



**Special Olympics**

*Missouri*

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_

## Fund-Raising Application for Approval

1. SOMO Area: \_\_\_\_\_ Person Submitting Form: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name and Place of Project: \_\_\_\_\_

3. Is this a Torch Run event?      Yes      No (circle one)

4. Project Chair: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

5. Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

6. Complete description of project: \_\_\_\_\_

(enclose appropriate material, price for tickets, registration forms, etc.)

7. Who will be the sponsor: \_\_\_\_\_

8. Target group of audience: \_\_\_\_\_

9. How do you plan to publicize project: \_\_\_\_\_

10. Target amount to be raised (gross): \_\_\_\_\_ Estimated Expenses: \_\_\_\_\_

Net Return: \_\_\_\_\_ Percent Return (net % gross): \_\_\_\_\_

11. Describe how funds will be accounted for: \_\_\_\_\_

12. Will the Special Olympics name and/or logo be used? \_\_\_\_\_

(if so, attach appropriate supporting material)

13. Is this an annual project? \_\_\_\_\_

14. If so, what was raised last year? \$ \_\_\_\_\_ /gross      \$ \_\_\_\_\_ /net

15. Have you developed a budget for this event?      yes \_\_\_\_\_      no \_\_\_\_\_ (if yes, please attach)

16. Reason why project cannot be approved at this time: \_\_\_\_\_

\_\_\_\_\_  
Development Coordinator/Area Director      Date

\_\_\_\_\_  
Chief Development Officer      Date

**Form must be submitted at least 30 days prior to the event. Please submit to: SOMO, Attn: Development, 1001 Diamond Ridge – Suite 800, Jefferson City, MO 65109. Fax: 573-635-8233. 3/20/11**