

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 (<i>dinner, performance, etc.</i>):			Estimated Attendance:
Purpose of Event:			
College/Division:		Department:	
Event Contact:	Phone:	Email:	

Additional Events Details

Philanthropic gift account chartfield string: _____
Account - Fund - Dept - Program - Class - Project

State trust account chartfield string: _____
Account - Fund - Dept - Program - Class - Project

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 attached appeal code request form.)*

Delegated Gift Authority Approval of Event - Completed by University Advancement

Signature:		Date:
Print Name:		
I have reviewed/approved event's budget. (Please attach a copy of proposed budget)	_____ (Initial)	<i>If event is off-site, please attach a written agreement with vendor that documents insurance and indemnification provisions.</i>
I have reviewed/approved solicitation and materials. (Please attach copies of all promotional materials)	_____ (Initial)	<i>If no agreement is necessary please provide a memo with a justification to forgo a written agreement.</i>
I have reviewed/approved the event's action plan. (Please attach a copy of action plan)	_____ (Initial)	

Completed 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.

Event Action Plan and Event Planning Budget must be submitted with this form

Sample Event Action Plan

EVENT NAME _____		
Event Date _____		
Event Location _____		
Logistics	Staff Assignment	Due Date
Prepare projected event budget and submit for Gift authority approval		
Determine catering needs		
Catering tasting		
Coordinate any rentals for lighting and sound equipment		
Reserve equipment		
Finalize menu selections		
Finalize catering order numbers		
Order any gifts for speaker and/or attendees		
Book photographer and video		
Secure volunteers and/or student ambassadors		
Program & Performers	Staff Assignment	Due Date
Contact speaker/performer to discuss event		
Finalize speakers for event		
Send draft event scenario/timeline with suggested bullet points and send to planning committee for review		
Send final scenario and guest list to relevant volunteers and staff		
Submit final event scenario, current guest list, table seating assignments and seating diagram to President Morales & VIP guests		
Finalize presentation/performance outline		
Send any updates to relevant volunteers and staff		
Printed Materials & Mailings	Staff Assignment	Due Date
Create Save the Date		
Print & Mail Save the Date		
Create invitations & reply card		
Obtain a quote from printing company		
Send invitations to printer		
Stuff invitations, seal and stamp		
Mail invitations		
Prepare event program		
Invitation List	Staff Assignment	Due Date
Determine # of projected guests, invite groups and any research requests that may be necessary to create guest list		
Create invitation lists – contact DOD offices for any additional invitees they would like to include		
Finalize guest list and send to Planning Committee and DOD's for review		
E-mail or call those invitees who have not responded		
Submit Guest list, final table guests with bio information and seating diagram to President's Office, DOD's and Planning Committee		
Pre Event Needs	Staff Assignment	Due Date
Press Releases (How many, sent when?)		
Finalize seating chart		
Handle any last minute RSVPs		
Directional & Parking Signs		

EVENT NAME _____		
Day-of Logistics	Staff Assignment	Due Date
Reserved signs		
Talking points		
Guest List - Alphabetical by last name and another list by table #		
Table diagram		
Event scenario		
Nametags		
Programs		
Event supplies		
Gift/Favors		
Registration & Guest Relations		
Post Event	Staff Assignment	Due Date
Schedule wrap-up meeting and discuss follow up items		
Create post event Survey		
E-blast Survey		
Create thank you card for attendees		
Mail thank you card		
E-blast follow up video		

Fundraising Event Planning Budget - Template

Mandatory Information	Budget Total	\$ -	Event Name:
	Revenue Estimate:		Date of Event:
	<i>Ticket Sales Revenue (Guests x Revenue fee of Ticket)</i>		Start & End Time:
	<i>Ticket Sales - Gift Portion (Guests x Gift amount of Ticket)</i>		Location:
	Total Ticket Proceeds:	\$ -	Estimated Attendance:
	Estimated Sponsorships	\$ -	
	Total Donations	\$ -	
	Projected Net Funds Raised	\$ -	

