

THIRD PARTY FUNDRAISER PROPOSAL FORM



Contact Name _____

Organization _____

Address _____

(City) (State) (Zip code)

Telephone _____

(Daytime) (Evening) (Cell)

Fax _____ email _____

1. Name of the event _____

2. Please describe the event detail: _____

3. Date of Event: _____ Time _____

4. Location/ Address: _____

5. Does the event require a license: ____ yes _____ no

Please note that certain gaming events such as opportunity raffles require registration by the State. Your organization is responsible to obtain all permits and follow all regulations.

6. How will funds be raised (e.g. ticket sales, space/table sales, auction, raffles, sponsorships etc.)?

7. Please list all parties involved with the event (individuals, organizations, media, etc.)

8. What is the estimate revenue to be generated from the event?

- Total revenue anticipated _____
- Total expenses anticipated _____
- Total net anticipated _____
- Estimated amount that will be donated to New Horizons _____
- Other _____

Are there other beneficiaries of the event? _____ yes _____ no _____

If yes, please print the name of the organization _____

Contact name and title _____

Phone number and email _____

9. Please outline how you will promote the event and submit copies of the materials to be used.

- Media
 - Print
 - TV
 - Radio
- Public Relations (agency or in-house)
- Paid Advertising
- Brochures/flyers
- Signs or Banners
- Direct Mail
- Other

10. Would you like materials on our programs and services for display at your event?

11. What are the proposed responsibilities for New Horizons?

12. Are you requesting staff/volunteer support for your event? Please be specific.

13. Please include any other pertinent information.

14. Why did you choose the New Horizons?

Third Party Acceptance of Guidelines



I/we have read the third party fundraising guidelines for New Horizons and consent to follow the terms agreed to and any other terms in connection with this event for its benefit. As an event organizer, I am aware that New Horizons has no fiduciary responsibilities and may provide minimal staff support. I/we accept the obligation to provide the full amount of the indicated proceeds to New Horizons within 5 days of the event.

I understand and agree to comply with the rules and regulations for conducting a third-party fundraiser.

Submitted by:

(Print)

(Title/Group/Organization)

(Signature)

(Date)

(Phone Number)

(E-mail Address)

Accepted by (New Horizons):

(Print)

(Title/New Horizons)

(Signature)

(Date)

Please return completed form to:

Development Department
New Horizons
15725 Parthenia Street
North Hills, CA 91343

Telephones: (818) 221-0651

Fax: (818) 894-7801

E-mail: smokuolu@newhorizons-sfv.org