

Special Olympics Kentucky Fundraising Application

Submitted by _____ Date ____/____/____
Program Name _____
Address _____
City _____ State _____ ZIP _____
Phone () _____ - _____ County _____ Area _____
E-Mail _____



PROJECT INFORMATION

When appropriate and applicable, Special Olympics Kentucky can help promote Local program fundraising events, therefore it is helpful to provide as much event information as possible.

Project Title _____ Project Date ____/____/____
Project Location _____
Project Description & Details _____

If the project requires admission/entrance fee, what is the fee? _____

Plan of Action: (Please give a detailed description of event & times)

- 1). _____
- 2). _____
- 3). _____

Projected Amount to be Raised: \$ _____ Estimated Expenses: \$ _____

How will the funds be used? _____

Name of account where funds will be deposited _____

Is this account current with monthly bookkeeping reports? Yes/No

Does this event require a signed contract? Yes/No ***If yes, read below:***

APPROVAL

[] See the reverse side of this form for additional instructions or comments.

[] This project has been approved, proceed with your plans. Good Luck!

Approved by _____ Date ____/____/____
Senior Director of Field & Athlete Services

Local Fundraising Application

SIGNING CONTRACTS

Local Program Representatives are not authorized to sign a contractual agreement with any outside fundraising group or organization. If your event requires a contract it must be attached with the Local Program Fundraising Form and be pre-approved by Special Olympics Kentucky's insurance provider. You will receive written notice of approval from the Senior Director of Field & Athlete Services.

SOLICITATION

If solicitation involves corporate or business approach, the Corporate/Business Information Block must be completed.

CORPORATE/BUSINESS INFORMATION

Company Name	_____
Address	_____
City	_____
State	_____
ZIP	_____
Phone ()	_____ - _____ Ext. _____
Contact Name	_____
Title	_____
Division	_____
Amount Requested	\$ _____
Amount Received	\$ _____

MAILING INSTRUCTIONS

Two copies of this application **MUST** be prepared. Send the original to the VP of Programs for approval and keep one for your records. If you have any questions contact the Senior Director of Field & Athlete Services at 1-800-633-7403 or 502-695-8222; *Special Olympics Kentucky *105 Lakeview Court * Frankfort, KY 40601-8749*

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