	Estimated	Actual
Audio/Visual & Technical - <i>vendor name</i>	\$ -	\$ -
Catering & Beverage - <i>vendor name</i>	\$ -	\$ -
Design & Décor - <i>vendor name</i>	\$ -	\$ -
Entertainment - <i>name of group</i>	\$ -	\$ -
Facilities & Campus Services	\$ -	\$ -
Parking/Transportation	\$ -	\$ -
Photography/Videography	\$ -	\$ -
Postage & Mail Processing	\$ -	\$ -
Printed Materials	\$ -	\$ -
Publicity/Marketing	\$ -	\$ -
Rentals - <i>vendor name</i>	\$ -	\$ -
Security/Safety	\$ -	\$ -
Signage (event signage)	\$ -	\$ -
Supplies & Miscellaneous	\$ -	\$ -
Venue - <i>name of venue</i>	\$ -	\$ -
Miscellaneous Contingency - 10%	\$ -	\$ -
TOTAL:	\$ -	\$ -



Office of Advancement Services
**Request for Appeal Solicitation Code
Advance (mail list) Code**

Appeal solicitation codes/*Advance* codes are used to track statistics and other elements related to mass solicitations. Some statistics that are tracked include the number of gifts received from a particular solicitation, the number of pledges received, total amount raised, total amount received, fulfillment percentage rate. Additionally, appeal solicitation codes/*Advance* codes can track the number of solicitations an entity receives in a given period and/or the type of solicitation an entity responds to, and many others.

To request an appeal solicitation code/*Advance* code, complete the information below and forward this form to the Advancement Services Office. A copy of the form will be returned to you with an assigned appeal/*Advance* code number.

The appeal/*Advance* code will be appended to each *Advance* entity record if the solicitation/mail list is provided by Advancement Services. If Advancement Services does not provide the solicitation/mail list, the gifts and pledges received as a result of the solicitation will **NOT** be coded in *Advance* with this appeal code. **To ensure proper coding, be sure to include the Appeal/*Advance* code on the Gift Transmittal Form along with the check, pledge form and any other supporting documentation.**

Complete section below:

Appeal Solicitation Code _____ *Advance* (mail list) Code: _____

Date of Request: _____ Target date of Appeal: _____

Fiscal Year: _____

Requested By: _____

Solicitation To: _____ (i.e., alumni, parents, friends, previous donors, non-donors, etc.)

Solicitation Type: _____ (i.e., telephone call, personal or form letter, etc.)

Solicitation Purpose: _____

Solicitation List Requested from Advancement Services: ___ No ___ Yes

(If answer is **No**, a list must be submitted to Advancement Services at time of appeal request and include *Advance* Entity ID numbers)

Return this form to Julie Bullock jbullock@csusb.edu Advancement Services accompanied by a copy of the solicitation document (letters and/or brochures) and any other supporting documentation.

For Advancement Services Use Only

Date Received: _____ Appeal/*Advance* Code Assigned: _____

Group: _____ Campaign: _____

Program/Dept.: _____ Interest: _____

CSUSB FOUNDATION

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Indemnification and Hold Harmless From Liability Agreement

Read this Carefully Before Signing

Vendor (Doing Business As) Name: _____

Vendor Services Provided: _____

Vendor Mailing Address: _____

Phone Number: _____ Fax Number: _____

Vendor Business License Number: _____

Service Location: All locations on the campus of California State University, San Bernardino, including the Palm Desert Campus, and all events held outside the campus on behalf of the CSUSB Philanthropic Foundation.

I understand that the name of my company or organization shall be represented by the word "Vendor" throughout this agreement.

I, on behalf of _____ ("Contractor" or "Vendor") and to the fullest extent by law, affirm that Vendor will hold harmless, indemnify, and defend the State of California, The California State University, the Trustees of the California State University, The California State University San Bernardino, Auxiliary Accounting, The California State University San Bernardino Philanthropic Foundation and the officers, employees related entities, agents and duly authorized volunteers individually and collectively ("University") from and against all claims, demands, causes of action, lawsuits (whether at law, equity or both), proceedings, liabilities, losses, damages, expense costs (including without limitation attorney's fees and costs and expert witness fees), judgments, penalties and liens of every nature resulting from injury to or death sustained by any person (including Vendor's employees), or damage to property of any kind, or any other injury or damage whatsoever, which injury, death or damage arises out of or is in any way connected with Vendor's products or its performance of services hereunder, or its failure to comply with any of its contractual obligations, or its failure to comply with any current or prospective law, regardless of Vendor's fault or negligence, including any of the same resulting from the alleged or actual negligent act or omission of an Indemnified Party, except that said indemnity shall not be applicable to injury, death or damage to property arising from the sole or active negligence or willful misconduct of the University, its officers, agents or servants.

This indemnification obligation shall survive any other contractual obligation and shall not be limited by any term of any insurance policy.

The undersigned affirms she or he is authorized to bind the above company or organization.

