

**Application for Approval of an Event/Solicitation for a Fund at the
Community Foundation of Orange and Sullivan**

Date of submission: _____

Fund at the Community Foundation that is to be the beneficiary of the event/solicitation:

Contact Person _____

Address _____

Phone (work) _____ (home) _____

Email _____ Fax _____

Since your request may require board approval, please allow up to four weeks for a decision to be made on this application.

Section I – Event/Solicitation Description

Name/Description of Event and/or Solicitation/s _____

Event Location-including address (if applicable) _____

Date of Event _____ Time of Event _____

Solicitation Beginning/Ending Dates – Begins: _____ Ends: _____

Ticket Price(s) _____

By invitation only? _____ Open to the public? _____

Expected Attendance _____

Is this a new event or has it taken place before? _____

Estimated gross revenue _____

Estimated expenses _____

Estimated proceeds _____

Please attach a projected event budget. Include all categories of expenses and revenues.

Section II - Publicity and Promotion

Please describe how you intend to publicize your event. The Community Foundation must review and approve all materials that will include the Foundation's name in advance of publication.

Section III

I have read and I understand the Community Foundation of Orange and Sullivan's Policies Governing Fundraising Events and Solicitations for Funds of the Foundation and agree to comply with the policies if this application is approved.

Signature _____ Date _____

Printed Name _____

Please include the required attachments and return to:

Community Foundation of Orange and Sullivan
30 Scott's Corners Drive, Suite 203
Montgomery, NY 12549
Phone: 845-769-9393 FAX: 845-769-9391

<i>Community Foundation of Orange and Sullivan Administration</i>	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Declined	
Signature _____	Date _____
<input type="checkbox"/> Applicant Notified (Date) _____	(Staff Initials) _____