

To be completed for each event that is promoted to the public.



Date Received _____

Date Approved _____

Fundraising Application for Approval

- 1. Please Check one: LETR Athlete Agency Knights of Columbus Other
- 2. Organization: _____ Person Submitting Form: _____
- Phone Number: _____ Email: _____
- 3. Name and Place of Project: _____
- 4. Project Chair: _____ Daytime Phone: _____
- 5. Event Date: _____ Begin Time: _____ am/pm End Time: _____ am/pm
- 6. Complete description of project: _____

(enclose/attach appropriate material, price for tickets, registration form, 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. SOMO Use only:	Is this a third-party event?	Yes	No	(no SOMO involvement)
	Is this a co-hosted event?	Yes	No	(some SOMO involvement)

Please send completed application to:
SOMO, 1001 Diamond Ridge, Suite 800
Jefferson City, MO 65109, or fax to 573-635-8233

Area Development Staff _____ Date

HQ Development Staff _____ Date

Form must be submitted at least two months prior to the event.