Signature

Date

Print Name

Print Title

Email

Revised February 4, 2015

CSUSB FOUNDATION

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CSUSB Philanthropic Foundation Contract Procedure

Please follow the steps below to ensure that all CSUSB Philanthropic Foundation contacts/business arrangements are supported by complete written agreements and are executed in a timely manner.

1. **All contracts must also have the CSUSB Philanthropic Foundation [Indemnification Agreement](#) signed by the vendor.**
 - a. *[EO 849](#), California State University Insurance Requirements, dated February 5, 2003, states that auxiliary organizations shall agree to indemnify, defend, and save harmless the state of California, the Trustees of the CSU, the campus, and the officers, employees, volunteers, and agents of each of them from any and all loss, damage, or liability that may be suffered or incurred by state, caused by, arising out of, or in any way connected with the operations of the auxiliary.*
2. **Prices of services rendered must be included in each contact.**
3. **Agreements must be signed in a timely manner and not after services are rendered.**
4. **A copy or scan of each finalized contract with all required signatures must be forwarded to foundation@csusb.edu upon completion. *This is needed each year for auditing purposes.***
5. **The vendor must have a completed [W-9 form](#) on file with Auxiliary Accounting for tax purposes and in order to process payment.**
6. **If the vendor is considered an Independent Contractor, they must complete an [Independent Contractor Determination Form](#) for Auxiliary Accounting.**

Authorized Department gift-account signers are still required to sign payment paperwork but please remember that any binding contracts with the CSUSB Philanthropic Foundation are forwarded to AD-104 for the Executive Director's signature.

Your R.S.V.P. by Aug. 3, 2015, is appreciated. Seating is limited.

Select your level of support:

SAMPLE RSVP CARD

Please reserve _____ tickets at \$125 each \$ _____
(All tables seat 8 comfortably and up to 10 guests maximum).

\$75 per ticket is tax deductible and will benefit CSUSB scholarships.

I cannot attend but I would like to make a tax deductible contribution of \$ _____
toward Mountain Communities Scholarships at CSUSB.

Contact information:

Name

Address

City, State and Zip

Phone

E-mail

Please reserve _____ vegetarian meal(s).

Guest names and seating options:

_____	_____
_____	_____
_____	_____
_____	_____

I would like to be seated with the guests listed below:

ALL CREDIT CARD INFORMATION SHOULD BE LIST AT THE BOTTOM OF RSVP CARD

Payment information:

Check, payable to *CSUSB Philanthropic Foundation* VISA Discover MasterCard AMEX

Credit card number

Exp. date

(Print name as it appears on credit card)

3-digit code

\$
Amount to be charged

Signature

Checklist & Information for a Successful Fundraising Event

DETERMINING THE FAIR MARKET VALUE & GIFT PORTION OF A FUNDRAISING EVENT TICKET

It's up to the department in charge to determine the tax deductible amount of each contribution for tax purposes. The first step is to determine the FMV of the benefits received. One of the most common ways to determine this amount is to compare the benefits received by the donor to what those benefits would cost if it were not a fundraiser.

For example, let's say you charge \$1,000 for an annual Gala ticket. Included in the Gala is free parking, a performance by a well-known band and a five course dinner. You may determine that the parking would cost \$10, the dinner would cost \$50 from a local restaurant and a ticket to see the band would cost \$100. In this case, the fair market value of the Gala ticket would be \$160 which means the tax deductible component of the ticket would be \$840.

INVITATION & RSVP CARD

- Options for Visa, Mastercard, American Express, Discover included on RSVP form.
- For PCI/audit compliance, credit card information has been captured at the bottom of the RSVP form. *(Sample attached)*
- The CSUSB Philanthropic Foundation Tax ID: 45-2255077 included on event materials.
- Advancement Services Appeal Code has been obtained. *(See attached)*

6-8 WEEKS PRIOR TO EVENT

- Complete Fundraising Event Approval Form. *(Page 1)*
- Complete Budget to Actual Template (Budget figures only) to submit with Event Approval Form. *(See attached sample)*
- If event will be held on campus, complete [CSUSB Space Reservation Request Form](#).
 - o <https://advancement.csusb.edu/events-guest-services/event-scheduling/forms/csusb-space-reservation-request-form-on-campus-entities>
- If a third party vendor is used, the [Indemnification Agreement](#) was completed.
 - o https://advancement.csusb.edu/sites/default/files/cpf_indemnification_agreement.pdf
- If a Certificate of Insurance is needed please contact [Sarah Powell \(spowell@csusb.edu\)](mailto:spowell@csusb.edu) at 909/537-7769 for assistance.
- Obtain approved [Permit to Serve Alcoholic Beverages](#) if event includes the sale, service, or consumption of alcoholic beverages.
 - o <https://advancement.csusb.edu/events-guest-services/event-scheduling/forms/permit-serve-alcoholic-beverages>
- Contact [Sodexo Catering](#) to plan food service for event.
 - o <https://csusb dining.sodexomyway.com/catering/index.html>

