



Fundraising Event Approval Form

Refer to **Fundraising Event Policy & Procedures** prior to completing this form.

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

Requestor Information*

CSUB ID: _____ Name: _____ Title: _____

Department ID: _____ Department Name: _____ Phone/email: _____

Event Details*

Event Name: _____ 25Live Reference #: _____ - _____

Event date: _____ Event time: _____ - _____ Event location: _____

Summary of Activities: _____

Purpose of Event: _____ Estimated Staff Hours: _____

Ticket Price: _____ Fair Market Value (FMV) of ticket: _____ Projected Attendance: _____

Will the event offer sponsorships? ☐ Yes ☐ No (If yes, attach proposed amounts with estimated FMV.)

Event Risk Controls*

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

Auction (live or silent): ☐ Yes ☐ No Additional details/type: _____

Alcohol: ☐ Yes ☐ No Additional details: _____

Controlled game (casino or gaming) ☐ Yes ☐ No Additional details/type: _____

☐ By checking this box, Requestor acknowledges that CSUB Foundation does not hold raffles.



Event Budget*

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

Chartfields

Business Unit: _____ Fund: _____ Dept ID: _____ Project: _____ Program: _____ Class: _____

Revenue

Amount

Description

Auction Revenue**:	_____	_____
Sponsorship Revenue:	_____	_____
Ticket Revenue:	_____	_____
Other Revenue:	_____	_____
Total Revenue:	_____	_____

***Auctions of any size must be reviewed and approved by the CSUB Foundation*

Expenses

Amount

Description

Entertainment:	_____	_____
Food and Beverage:	_____	_____
Facility fees:	_____	_____
Printing/Publicity:	_____	_____
Admin Fees:	_____	_____
Credit Card Fees:	_____	_____
Other Expenses:	_____	_____
Total Expenses:	_____	_____

Total Net Income: _____

Fill-out only if you plan to utilize services of a contract fundraiser (Attach draft copy of 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 of any size must be approved in writing by the delegated authority when the fundraising event utilizes CSUB's name, logo, or trademarks and represents that CSUB 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 CSU, federal, state, and local regulations.

Attach and submit the following items at least 90 days prior to the event:

- All marketing, solicitation, promotion and/or registration materials
- Contracts and/or agreements (must also be reviewed and approved by Procurement)

Appropriate insurance must be in place prior to the event.

Approvals

Requestor: ☐ By checking this box, I agree to the terms and conditions stated above and to adhere to all policies and procedures governing CSUB Foundation fundraising events.

Name: _____ Signature: _____ Date: _____

Cabinet Approval: ☐ By checking this box, I approve the Fundraising Event for the above requestor.

Cabinet Name: _____ Signature: _____ Date: _____

CSUB Foundation: ☐ By checking this box, I approve the Fundraising Event for the above requestor.

Executive Director Name: _____ Signature: _____ Date: _____

Accounting Director: ☐ By checking this box, I approve the Fundraising Event for the above requestor.

Director Name: _____ Signature: _____ Date: _____

University Controller: ☐ By checking this box, I approve the Fundraising Event for the above requestor.

Controller Name: _____ Signature: _____ Date: _____

Route form for approval via Adobe Sign and CC foundationaccounting@csub.edu

Please allow 5 working days for feedback or approval.