



COMMUNITY/3rd PARTY FUNDRAISING APPLICATION

Please submit your application 60 days prior your event/campaign. Applications must be furnished before San Diego Center for Children can approve name usage. You will be notified on the status within a week of your submittal.

Today's Date: _____

I. Organizer Information

a) Name of Contact: _____

b) Mailing Address: _____

City: _____ State: _____ Zip: _____

c) Telephone: _____ Fax: _____

Email: _____

d) Name of Organization: _____

e) Is your organization a non-profit (501c3)? Yes No

II. Fundraising Activity Information

a) Name of Event/Activity: _____

b) Event Date: _____

c) Start Time: _____ End Time: _____

d) Projected attendance: _____

e) Is the event:

- Open to the public? Yes No
- By Invitation? Yes No
- Sold by Ticket Price? (if applicable, list amount of ticket): \$ _____
- To raise donations by portions of selling a product/service? (if applicable, list \$ or % amount to be donated from sales):
\$ _____ % _____
- A "Donation Drive"- collecting in-kind donations for the Center? Yes No



f) Donation Receipting

a. Will your guests need separate donation receipts?

Yes No

b. Or will you be submitting all donations under one donor name/activity?

Yes No

g) Is this (or will this be) an annual event benefiting San Diego Center for Children?

Yes No TBD

h) Description of Event:

i) Location Name: _____

Address: _____ City: _____ State: _____

Zip: _____

j) Are there other beneficiaries of this event? Yes No

If yes, name of other organizations:

k) Describe how funds will be raised:

l) Will you have the following at your event (mark all that apply):

____ Raffle

____ Auction

m) Does your event have sponsors (corporate, media, etc...)?



n) Do you plan to solicit donations to purchase in-kind items (toys, crafts, books, etc) to be donated to the Center?: Yes No

o) Does the event require a permit?* Yes No

p) Does the event require insurance?* Yes No

**If you answered yes to either/both of these, please include a copy of the document(s) two weeks prior to the event.*

q) Plan for publicity, marketing, advertisement (All materials must be reviewed and approved in advance by the San Diego Center for Children.)

Press Releases

To be sent to: _____

Flyers

To be distributed at: _____

Public Service Announcement

To be shown via: _____

Other:

r) Will you have an event website?

___ No

___ Yes - Website address: _____



III. Financial Overview

a) Please answer the following questions:

1) Will you be covering the costs of the event?

- Yes
- No
- N/A

2) Will costs be covered in the donation amount from guest?

- Yes
- No
- N/A

3) Will donations be a portion of your business goods or services?

- Yes
- No
- N/A

4) Will your guests/donors want to receive a tax receipt and formal Thank You from the Center?

- Yes
- No

b) Budget estimate (Organization/Individual not liable for amount listed):

Food / Beverage	\$ _____
Venue	\$ _____
Entertainment	\$ _____
Permit / Insurance fees	\$ _____
Printing	\$ _____
Supplies	\$ _____
Other	\$ _____
ANTICIPATED EXPENSES	\$ _____
ANTICIPATED GROSS REVENUE	\$ _____
ANTICIPATED NET REVENUE	\$ _____

c) Estimated amount to the San Diego Center for Children (To get the net revenue, subtract gross revenue minus expenses): \$ _____

d) I plan to submit the funds by:

Mail Personal Delivery Other (please specify) _____



e) Please indicate the date the funds can be expected by the Center(funds must be received within 30 days of the event): _____

IV. Agreement

I specifically agree to all the terms and conditions contained in the “Policies and Procedures for Community Fundraisers” attached to and made a part of this application. I understand that my event is not considered an approved event until written approval of my application is received from the San Diego Center for Children. No amendment, modification or waiver of any of the terms and conditions contained in this document and the “Policies and Procedures for Community Fundraisers” shall be valid unless in writing.

At no time will the Center, or any representative of the Center, be responsible for the cost, planning, or staffing of my event, nor will they be liable for personal injuries or damages to property which may occur during my event. I agree to indemnify and hold harmless San Diego Center for Children and their employees, agents and representatives, from any and every claim, demand, suit and payment related to or caused by my event.

Event Organizer’s Signature: _____

Date: _____

Return Completed Application to:

kmorett@centerforchildren.org

or

San Diego Center for Children

Attn: Karitina Morett

Development Coordinator

3002 Armstrong Street

San Diego, CA 92111