



DONOR-ADVISED FUNDS & FISCAL SPONSORSHIP

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Fundraiser & Event Approval Form

This completed form and all required attachments must be submitted **at least 30 days before** a fundraiser or event. Please review the [Event and Fundraising Policy](#) to ensure that your event complies with all applicable laws and regulations. A **budget must be attached** in order to review the event.

Program Name: _____ Account #: _____

Event Coordinator Name: _____ Email: _____ Phone: (____) _____

Name of Event/Fundraiser: _____

Event/Fundraiser Date: ____/____/____

☐ Event ☐ Fundraiser Venue & Address: _____

Type of Event/Fundraiser: _____ Estimated Number of Attendees: _____

Is the Program sponsoring/hosting the event? ☐ Yes ☐ No If no, how is the program participating? _____

Has a website been created for the event? ☐ Yes ☐ No If yes, website URL: _____

Recurring Status: ☐ Annual ☐ One-Time ☐ Other: _____ Cause supported by event: _____

Anticipated Revenue (gross): _____ **Required Budget Attached:** ☐ Yes ☐ No If no, why? _____

Will tickets be sold? ☐ Yes ☐ No If yes, total ticket price: _____ (Payment portion: _____ & Donation portion : _____)

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Will sponsorships be sold for the event? ☐ Yes ☐ No If yes, please attach a list of sponsorship levels & FMV of benefits received.

Will an auction be held at the event? ☐ Yes ☐ No If yes, please attach a list of auction items, item donors & items' FMV.

Will there be participants/volunteers at the event? ☐ Yes ☐ No If yes, please attach a list of participants and/or volunteers.

Will the volunteers have any direct contact with a vulnerable population (children/disabled/elderly)? ☐ Yes ☐ No If yes, please attach a list of volunteer's names and email addresses to perform background checks (please see our Background Check Policy).

If the event has participants/volunteers, will United Charitable's waivers be used? ☐ Yes ☐ No If no, please attach copy of prospective waiver.

Will the event serve: ☐ Food ☐ Beverages Alcohol If alcohol is being served at the event, what are the safety precautions being taken? _____ ^^^^^^

Will additional state/local registrations or licenses be needed to hold event? ☐ Yes ☐ No If yes, please attach documents.

Have any promotional materials or solicitation letters been created? ☐ Yes ☐ No If yes, please attach created materials.

Please describe the fundraiser or event activities in detail: _____

How is this activity directly related to your program's mission? What is the goal of the event? _____ ^^^^^

I attest to the information presented above and I have read, understand and will abide by United Charitable's Event and Fundraising policies and procedures. I understand that I cannot place United Charitable into any position of contractual liability or payment.

Program Manager Signature: _____ Date: _____

Printed Name: _____ Email: _____ Phone: (____) _____

OFFICE Approval _____ Date: _____ ANI Info Sent: ☐ Yes ☐ No Date: _____

Revised 06/2015