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- If you will be accepting credit card payments at event, credit card terminals may be rented from the CSUSB Philanthropic Foundation. Please contact [Sarah Powell \(spowell@csusb.edu\)](mailto:spowell@csusb.edu) at 909/537-7769 for further details.
- If needed, [request services from the Office of Strategic Communication](#). (For Marketing, Public Relations, Creative Services, Photography or Videography)
 - o <https://advancement.csusb.edu/strategic-communication/request-services>
- Create invitation lists – [Data Request from for Advance Data](#), for alumni or donor lists
 - o <http://www.surveygizmo.com/s3/1437285/REQUEST-FOR-ADVANCE-DATA-FORM-Confidential>
- If you would like President Morales to attend or speak at your event, complete the [Event Attendance and Speech Request Form for Dr. Tomás D. Morales](#).
 - o <https://adminn.csusb.edu/presidentforms/POEvent.aspx>
- Contact your [Director of Development](#) for assistance and guidance on your event.
 - o <https://advancement.csusb.edu/development/meet-team>

4 WEEKS PRIOR TO EVENT

- If event will be held on campus and you will need a Parking Lot clearance complete, [Request for Lot Clearance](#).
 - o <https://adminn.csusb.edu/parkingforms/LotClear.aspx>
- If you would like your event advertised on campus marquee, complete the [Electronic Marquee Request](#).
 - o <https://advancement.csusb.edu/strategic-communication/electronic-marquee-request-form>
- Ensure that you are familiar with [CSUSB's Cash Handling Policy](#).
 - o http://admnacct.csusb.edu/forms/CSUSB_CASH_HANDLING_POLICY.pdf
- Create and draft event timeline with suggested speaker bullet points.

POST EVENT

- Schedule wrap-up meeting and discuss follow up items.
- Survey attendees, if appropriate.
- Deposit all funds collected at event with Advancement Services ASAP.
- Finalize & send Advancement Services attendee list with Advance ID#.
- Complete final reconciliation of event and submit complete Actual Budget Event Form to Director of Advancement Services.
- Follow up with thank you letters to attendees.

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Silent and Live Auctions

Auction Types

A silent auction is one in which a card or bid sheet is placed next to each item up for bid. This card or sheet notes the minimum bid and, more importantly, the fair market value of the item. Bidders then write their name/ID and bid amount on the card or sheet.

An open (or “live”) auction is one in which bidding is conducted under the supervision of an auctioneer. Auction items are typically published in a brochure with a detailed description, minimum bid and fair market value.

Winning Bidders

Winning charity auction bidders may generally claim charitable tax deductions for the excess of price paid over fair market value (“FMV”). These purchases may be receipted by Advancement Services, if eligible, in the same manner as tickets, memberships, and other goods/services. It is sometimes impossible to establish the FMV of one-of-a-kind items (often, in practice, marked “priceless”). In these instances, the IRS may hold that the FMV equals the purchase price – leaving no tax deductibility and, hence, no compelling reason to issue an IRS-friendly (“legal”) receipt.

Donors of Auction Items / Gifts In Kind

To be deductible (and therefore receiptable), the auction item must qualify as a gift in kind. Gifts in kind are gifts of tangible or intangible personal property (other than gifts of cash or investment securities) that are deductible by the donor under federal tax law. Examples of gifts in kind are gifts of artwork, books, equipment, automobiles and inventory.

Gifts in Kind documentation must be sent to Advancement Services within 45 days of receipt.

Any Gift in Kind that is received to be sold at a fundraising auction will complete the following for the Advancement Services Office:

- Original Donor
- Fair Market Value
- Date of Donation
- Date of Auction/when items was liquidated
- Purchase price
- Recipient/Winning Bidder of Item

Raffles and Opportunity Drawings

Under no circumstances shall any department conduct a raffle without full approval in advance from the CSUSB Philanthropic Foundation. Purchase of raffle tickets are not tax deductible expense and rules for participating in the raffle should be clearly articulated.

A Raffle is defined by the State of California as: “Raffle – also known as an opportunity drawing or basket auction is a scheme for the distribution of prizes by chance among persons who have paid money for paper tickets that provide the opportunity to win these prizes. Each ticket is sold with a detachable coupon or stub, and both the ticket and its associated coupon or stubs are marked with a unique and matching identifier.”

NONPROFIT RAFFLE REPORT



A report must be completed for each year in which a raffle was conducted (September 1 through August 31).

Reports are due on or before October 1. (California Penal Code section 320.5)

MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
Telephone: (916) 445-2021

WEBSITE ADDRESS:
www.oag.ca.gov/charities/

PART A: General Organization Reporting Information

Name of Organization <input type="text" value="CSUSB Philanthropic Foundation"/>	Provide at least one of the following: Raffle Registration Number: <u>RF0007493</u> Federal Employee Identification Number (FEIN): <u>45-2255077</u> Corporate Number: _____ Organization Number: _____ State Charity Registration Number: <u>CT0178746</u>
Address of Organization <input type="text" value="5500 University Parkway"/>	
City or Town, State and ZIP Code <input type="text" value="San Bernardino, CA 92407"/>	
E-mail Address <input type="text" value="malejandre@csusb.edu"/>	
Telephone Number <input type="text" value="(909) 537-5644"/>	
Fax Number <input type="text" value="(909) 537-7017"/>	

Part B: Raffle Information

1. Raffle year ending August 31, _____ (Year)
2. Aggregate gross receipts from the operation of raffle(s): \$ _____
3. Aggregate direct costs incurred by the organization from the operation of raffle(s): \$ _____
4. Were funds *from sources other than ticket sales* used to pay for administration or other costs of conducting the raffle(s)? Yes No
 If yes,
 4(A) Total funds *from sources other than ticket sales* used for the administration or other costs of conducting the raffle(s)?

 4(B) What was the source of these funds?

5. Describe the charitable or beneficial purpose for which the raffle proceeds were used. Benefiting Student Scholarships and Campus Development
6. Were some or all of the raffle proceeds used for the benefit of another eligible organization? Yes No
 6(A) If the answer to 6 above is yes, provide the following information for each organization for which the proceeds were used. Attach additional sheets of paper, if necessary.

NONPROFIT RAFFLE REPORT

Recipient Organization Address of Recipient Organization City, State, and ZIP Code	\$ Exact Dollar Amount of Proceeds to Recipient Organization Contact Person for Recipient Organization Telephone Number of Recipient Organization
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Part C: Certification by Authorized Officer or Director of Reporting Organization

For the raffle(s) held during the year ending August 31, _____, I hereby certify that: <div style="text-align: center;">(Year)</div>		True	False
1) At least 90% of the gross receipts (total dollar amount prior to deduction of expenses) received from the sale of raffle tickets was used for the beneficial or charitable purposes of the eligible organization conducting the raffle or for the benefit of another eligible organization.	✓		
2) None of the funds required to be used for beneficial or charitable purposes were provided to an officer, director or member (as defined by Corporations Code section 5056) of the organization which conducted the raffle(s).	✓		
3) No person involved in or connected with the conduct of the raffle(s) was compensated by the organization conducting the raffle(s) from raffle proceeds required to be used for beneficial or charitable purposes.	✓		
4) No gaming machine, apparatus or device, including but not limited to one which meets the definition of a slot machine as described in California Penal Code sections 330a, 330b, or 330.1, was used in conducting the raffle(s).	✓		
5) No individual corporation, partnership or other legal entity has or holds a financial interest in the conduct of the raffle(s) other than the organization conducting the raffle(s) or any private, nonprofit eligible organization which received funds from the raffle(s).	✓		
6) No raffle was conducted, and no raffle tickets were sold, traded, or redeemed, within an operating racetrack enclosure, satellite wagering facility, or gambling establishment.	✓		
7) Tickets were not sold, traded or redeemed over the Internet.	✓		

If the answer to any question in Part C, Items 1 through 7, was "False", please explain the circumstances that support the answer. Use additional sheets of paper, if necessary, for the explanation. If the answer to more than one question in Part C was "False", reference the question number next to each explanation.

In signing this Nonprofit Raffle Report, I hereby certify that all of the information contained herein is true and correct.

 Signature of Authorized Officer or Director Who Prepared the Report

 Date

 Printed Name of Authorized Officer or Director

 Title of Authorized Officer or Director