be contacted for any and all venue contracts. Appropriate insurance must be in place prior to event.
- Please allow 10 working days for approval or changes to the request form.

Requestor	$\ \square$ By checking this box, I am agreeing to the terms and conditions stated above.				
Name:	Requestor's Email:	Date:			
Signature of	Date:				
Signature of	Senior Director of Development:	Date:			