



California State University, Bakersfield Fundraising Event Approval Form

Workflow Submittal - Upload approved form to the 25live event. (Office of Events)

DATESTAMPS REQ: _____ CAB: _____ VPUA: _____ UC: _____

Please note: Fields identified with an asterisk (*) are required.

Requestor Information

CSUB ID*: _____ Name*: _____ Title*: _____ Extn*: _____

Dept ID*: _____ Department Name*: _____

Event Details

Event Name*: _____ Event Date*:

Event Location*: _____

Summary of Activities*: _____

Draft Solicitation Materials: _____

Cost Per Ticket*: _____ Projected Attendance*: _____ Estimated Staff Hours*: _____ 25Live Reference #: _____

Event Risk Controls

Will the event have the following activities? If the answer is "Yes", then please describe or attach the documentation.

Yes No An auction*? _____

Yes No Serve alcohol*? _____

Yes No A Raffle*? _____

Yes No A controlled game such as "Casino/Gaming"*? _____

General Comments: _____

Required Event Budget

Chartfields for Revenue & Expenses: Fund*: _____ Dept*: _____ Bus. Unit*: _____

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

(Assigned Upon Approval)

Authorized: _____

CashNet Code: _____

Revenue

Amount Description

Auction Revenue: _____

** Raffle Revenue: _____

Sponsorship Revenue: _____

Ticket Revenue: _____

Other Revenue (Please specify): _____

Total Revenue: _____

**** Raffles will be reviewed and approved by the CSUB Foundation**

Expenses	<u>Amount</u>	<u>Description</u>
-----------------	----------------------	---------------------------

Entertainment Expenditures:	_____	_____
-----------------------------	-------	-------

Food/Beverage Expenditures:	_____	_____
-----------------------------	-------	-------

Facility Expenditures:	_____	_____
------------------------	-------	-------

Printing/Publicity Expenditures:	_____	_____
----------------------------------	-------	-------

Admin Fees:	_____	_____
-------------	-------	-------

Credit Card Fees:	_____	_____
-------------------	-------	-------

Total Expenses: _____

Total Net Income: _____

Fill-out only if you plan to utilize services of a contract fundraiser (Attach copy of draft contract)

Will the Fundraiser have Custody of Contributions? 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 form.
- Purchasing/Procurement will be contacted for any and all venue contracts. Appropriate insurance must be in place prior to event.
- Please allow 5 working days for approval or changes to the request form.

Requestor By checking this box, I am agreeing to the terms and conditions stated above.

Name: _____ Requestors Email: _____ Date:

Cabinet Approval By checking this box, I approve the Fund Raising Event for the above requestor.

Cabinet Approver: _____ Cabinet Approver Email: _____ Date:

CSUB Foundation By checking this box, I approve the Fund Raising Event for the above requestor.

Vice President for University Advancement (VPUA) _____ VPUA Email: _____ Date:

University Controller By checking this box, I approve the Fund Raising Event for the above requestor.

Controller Approver: _____ Controller Approver Email: _____ Date:
