



**California State University, Bakersfield**

**Fundraising Event Approval Form**

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

**Requestor Information\***

CSUB ID: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department ID: \_\_\_\_\_ Department Name: \_\_\_\_\_ Extension: \_\_\_\_\_

**Event Details\***

Event Name: \_\_\_\_\_ 25Live Reference #: \_\_\_\_\_ - \_\_\_\_\_

Event date: \_\_\_\_\_ Event time: \_\_\_\_\_ - \_\_\_\_\_ Event location: \_\_\_\_\_

Summary of Activities: \_\_\_\_\_

Draft Solicitation Materials: \_\_\_\_\_

Cost Per Ticket: \_\_\_\_\_ Projected Attendance: \_\_\_\_\_ Estimated Staff Hours: \_\_\_\_\_

**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 Type: \_\_\_\_\_

Alcohol:  Yes  No Additional details: \_\_\_\_\_

Raffle:  Yes  No Additional details: \_\_\_\_\_

Controlled game (casino or gaming)  Yes  No Type: \_\_\_\_\_



**Required Event Budget**

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: \_\_\_\_\_

Chart fields for Revenue & Expenses:

Business Unit: \_\_\_\_\_ Fund: \_\_\_\_\_ Dept ID: \_\_\_\_\_ Project: \_\_\_\_\_ Program: \_\_\_\_\_ Class: \_\_\_\_\_

<b>Revenue</b>	<b><u>Amount</u></b>	<b><u>Description</u></b>
Auction Revenue:	_____	_____
** Raffle Revenue:	_____	_____
Sponsorship Revenue:	_____	_____
Ticket Revenue:	_____	_____
Other Revenue:	_____	_____
<b>Total Revenue:</b>	_____	_____

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

<b>Expenses</b>	<b><u>Amount</u></b>	<b><u>Description</u></b>
Entertainment:	_____	_____
Food and Beverage:	_____	_____
Facility fees:	_____	_____
Printing/Publicity:	_____	_____
Admin Fees:	_____	_____
Credit Card Fees:	_____	_____
Other Expenses:	_____	_____
<b>Total Expenses:</b>	_____	_____

**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 will be contacted for 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: \_\_\_\_\_ 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: \_\_\_\_\_

**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](mailto:foundationaccounting@csub.edu)