

## **FUNDRAISING EVENT APPROVAL FORM**

Fundraising Event events are conducted for the sole or primary purpose of raising charitable funds where participants make a charitable contribution and a purchase for the fair market value of goods or services. Fundraising events may include dinners, dances, door-to-door sales of merchandise, concerts, carnivals, golf tournaments, auctions, casino nights, and similar events. Fundraising events with gross receipts greater than \$ 5,000 must be approved in writing by a delegated gift authority when the fundraising event utilizes the university name, logo or trademarks and represents that the university will benefit from the proceeds. The CSUSB Philanthropic Foundation is a not-for-profit corporation that is an auxiliary of CSUSB under agreement with the CSU trustees and is exempt from Federal income tax under Section 501(C)(3) of the Internal Revenue Code. Contributions made to the CSUSB Philanthropic Foundation are tax deductible under section 170 of the IRS Code. This form must be completed and submitted to University Advancement (AD-104) for review and approval. For questions, contact: Interim Director of Advancement Services – Monica Alejandre, malejandre@csusb.edu - 909-537-5644.

Title of Event:			Date of event:		
Location of Event:		Event	Start time:	Event End time:	
Type of Event (dinner, performance, etc.) :			E	stimated Attendance:	
Purpose of Event:					
College/Division:			Department:		
Event Contact:	Phone:			mail:	
	<u>Additiona</u>	l Events	<u>Details</u>		
Philanthropic gift account chartfield string:					
State trust account chartfield string:			Account - Fund - L	ept - Program - Class - Project	
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FMV/ "Premium" ticket cost to attend event:					
Tax deductible/ "Gift" cost to attend event:					
Will your event have a raffle? Yes	No	(If yes,	a Nonprofit Raffle	Report form is required after your event.)	
Will you need a Certificate of Insurance?	Yes	No			
Appeal code:	(See attac	hed appeal	code request form	n.)	
Delegated Gift Authority App	roval of Ev	vent - Co	mpleted by	University Advancement	
Signature:			Date:		
Print Name:					
I have reviewed/approved event's b	oudget.				
I have reviewed/approved event's b (Please attach a copy of proposed b	_		(Initial)	If event is off-site, please attach a written agreement with vendor that documents	
	oudget)	rials.	(Initial)		
(Please attach a copy of proposed b	oudget) on and mate	rials.	(Initial)	agreement with vendor that documents insurance and indemnification provisions.  If no agreement is necessary please provide a	
(Please attach a copy of proposed by I have reviewed/approved solicitation	oudget) on and mate I materials)			agreement with vendor that documents insurance and indemnification provisions.	

eted event budget with actual outcomes must be turned in within 30 days of event.

\*\*Fundraisers, donations, and sponsorships can be complex. Consult with University Development and Advancement Services for assistance through the process to ensure proper recording of any donations.

After completing all sections, please return to CSUSB Director of Advancement Services, in Office AD-104.